

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>FCL078093</b>           | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>02/27/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>B &amp; B ASSISTED LIVING # 3</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9461 NC 710 SOUTH<br/>ROWLAND, NC 28383</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID<br>PREFIX<br>TAG                                                                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C 000                                                                    | Initial Comments<br><br>Report by Greg Williams<br><br>DHSR Construction Section conducted a Biennial Survey on February 27, 2018 from 1:15 PM to 2:30 PM at the above referenced facility. DHSR records indicate the home was first licensed on April 22, 2005 as a Family Care Home for six (6) Residents with no more than three who are non-ambulatory (who are unable to evacuate and respond 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 2000 "Rules for Family Care Homes Minimum and Desired Standards and Regulations," applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2002 North Carolina State Building Code - Section 421.3 - Small 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 116                                                                    | Construction-Meet Sanitary Requirements<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0302 DESIGN AND CONSTRUCTION<br>(m) The building shall meet sanitation requirements as determined by the North Carolina Department of Environment and Natural Resources; Division of Environmental Health.<br><br>This Rule is not met as evidenced by:<br>1. At the time of the survey it was observed that the septic system is failing. Visual septic overflow was observed on the septic drainfield. The rule requires that the facility meet sanitation                                                                                                                                                                                                                                                                                                                                                                                                                     | C 116                                                                                   |                                                                                                                          |                                                        |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

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| C 116                                                                    | Continued From page 1<br><br>requirements as determined by the North<br>Carolina Department of Environment and Natural<br>Resources; Division of Environmental Health.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | C 116                                                                                   |                                                                                                                          |                                                        |
| C 174                                                                    | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0317 BUILDING SERVICE<br>EQUIPMENT<br>(a) The building and all fire safety, electrical,<br>mechanical, and plumbing equipment in a family<br>care home shall be maintained in a safe and<br>operating condition.<br>(j) This Rule shall apply to new and existing<br>family care homes.<br><br>This Rule is not met as evidenced by:<br>1. At the time of the survey it was observed that<br>there were several smoke detectors throughout<br>the facility that were chirping which indicated a<br>weak or dead battery. This rule requires all fire<br>safety equipment to be maintained in a safe and<br>operating condition.<br><br>2. At the time of the survey it was observed that<br>the kitchen sink faucet was broken. This rule<br>requires all plumbing equipment to be maintained<br>in a safe and operating condition.<br><br>3. At the time of the survey it was observed that a<br>receptacle cover plate was missing on the kitchen<br>countertop (left of stove). This rule requires all<br>electrical equipment to be maintained in a safe<br>and operating condition. | C 174                                                                                   |                                                                                                                          |                                                        |
| C 183                                                                    | Outside Premises-Clean, Safe<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0318 OUTSIDE PREMISES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | C 183                                                                                   |                                                                                                                          |                                                        |

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| C 183                                                                    | <p>Continued From page 2</p> <p>(a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition.</p> <p>This Rule is not met as evidenced by:</p> <p>1. At the time of the survey it was observed that in the Kitchen, the range hood had a section of peeling paint. The rule requires that the facility be maintained in a clean condition.</p> <p>* For all deficiencies listed above provide documentation of completed work in the form of photographs, receipts, invoices, etc.</p> <p>All deficiencies listed above were discussed with on-site staff during the exit interview.</p> | C 183                                                                                   |                                                                                                                          |                                                        |