

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>FCL017024               | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: 01<br>B. WING: _____                                                                                                                                                                        | (X3) DATE SURVEY COMPLETED<br><br>11/02/2017 |
| NAME OF PROVIDER OR SUPPLIER<br><br>D & H FAMILY CARE HOME #2 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1143 YARBOROUGH ROAD<br>MILTON, NC 27305 |                                                                                                                                                                                                                                        |                                              |
| (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<br><br>Report by Glenn Hoppin<br><br>DHSR Construction Section conducted a Biennial Survey on November 02, 2017 from 11:30 AM to 1:30 PM at the above referenced facility. DHSR records indicate the home was first licensed on January 20, 1995 as a Family Care Home for six (6) ambulatory residents (able to respond and evacuate without 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 1992 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2005 Rules for Family Care Homes 10A NCAC 13G, and the 1991 (94 revision) North Carolina State Building Code - Section 514.1 (exception 1) - Residential Care facilities<br><br>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<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS<br>(a) Each family care home shall:<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing homes.<br><br>This Rule is not met as evidenced by:<br>1). The rule requires the facility to maintain walls, ceilings, and floors or floor coverings kept clean                                                                                                                                                                                                                                                                                                                                           | C 153                                                                             | Carpet was replaced 12/12/17 - 12/16/17. Bedroom #1 was replaced, Bedroom #2 was replaced, Bedroom #3 was replaced, Office was replaced. Bathroom #1 tile was replaced, Bathroom #2 tile was replaced. Laundry room tile was replaced. | 12/16/17                                     |

CONSTRUCTION SECTION  
FEB 05 2018  
RECEIVED

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6000

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If continuation sheet 1 of 2

Division of Health Service Regulation

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| C 153                                                         | Continued From page 1<br>and in good repair.<br><br>Findings: The carpet is heavily worn and is folding up creating a trip hazard in several locations. The carpet is very old and is beyond repair.<br><br>Effect: This is a trip hazard to residents and staff.<br><br>Directive: Have a qualified technician replace the carpet. Provide the DHSR Construction Section with documentation verifying this repair has been completed.                                                                                                                                                                                                                                                                               | C 153                                                                             |                                                                                                                                                                     |                    |                                              |
| C 183                                                         | Outside Premises-Clean, Safe<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0318 OUTSIDE PREMISES<br>(a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition.<br><br>This Rule is not met as evidenced by:<br>1). The rule requires the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition.<br><br>Findings:<br><br>The exterior of the facility has mold on the siding.<br><br>Effect: It is unsightly and can pose a health hazard to residents and staff.<br><br>Directive: Pressure wash the facility. Provide the DHSR Construction Section with photo documentation when this is completed. | C 183                                                                             | House was pressure washed except for the right side of the building, due to malfunction of the pressure washer. Have appointment to come back to finish on 2/16/18. |                    |                                              |