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
	FCL033004	A. BUILDING: 01 B. WING _____	02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WE CARE FAMILY CARE HOME #2	1101 HILL STREET ROCKY MOUNT, NC 27801

(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 Wendy Chester DHSR Construction Section conducted a Biennial Survey on February 8, 2018 from 1:45 PM to 3:45 PM at the above reference facility. DHSR records indicate the home was first licensed on September, 3, 1996 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 information we are requiring the home to maintain compliance with the following: the 1992 Rules for Family Care Homes 10 NCAC 42C, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1996 (1997 revision) of the North Carolina State Building Code - Section 419.2 - 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	The staff and the administrator will keep a check on the home to make sure that it is kept in good repair. We will do a walk around inside and out once a month.	
C 129	Bedrooms-Not More Than Two Residents SECTION .0300 - THE BUILDING 10A NCAC 13G .0308 BEDROOMS (e) The total number of residents assigned to a bedroom shall not exceed the number authorized by the Division of Facility Services for that particular bedroom. (f) A bedroom shall not be occupied by more than two residents. This Rule is not met as evidenced by: 1.) The Rule requires that the total number of residents assigned to a bedroom shall not exceed the number authorized by the Division of Facility Services for that particular bedroom.	C 129		

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C 129	Continued From page 1 At the time of the survey it was observed that the home is setup with three double occupancy Bedrooms, the home is licensed for a maximum capacity of five Residents. The front right Bedroom had two beds set-up it only one bed had a call button in place and this bedroom is not large enough to accomodate two beds. Based on our findings make arrangements to have the extra bed removed. Once complete provide to DHSR Construction Section photos of the room as verification of compliance.	C 129	On February 9, 2018 the second bed in the front bedroom was taken out. The large furniture chest that was in the hall has been moved to the front bedroom where the bed was moved from. We will make sure that the three feet wide path is kept clear at all times.	2/9/18 2/9/18
C 143	Corridor-Free of Obstructions SECTION .0300 - THE BUILDING 10A NCAC 13G .0311 CORRIDOR (c) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1.) This Rule requires that Corridors shall be free of all equipment and other obstructions. At the time of the survey it was observed that there was a large piece of casegood furniture in the main Corridor of the home. This creates an obstruction to the path of emergency egress, a minimum three foot wide path of egress must be maintained at all times. Make arrangements to remove the furniture from the hallway to its intended Bedroom or Storage location. Once completed provide photos of the Corridor indicating the item has been removed to the DHSR Construction Section as verification of compliance.	C 143		

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C 152	Continued From page 3 Dining Room floor vinyl was loose and wrinkled in the area in front of the water heater closet. This condition poses a trip hazard. Based on our finding make arrangements to have the loose vinyl flooring secured/ repaired. Once completed provide photos of the completed work as well as invoices/ receipts indicating work performed to the DHSR Construction Section.	C 152	The floor in dining room in front of the water heater closet has been cover up and repaired	2/9/18
C 153	Houskeeping And Furnishings-Clean, Repaired SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1.) This Rule requires that each family care home shall have furniture clean and in good repair. At the time of the survey it was observed that there were multiple instances of furniture in a state of disrepair which makes them inconvenient or unsafe to use. They are as described below: a. The back two Bedrooms and in the rear Porch near the exit door there were dressers that appeared to have broken drawers. b. The Living Room coffee table and tv entertainment center had broken legs/supports. Based on our findings make arrangements to repair/ replace these furniture items. Once	C 153	The back two bedrooms near the back porch has been removed. The Living room coffee table and TV entertainment center has been replace. All of the furniture in disrepair on the rear porch near the exit door has been removed out.	4/22/18 2/9/18

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C 149	Continued From page 2	C 149		
C 149	Outside Entrances/Exits-Handrails At Porches SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (f) All steps, porches, stoops and ramps shall be provided with handrails and guardrails. This Rule is not met as evidenced by: 1.) This Rule requires that all stoops shall be provided with handrails and guardrails. At the time of the survey it was observed that an abandoned stoop from a closed off exit that did not have handrails or guardrails. While this area is no longer actively used, the threat of falls from the top of the stoop remains. Make arrangements to provide handrails, guardrails, or to make the area completely inaccessible. Once completed provide photos of the work as well as invoices/ receipts indicating all work performed to the DHSR Construction Section as verification.	C 149	This stoop area has been close in all the way around with guardrails. It is completely inaccessible now for anyone to go on it.	2/9/18
C 152	Floors 10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1.) This Rule requires that all floors shall be kept in good repair. At the time of the survey it was observed that the	C 152		

