

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>FCL040006</b>                        | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C</b><br><b>02/20/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CARRIE'S FAMILY CARE HOME</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1025 POPE FARM ROAD</b><br><b>STANTONSBURG, NC 27883</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 Glenn Hoppin<br><br>DHSR Construction Section conducted a<br>Complaint Follow-up Survey on February 20,<br>2018 from 8:30AM to 9:00AM at the above<br>referenced facility. Not all of the previously cited<br>deficiencies were corrected. Therefore, further<br>action is required.<br><br>The remaining deficiencies are as follows:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | {C 000}                                                                                              |                                                                                                                          |                                                                      |
| {C 108}                                                              | Existing Home Remodeling-Submit Plans<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0302 DESIGN AND<br>CONSTRUCTION<br>(e) Any existing licensed home that plans to<br>have new construction, remodeling or physical<br>changes done to the facility shall have drawings<br>submitted by the owner or his appointed<br>representative to the Division of Health Service<br>Regulation for review and approval prior to<br>commencement of the work.<br><br>This Rule is not met as evidenced by:<br>Observations revealed that the Garage has been<br>modified and turned into staff living quarters. No<br>plans were submitted to the DHSR Construction<br>Section. No permit was pulled so the local<br>building official has not inspected or approved<br>this addition. Obtain a permit from the local<br>building official and obtain any required approvals<br>and inspections from the local building official.<br>Submit plans of the addition to the DHSR<br>Construction Section for review. Provide copies<br>of all permits, approvals, plans, and any other<br>supporting documentation to the DHSR | {C 108}                                                                                              |                                                                                                                          |                                                                      |

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 108}                                                              | Continued From page 1<br><br>Construction Section.<br><br>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.<br><br>02/16/17: SF/AB-At the time of this survey, no plans or copies of permits have been submitted to DHSR/Construction Section for review and approval. Provide copies of all permits and inspections for the garage conversion to DHSR/Construction Section. | {C 108}                                                                                              |                                                                                                                          |                                                                      |