Anthony Brinson

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL098032	A. BUILDING: 01 B. WING	11/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALLED 2 CARE FAMILY CARE HOME # 2	502 POE STREET WILSON, NC 27893

(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 Luis Padilla DHSR Construction Section conducted a Biennial Survey on November 3, 2017 from 12:15 PM to 1:15 PM at the above referenced facility. DHSR records indicate the home was first licensed on May 4, 2015 as a Family Care Home for five (5) ambulatory Residents (able to respond and evacuate without any physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes the applicable portions of the 2012 North Carolina Building Code - Section 425.2 - Residential Care Homes At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 146	Outside Entrances/Exits-Ramp(s) SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (c) At least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the home has any resident that must have physical assistance with evacuation, the home shall have two outside entrances/exits at grade level or accessible by a ramp.	C 146	On 2-19-18 I the administrator had a phone conversation with Anthony Brinson to further clarify deficiencies On 2-20-18 much + top soil was added to level the ground around the ramp. Mulch and top soil was added to the edge of the ramp to prevent a wheel chair from running off the ramp upon using	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 2-20-18

Anthony B

Division of Health Service Regulation

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C 172	Continued From page 2	C 172		
C 172	Fire Safety-Four Rehearsals SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved. This Rule is not met as evidenced by: 1.) The rule requires "There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved". Findings: It was observed at the time of the survey that the facility conducts fire drills only during their second shift. Effect: Fire drills should be conducted during every shift and copies of fire drills should remain on site at all times for review. These records are reviewed to verify consistency during drills, verifying the date and time of drill(s), notification method, resident and staff activity, condition simulated, any problems encountered, weather conditions	C 172	We are now implementing nighttime fire drills into our fire evacuation plan to get the reaction of the residents upon awaking	

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C 172	Continued From page 4 true fire event. Note in your policy's and procedures and ensure that all future drills will be conducted by setting off the homes smoke detector's rather than verbal commands, as verification of compliance provide copies of your revised policy and procedures indicating this new process in conducting fire drills to the DHSR Construction Section. .	C 172		

Anthony D

EVACUATION PLAN AND FIRE DRILL REPORT

Year 2017

Name of Facility: Called 2 Care

Name of Administrator: Mary Hyman

Address of Facility: 502 Poe St. Wilson, N.C.

___ Formulate a plan to evacuate in case of fire and post plan in prominent place. A multi-storied facility is required to hav posted plan on each floor.

___ Plan to have at least one unannounced fire drill monthly.

___ Please submit results of fire drill to the Wilson County Depa of Social Services on a quarterly basis and staff on each shi conduct fire drills.

DATE	HOUR OF DRILL	TIME REQUIRED TO EVACUATE	SIGNATUR or S-I-C
10-30-17	2 pm	5 min	Kathleen Nichols

Comments: Fire started in Kitchen Mr. Grady and Mg Walton were on front porch Doris Andrews was in her Room, used exit in her room Mr. Coley was on couch in living Room exited from front door it took about 5 minutes all Residents met at end of driveway. David Wise was at Rid

GBE:bhw

Kathleen Nichols

Anthony

EVACUATION PLAN AND FIRE DRILL REPORT

Year 2017

Name of Facility: Called 2Care

Name of Administrator: Mary Lthyman

Address of Facility: 502 Pec Street Wilson NC

____ Formulate a plan to evacuate in case of fire and post plan in a prominent place. A multi-storied facility is required to have a posted plan on each floor.

____ Plan to have at least one unannounced fire drill monthly.

____ Please submit results of fire drill to the Wilson County Departme of Social Services on a quarterly basis, and staff on each shift s conduct fire drills.

	DATE	HOUR OF DRILL	TIME REQUIRED TO EVACUATE	SIGNATURE (A or S-I-C of
(1)	2-17-17	2pm	4mins	
(2)	6-12-17	2pm	4mins	
(3)	10-30-17	2pm	5min	

Comments:

Residents have a little bit slow but a was formulated accordingly.

GBE:bbw

EVACUATION PLAN AND FIRE DRILL REPORT

Year 2017

Name of Facility: Called 2 Care

Name of Administrator: Mary E Hyman

Address of Facility: 502 Ox Street Wilson, NC

✓ Formulate a plan to evacuate in case of fire and post plan in a prominent place. A multi-storied facility is required to have a posted plan on each floor.

✓ Plan to have at least one unannounced fire drill monthly.

✓ Please submit results of fire drill to the Wilson County Departme of Social Services on a quarterly basis, and staff on each shift s conduct fire drills.

DATE	HOUR OF DRILL	TIME REQUIRED TO EVACUATE	SIGNATURE (A or S-I-C of
(4) 12-5-17	4pm	3mins	MyH

Comments:

GBE:bhw