DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

CONSTRUCTION SECTION
OCT 11 2017
RECEIVED

SECOND NOTICE

September 27, 2017

Susan Brown
410 Montford Drive
Roxboro, NC 27573

RE: Golden Years Family Care Home - FC Biennial Construction Survey
410 Montford Drive
Roxboro Person County
FID #921112 Fcl073011

Dear Ms. Brown:

The Division of Health Service Regulation (DHSR) - Construction Section conducted a Biennial Survey of your facility on July 26, 2017. This survey was conducted by Mr. Paul Dixon. As a result of this survey, deficiencies were cited which required an acceptable Plan of Correction that was to be returned to our office by August 31, 2017.

As of the date of this letter, the Construction Section has not received your Plan of Correction. Enclosed is a copy of the letter and Statement of Deficiencies that was mailed or emailed to you.

You will need to type or print clearly your correction action and then **SIGN, DATE AND RETURN** the Plan of Correction to DHSR-Construction by October 12, 2017. Failure to return the signed Plan of Correction within this time period could potentially cause a suspension of admissions, provisional license or license revocation. The Provider may copy form(s) to be retained for your files.

Another this is my orig mail I have gotten abt this. Mr Dixon told me y'all were a lil behind & you were running short on help & y'all were busy. Got it today. Thanks Susan Brown

CONSTRUCTION SECTION
WWW.NCDHHS.GOV • WWW.NCDHHS.GOV/DHSR
TEL 919-855-3893 • FAX 919-733-6592
LOCATION: WILLIAMS BUILDING, 1800 UMSTEAD DRIVE • RALEIGH, NC 27603
MAILING ADDRESS: 2705 MAIL SERVICE CENTER • RALEIGH, NC 27699-2705

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Sincerely,

Anthony Brinson

Anthony Brinson
Biennial Residential Team Leader
DHSR - Construction Section

cc: DHSR - Adult Care Licensure Section
City Building Inspection Department-(via e-mail only)
Person County DSS-(via e-mail only)

Division of Health

STATEMENT OF DEFICIE AND PLAN OF CORRECTIC	PLIER/CLIA NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1	A. BUILDING: **01** B. WING ______	**07/26/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS FAMILY CARE	**410 MONTFORD DRIVE** **ROXBORO, NC 27573**

(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 183	Continued From page 4	C 183		
	Findings Include: 1. At the time of the survey it was noted that the trim under the front porch roof was split and rotted. Effect: The rotted trim could cause further damage to the under structure of the porch. Directive: Have the rotted trim replaced. Once completed provide for our records photos and copies of receipts for the work performed.		front porch will be fixed photos & receipts will be sent Staff will check porch out of 6 months to see if it deteriorates again to Refix. Should be good though!	Nov 10/17
	2. At the time of the survey it was noted that the side window of the staff quarters had a broken storm window pane. Effect: The broken pane could cause injury to staff. Directive: Have the broken window pane replaced or the storm window removed. Once completed provide for our records photos and copies of receipts for the work performed.		Storm window will be removed Will send photos Staff will do walks once a month to make sure grounds r OK	Oct 15/17

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
	FCL073011	A. BUILDING: 01 B. WING _____	07/26/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS FAMILY CARE HOME	410 MONTFORD DRIVE ROXBORO, NC 27573

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C 000	Initial Comments Report by Paul Dixon DHSR Construction Section conducted a Biennial Survey on July 26, 2017 from 9:20 AM to 10:40 AM at the above referenced facility. DHSR records indicate the home was first licensed on September 3, 1986 as a Family Care Home for six (6) ambulatory Residents (Who are able to respond and evacuate without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1984 "Rules for Family Care Homes minimum and desired standards and regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, the 1978 (Rev 5) North Carolina State Building Code - Section 409.1(g) - Residential Care Facilities. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 153	Houskeeping And Furnishings-Clean, Repaired SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1.) Family Care Homes shall have all floors clean	C 153		

Division of Health Service Regulation

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	FCL073011	A. BUILDING: **01** B. WING ______	**07/26/2017**

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GOLDEN YEARS FAMILY CARE HOME	**410 MONTFORD DRIVE** **ROXBORO, NC 27573**

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C 153	Continued From page 1 and in good repair. Findings Include: 1. At the time of the survey it was noted that there was clothing and trash behind the clothes washer and dryer. Effect: The clothing and trash are a possible fire hazard. Directive: Have the area behind the washer and dryer cleaned of all clothing, lint and trash. Once completed provide for our records photos and copies of receipts for the work performed. 2. At the time of the survey it was noted that in the hall bathroom, several floor tiles around the toilet were cracked and broken. Effect: The damaged tiles could cause damage to the subflooring through leaks and cause possible injury to clients and staff. Directive: Have the damaged tiles replaced. Once completed provide for our records photos and copies of receipts for the work performed.	C 153	Behind the washer + dryer have been vacuumed cleaned. Staff will ck behind washer + dryer q 2 weeks for lint clothing dust trash to keep this from happening again In process done will be fixed & photos sent + receipts. Staff will ck restroom monthly for any damage	Jul 28/17 Nov 10/4/17
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE	C 174		

Division of Health Service Regulation

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C 174	Continued From page 2 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.) All electrical, mechanical and plumbing equipment shall be maintained in a safe and operating condition. Findings include: 1. At the time of the survey it was noted that the kitchen exhaust fan was not working and the grease filter was missing. Effect: Failure of the fan to not operate could cause a build-up of cooking fumes and grease in the home. Directive: Have a qualified technician investigate and repair or replace the kitchen exhaust fan. Insure a new filter is installed. Once completed provide for our records photos and copies of receipts for the work performed. 2. At the time of the survey it was noted that the light switch for the laundry room was very loose. Effect: The loose switch could possibly cause a short circuit and possible injury to residents and staff.	C 174	A new hood will be put in the home looked everywhere for one admin will make sure this is done + check monthly for issues after repair light switch fixed will ck monthly to make sure its OK by staff	Nov 10 -17 Aug 20 [illegible]

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C 174	Continued From page 3 Directive: Note: The switch was repaired during the survey. Insure that all switches and outlets are secure throughout the home. Once completed provide for our records photos and copies of receipts for the work performed. 3. At the time of the survey it was noted that the ceiling HVAC register in the front center bedroom was loose and hanging from the ceiling. Effect: The loose register could fall and cause injury to residents and staff. Directive: Note: The register was secured during the survey. Insure that all ceiling registers are secure throughout the home. Once completed provide for our records photos and copies of receipts for the work performed.	C 174	Ceiling HVAC Report is send Will monitor all registers by staff to make sure all is safe	Jul 27/17
C 183	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. This Rule is not met as evidenced by: 1.) The outside grounds of existing Family Care Homes shall be maintained in a clean and safe condition:	C 183		