

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>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<br/>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 Biennial Survey on February 20, 2018 from 9:00 am until 10:00am at the above referenced facility. DHSR records indicate the home was first licensed on January 07, 2009 as a Family Care Home for Six Ambulatory Residents (able 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 2005 Rules 10A NCAC 13G for Family Care Homes, and the 2006 North Carolina State Building Code - Section 421.2 - Residential Care Homes.<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 149                                                                | Outside Entrances/Exits-Handrails At Porches<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS<br>(f) All steps, porches, stoops and ramps shall be provided with handrails and guardrails.<br><br>This Rule is not met as evidenced by:<br>At the time of the survey it was observed that the handrail on the front porch was loose and there is no handrail on the right side of the porch. The rule requires all steps, porches, stoops and ramps to be provided with handrails and guardrails.                                                                                                                                                                                                                                                                    | C 149                                                                                          |                                                                                                                          |                                                        |
| C 174                                                                | Building Equipment Maintained Safe, Operating                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | C 174                                                                                          |                                                                                                                          |                                                        |

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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| 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<br/>STANTONSBURG, NC 27883</b> |                                                                                                                          |                                                        |
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| C 174                                                                | <p>Continued From page 1</p> <p>SECTION .0300 - THE BUILDING<br/>10A NCAC 13G .0317 BUILDING SERVICE<br/>EQUIPMENT</p> <p>(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.</p> <p>(j) This Rule shall apply to new and existing<br/>family care homes.</p> <p>This Rule is not met as evidenced by:</p> <p>1. At the time of the survey it was observed that a<br/>piece of lattice under the rear deck is laying on<br/>the ground. The rule requires the building and all<br/>fire safety, electrical, mechanical, and plumbing<br/>equipment in a family care home to be<br/>maintained in a safe and operating condition.</p> <p>2. At the time of the survey it was observed that a<br/>smoke detector has been removed from its base<br/>in the hallway. The rule requires the building and<br/>all fire safety, electrical, mechanical, and<br/>plumbing equipment in a family care home to be<br/>maintained in a safe and operating condition.</p> <p>3. At the time of the survey it was observed that<br/>the hall bath tile is damaged next to the tub. The<br/>rule requires the building and all fire safety,<br/>electrical, mechanical, and plumbing equipment<br/>in a family care home to be maintained in a safe<br/>and operating condition.</p> <p>For all deficiencies listed above provide<br/>documentation of completed work in the form of<br/>photographs, receipts, invoices, etc.</p> <p>All deficiencies listed above were discussed with<br/>on-site staff during the exit interview.</p> | C 174                                                                                          |                                                                                                                          |                                                        |