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C 153	Continued From page 4 complete provide photos of the furniture as well as purchase receipts to the DHSR Construction Section as verification of compliance. 2.) This Rule requires that each family care home shall have floors kept clean. At the time of the survey it was observed that the floor behind both the appliances in the Laundry Room were coated in lint and there was other small debris. Debris and lint behind these appliances poses a fire hazard. Based on our finding make arrangements to have the area behind these appliances cleaned and include the area in the regular cleaning maintenance of this room. Provide to the DHSR Construction Section photos of the completed cleaning as verification of compliance.	C 153	The washer and dryer has been pulled out and clean behind. The lint and small debris has been moved. The staff will make they clean behind and around in the laundry room weekly for fire hazard. They will make sure the room is kept clean at all times	2/9/18
C 159	Housekeeping-Curtains, Blinds, Res. Privacy SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (9) have curtains, draperies or blinds at windows in resident use areas to provide for resident privacy; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1.) This Rule requires that each family care home shall have blinds at windows in resident use areas to provide for resident privacy. At the time of the survey it was observed that the rear exit door had a blind that was in a state of	C 159	The broken blind at the rear exit door has been removed, and place with a new one.	4/22/18

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C 159	Continued From page 5 disrepair which does not allow for Resident privacy. Based on our finding make arrangements to have the damaged blind repaired/ replaced. Once complete provide photos of the blind to the DHSR Construction Section as verification of compliance.	C 159		
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.) This Rule requires that 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. At the time of the survey it was observed that these records were not available for our review. The Owner indicated she was not aware we needed to review them and that she would provide them separately to the DHSR Construction Section. As of the date of this report	C 172	The Fire Drills has been done over to me the requirements to evacuate. The house has a pull station. One was done April 25, and one May 1, 2018 We do fire evacuation rehearsals every 3 months. They are kept in the Administrator Office in a file. The staff already does this and began write up a report	4/25/18 5/1/18

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C 172	Continued From page 6 they have not been received. Failure to provide this information does not allow us to confirm that drills are occurring in the required manner and that Occupants can safety evacuate the home in the event of an emergency. Based on our findings provide copies of fire drill recording documentation for our review to the DHSR Construction Section as verification of compliance.	C 172	Fire drill reports will be with this report. The new fire drill reports will ~~not~~ be sent back with this report.	2/9/18 5/1/18
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. This Rule is not met as evidenced by: 1.) This Rule requires that the building 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 in the Attic that there was and open junction box which poses an electrical shock risk. Based on our finding make arrangements to have the junction box properly covered. Once complete provide photos of the work as well as material purchase receipts to the DHSR Construction Section as verification of compliance. 2.) This Rule requires that the building	C 174	The first right-side bedroom door has a new latch. The junction box has been properly covered. A photo copy of all the work will come later. The air filter has been replace with the right size-one	4/25/18 2/9/18 4/25/18

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C 174	Continued From page 7 mechanical 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 in the Corridor HVAC air return registers (2) there were filters that were improperly sized which allows dust and particulate matter to enter the unit. This is a health risk and can damage the unit over time. Based on our finding make arrangements to have both of the air filters changed to properly sized filters that cover the entire opening into the duct. Once complete provide photos of the work as well as material purchase receipts to the DHSR Construction Section as verification of compliance. 3.) This Rule requires that the building 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 main Bath to the left of the Corridor has a burnt out bulb which causes there to be inadequate lighting. Based on our finding make arrangements to have the bulb replaced. Once complete provide photos of the fixture showing the bulbs working to the DHSR Construction Section as verification of compliance. 4.) This Rule requires that the building shall be maintained in a safe and operating condition. At the time of the survey it was observed that the Attic door was not seating properly into the frame which allowed the passing of conditioned and	C 174	Both of the air filters in the hall have been replace with new ones. 4/25/18 The bulb in the main bathroom has been replace and is now fixed.	

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C 174	Continued From page 8 unconditioned air through the gap. Additionally, the ladder was in a state of disrepair which made it unsafe to use during the survey. Based on our finding make arrangements to have the Attic door and ladder repaired/ replaced. Once complete provide photos of the work as well as invoices/ receipts indicating all work performed to the DHSR Construction Section as verification of compliance. 5.) This Rule requires that the building shall be maintained in a safe and operating condition. At the time of the survey it was observed that the Corridor closet doors were not closing properly and was missing the tracks in the frame or the track were damaged which did not allow the doors to slide freely making them inconvenient to use. Based on our finding make arrangements to have the Corridor closet door repaired/ replaced. Once complete provide photos of the work as well as invoices/ receipts indicating all work performed to the DHSR Construction Section as verification of compliance. 6.) This Rule requires that the building shall be maintained in a safe and operating condition. At the time of the survey it was observed that the first Bedroom on the right the door would not latch which does not allow the Resident privacy. Based on our finding make arrangements to have the Bedroom door repaired/ replaced. Once complete provide photos of the work as well as invoices/ receipts indicating all work performed to the DHSR Construction Section as verification of	C 174	The ladder to the Attic door has been repaired The Corridor Closet door has been fixed and you can now close it properly. The door now slide freely. Photos of the door will come to you when all the work has been completed.	2/9/18 2/9/18

