

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL078109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2018
NAME OF PROVIDER OR SUPPLIER B & B ASSISTED LIVING # 4		STREET ADDRESS, CITY, STATE, ZIP CODE 9461 HWY 710 S ROWLAND, NC 28383		
(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 Greg Williams DHSR Construction Section conducted a Biennial Survey on February 27, 2018 from 2:45 PM to 4:00 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. 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 SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (m) The building shall meet sanitation requirements as determined by the North Carolina Department of Environment and Natural Resources; Division of Environmental Health. This Rule is not met as evidenced by: 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL078109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2018
NAME OF PROVIDER OR SUPPLIER B & B ASSISTED LIVING # 4		STREET ADDRESS, CITY, STATE, ZIP CODE 9461 HWY 710 S ROWLAND, NC 28383		
(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 116	Continued From page 1 requirements as determined by the North Carolina Department of Environment and Natural Resources; Division of Environmental Health.	C 116		
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. At the time of the survey it was observed that there were several smoke detectors throughout the facility that were chirping which indicated a weak or dead battery. This rule requires all fire safety equipment to be maintained in a safe and operating condition. 2. At the time of the survey it was observed that the toilet located in the Residents Bathroom (back left) was loose at the floor. This rule requires all plumbing equipment to be maintained in a safe and operating condition. 3. At the time of the survey it was observed that a receptacle cover plate was missing in Residents Bedroom #6 (back left). This rule requires all electrical equipment to be maintained in a safe and operating condition.	C 174		
C 183	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING	C 183		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL078109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2018
NAME OF PROVIDER OR SUPPLIER B & B ASSISTED LIVING # 4		STREET ADDRESS, CITY, STATE, ZIP CODE 9461 HWY 710 S ROWLAND, NC 28383		
(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 2 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. At the time of the survey it was observed that in the Dining Room outside the kitchen, there was a section of wall with peeling paint. The rule requires that the facility be maintained in a clean condition. * For all deficiencies listed above provide documentation of completed work in the form of photographs, receipts, invoices, etc. All deficiencies listed above were discussed with on-site staff during the exit interview.	C 183		