

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL059007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/05/2018
NAME OF PROVIDER OR SUPPLIER TRUETT'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 728 NED MCGIMSEY ROAD NEBO, NC 28761		
(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 April 5, 2018 from 8:35 AM to 10:45 AM at the above referenced facility. DHSR records indicate the home was first licensed on September 9, 1981 as a Family Care Home for five (5) ambulatory residents. On September 10, 1987 the home increased to a maximum capacity of six (6) all ambulatory residents (who are able to respond and evacuate 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 1984 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1978 Edition of the NCBC - Section 409.1(g) - Residential Care Facilities. At the time of our visit, we cited deficiencies that require an acceptable plan of correction; all deficiencies listed below were discussed with on-site staff during the exit interview. The listed deficiencies are as follows:	C 000		
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.	C 174		

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: FCL059007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/05/2018
NAME OF PROVIDER OR SUPPLIER TRUETT'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 728 NED MCGIMSEY ROAD NEBO, NC 28761		
(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 174	Continued From page 1 This Rule is not met as evidenced by: 1.) The rule requires all electrical equipment in a family care home shall be maintained in a safe and operating condition: At the time of the survey it was observed that the exhaust light in Bathroom #1 was not functional, this is not compliant with the rule. Repair the deficiency listed above; provide documentation in the form of photos for all completed work. 2.) The rule requires all electrical equipment in a family care home shall be maintained in a safe and operating condition: At the time of the survey it was observed that the exterior GFCI receptacle located on the left deck would not trip, this is not compliant with the rule. Repair the deficiency listed above; provide documentation in the form of invoices/receipts for all completed work. 3.) The rule requires all electrical equipment in a family care home shall be maintained in a safe and operating condition: At the time of the survey it was observed that the baseboard heater in the basement to the home was missing a front cover, this is not compliant with the rule. Repair the deficiency listed above; provide documentation in the form of photos for all completed work. 4.) The rule requires all plumbing equipment in a family care home shall be maintained in a safe	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL059007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/05/2018
NAME OF PROVIDER OR SUPPLIER TRUETT'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 728 NED MCGIMSEY ROAD NEBO, NC 28761		
(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 174	Continued From page 2 and operating condition: At the time of the survey it was observed that the bathroom sink in Bedroom #3 was loose from the wall, this is not compliant with the rule. Repair the deficiency listed above; provide documentation in the form of photos for all completed work. 5.) The rule requires all fire safety equipment in a family care home shall be maintained in a safe and operating condition: At the time of the survey it was observed that the fire extinguishers of the home were not being inspected monthly, this is not compliant with the rule. Make arrangements to correct the deficiency; provide documentation in the form of photos for all completed work. 6.) The rule requires all mechanical equipment to be maintained in a safe and operating condition: At the time of the survey it was observed that the dryer exhaust was covered in lint, this is not compliant with the rule. Make arrangements to correct the deficiency listed above; provide documentation in the form of photos for all completed work.	C 174		
C 113	Construction-Windows IV. The Building B. General Construction and Maintenance (10 NCAC 42C .2102)	C 113		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL059007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/05/2018
NAME OF PROVIDER OR SUPPLIER TRUETT'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 728 NED MCGIMSEY ROAD NEBO, NC 28761		
(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 113	Continued From page 3 10. All windows must be maintained operable. This Rule is not met as evidenced by: 1.) The rule requires all windows must be maintained operable: At the time of the survey it was observed that in Bedroom #2 the window lock would not function properly and prevent it from opening fully. This is not compliant with the rule. Repair the deficiency listed above; provide documentation in the form of photos for all completed work.	C 113		
C 123	Outside Entrances/Exits IV. The Building C. Physical Environment 8. Outside Entrances/Exits (10 NCAC 42C .2209) a. All floor levels must have at least two exits. If there are only two, the exits must be as remote from each other as reasonably possible. b. At least one entrance/exit door must be a minimum clear width of three feet and another must be a minimum clear width of two feet and eight inches. c. At least two outside entrances/exits for the residents' floor level must be at ground level or accessible by ramp with a 1 inch rise for each 12 inches of length of the ramp. If there are only two entrances/exits, the entrances/exits must be as remote from each other as reasonably possible. (The requirement for the ramp at exits not at ground level applies to homes which have at least one resident who needs personal assistance in getting up or down steps.) d. All exit door locks must be easily operable, by	C 123		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL059007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/05/2018
NAME OF PROVIDER OR SUPPLIER TRUETT'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 728 NED MCGIMSEY ROAD NEBO, NC 28761		
(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 123	Continued From page 4 a single hand motion, from the inside at all times without keys. e. All entrances/exit must be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency. f. All steps, porches, stoops and ramps must be provided with handrails and guardrails. This Rule is not met as evidenced by: 1.) The rule requires all exit door locks must be easily operable, by a single hand motion, from the inside at all times without keys: At the time of the survey it was observed that the back door leading to the porch had a thumb latch lock, this is not compliant with the rule. Repair the deficiency listed above; provide documentation in the form of photos for all completed work. 2.) The rule requires all exit door locks must be easily operable, by a single hand motion, from the inside at all times without keys: At the time of the survey it was observed that the storm door from the dining room had a lock on it that can prevent a single hand motion, this is not compliant with the rule. Repair the deficiency listed above; provide documentation in the form of photos for all completed work. 3.) The rule requires all steps, porches, stoops and ramps must be provided with handrails and guardrails: At the time of the survey it was observed that at the front door there was a step that did not have a	C 123		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL059007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/05/2018
NAME OF PROVIDER OR SUPPLIER TRUETT'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 728 NED MCGIMSEY ROAD NEBO, NC 28761		
(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 123	Continued From page 5 handrail, this is not compliant with the rule. Repair the deficiency listed above; provide documentation in the form of photos for all completed work.	C 123		
C 126	Outside Premises IV. The Building C. Physical Environment 11. Outside Premises (10 NCAC 42C .2215) a. The outside grounds must be maintained in a clean and safe condition, in accordance with the rules of the Division of Health Services governing the sanitation of residential care facilities. b. If the home has a fence around the premises, the fence must not prevent residents for exiting or entering freely or be hazardous. c. General outdoor lighting must be adequate to illuminate walkways and drives. This Rule is not met as evidenced by: 1.) The rule requires the outside grounds must be maintained in a clean and safe condition: At the time of the survey it was observed that the dryer exhaust was covered in lint, this is not compliant with the rule. Make arrangements to correct the deficiency listed above; provide documentation in the form of photos for all completed work.	C 126		
C 131	Building Service Equipment-Call System IV. The Building D. Building Service Equipment (10 NCAC 42C .2214) 5. Where the bedroom of the live-in staff is	C 131		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL059007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/05/2018
NAME OF PROVIDER OR SUPPLIER TRUETT'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 728 NED MCGIMSEY ROAD NEBO, NC 28761		
(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 131	Continued From page 6 located in a separate area from residents' bedrooms, an electrically operated sounding device must be provided connecting each resident bedroom to the live-in staff bedroom. The resident call switches, must be such that they can be activated with a single action and remain on until switched off by staff. The call switch must be within reach of the resident lying on his/her bed. This Rule is not met as evidenced by: 1.) The rule requires where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated sounding device must be provided connecting each resident bedroom to the live-in staff bedroom: At the time of the survey it was observed that the call system in the home was not functional for Bedroom #3, this is not compliant with the rule. Repair the deficiency listed above; provide documentation in the form of photos for all completed work.	C 131		