

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL040006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 06/02/2016
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NAME OF PROVIDER OR SUPPLIER CARRIE'S FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1025 POPE FARM ROAD STANTONSBURG, NC 27883
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(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 Suzanna Fay DHSR Construction Section conducted a Complaint Follow-up Survey on June 2, 2016 from 2:22 PM to 2:56 PM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required. The remaining deficiency is as follows:	{C 000}		
{C 108}	Existing Home Remodeling-Submit Plans SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (e) Any existing licensed home that plans to have new construction, remodeling or physical changes done to the facility shall have drawings submitted by the owner or his appointed representative to the Division of Health Service Regulation for review and approval prior to commencement of the work. This Rule is not met as evidenced by: Observations revealed that the Garage has been modified and turned into staff living quarters. No plans were submitted to the DHSR Construction Section. No permit was pulled so the local building official has not inspected or approved this addition. Obtain a permit from the local building official and obtain any required approvals and inspections from the local building official. Submit plans of the addition to the DHSR Construction Section for review. Provide copies of all permits, approvals, plans, and any other supporting documentation to the DHSR	{C 108}		

Building inspector came last week 7-20-17

Division of Health Service Regulation

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

TITLE

(X6) DATE

Althea Edwards

7-28-17

STATE FORM

6899

EZSW22

If continuation sheet 1 of 2

Division of Health Service Regulation

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{C 108}	Continued From page 1 Construction Section. 06/02/16: SF-At the time of this survey, plans have not been submitted to DHSR/Construction Section for review. Staff is living in the addition with her son. There was a bed for the baby set up outside the bedrooms. Interview with Staff revealed that the baby was not there at night. She sometimes had the baby there during the day and there was always other Staff present when she was caring for the baby. Staff also stated that the county had conducted inspections of the addition. Provide copies of the permit and inspections for the addition to DHSR/Construction Section.	{C 108}			