Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032003	A. BUILDING 01 B. WING	07/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEGIN AGAIN FAMILY CARE HOME #2	407 NORTH HYDE PARK AVENUE DURHAM, NC 27703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report by Glenn Hoopin DHSR Construction Section conducted a Biennial Survey on July 21, 2017 from 11:00am until 1:00pm at the above referenced facility. DHSR records indicate the home was first licensed on January 23, 1990 as a Family Care Home for six (6) ambulatory residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: The 1987 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2005 Rules for Family Care Homes 10A NCAC 13G, and the 1978 North Carolina State Building Code - Section 409.1(g) - Residential Care homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1). The rule requires the facility to be maintained in a safe and operating condition. Findings:	C 174		

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C 174	Continued From page 1	C 174		

Observations revealed that two of the resident bedrooms windows were blocked by furniture.

Effect: This creates a hazard to residents because the blocked windows can impede emergency egress through the windows in the event of a fire or emergency.

Directive:
Relocate the furniture so that at least one operable window in every bedroom is available for emergency egress. Provide the DHSR Construction Section with photo documentation verifying the furniture has been moved.

Observations revealed peeling paint on the fascia and trim, of the facility.

Effect: This is unsightly and does not meet the intent of a clean and neat appearance.

Directive: Have a qualified technician make all necessary repairs. Provide the DHSR Construction Section with documentation verifying that this item has been completed.

The furniture has been relocated. The windows area is clear and can be accessed. Completed 7/25/2017

The area is currently being scrapped. The painting will be completed by 9/10/2017.

Additionally, we will provide pictures of all changes when completed.

Regarding plan.
We will monitor & inspection house for peeling paint ON outside and inside quarterly.