door latch #6

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C 174	Continued From page 9 compliance. 7.) The Rule requires that 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 in the home did not have up to date inspection tags so the extinguishers are expired. The Owner mentioned that an inspector has just reviewed them but apparently had failed to update the tags. There was a current inspection tag on the fire pull station which the Owner advised was the same inspector. Expired extinguishers cannot be replied upon to work in the event of an emergency which poses a life safey threat. Based on our finding make arrangements for the inspector to review and update the extinguisher tags. Provide a copy or photo of the updated tag showing the most recent inspection date to the DHSR Construction Section. 8.) The Rule requires that the building shall be maintained in a safe and operating condition. At the time of the survey it was observed that there were two ramps servicing this home and that neither terminated at grade sufficiently. Each lacked touching grade by a half inch or more which would require an additional length equal to 1 inch : 1 foot slope. At the grade landing of the front ramp there was about six inches of concrete that was broken and loose that appeared to be a prior remedy to the drop but the state of disrepair makes the loose concrete a trip hazard. Based on our finding make arrangements to have	C 174	all of the fire extinguishers have been inspected, and has new tags. a copy of a photo will be send to your office with the new date The front and back ramp has been repaired with the slope landing. A photo copy will come later.	

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C 174	Continued From page 10 the ramps terminate at grade. Once complete provide photos of the work performed to the DHSR Construction Section as verification of compliance.	C 174		
C 179	Building Service Equipment-Night Lights SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (e) All resident areas shall be well lighted for the safety and comfort of the residents. The minimum lighting required is: (3) 1 foot-candle power at the floor for corridors at night. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1.) This Rule requires that all resident areas shall be well lighted for the safety and comfort of the residents. The minimum lighting required is 1 foot-candle power at the floor for corridors at night. At the time of the survey it was observed that there did not appear to be any Corridor night lights. A dark corridor poses safety hazards. Based on our finding make arrangements to provide low level night lighting in the Corridor. Once completed provide purchase receipts to the DHSR Construction Section as verification of compliance.	C 179	Night lights has been put in the corridor. We always keep the hall light on at night.	2/9/18
C 180	Building Service Equipment-Call System SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE	C 180		

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C 180	Continued From page 11 EQUIPMENT (f) Where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of resident lying on his bed. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1.) This Rule requires that where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of resident lying on his bed. At the time of the survey it was observed that there was a call system in place but that it was not functioning. Based on our finding make arrangements to have the call system repaired/ replaced. Once complete provide to DHSR Construction Section copies of invoices/ receipts indicating all work performed as verification of compliance.	C 180	The call system will be repaired later. We will have the electrical work done by the end of April. The call system have been repaired already	
C 183	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING	C 183		

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C 183	Continued From page 12 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. This Rule is not met as evidenced by: 1.) This Rule requires that the outside grounds shall be maintained in a clean and safe condition. At the time of the survey it was observed that the window trim and mullions on most of the older windows had rot, chipping paint, and glazing damage. This condition worsens with weather and can lead to weather penetration into the home and a more costly repair. Based on our finding make arrangements to have the windows repaired/ replaced and painted. Once complete provide photos as well as invoices/ receipts indicating all work performed to the DHSR Construction Section as verification of compliance. 2.) This Rule requires that the outside grounds shall be maintained in a clean and safe condition. At the time of the survey it was observed that the Roof had a hole roughly three inches in diameter that was visible from the Attic where a pipe had once protruded. Failure over time to repair this condition may allow weather to penetrate through this hole and cause damage to the subsurface underneath. Based on our finding make arrangement to have the hole repaired. Once complete provide photos of the work as well as invoices/ receipts indicating all work performed to the DHSR Construction Section as verification of compliance.	C 183	The window work will be repair by the end of April need a date All of the windows has been replace with new one and a copy of the bill is with this report. I don't need a waiver. The hole in the roof that was roughly three inches visible from the Attic where the pipe was has been repaired. A copy of photo would come later.	? 5/31/18 4/23/18 2/9/18

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WE CARE FAMILY CARE HOME #2	1101 HILL STREET ROCKY MOUNT, NC 27801

(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 183	Continued From page 13 3.) This Rule requires that the outside grounds shall be maintained in a clean and safe condition. At the time of the survey it was observed that two windows on the front left side of the home had screens that were torn or loose from their frames which can allow insects to nest or enter the home. Based on our finding make arrangements to have these two screens repaired/ replaced. Once complete provide photos of the completed work as well as invoices/ receipts indicating all work performed to the DHSR Construction Section as verification of compliance. 4.) The Rule requires that the outside grounds shall be maintained in a clean and safe condition. At the time of the survey it was observed that multiple crawlspace vents around the home were not attached flush with the home or were in some disrepair. This can allow vermin and insects to enter the crawlspace. Based on our findings make arrangements to have the crawlspace vents repaired/ replaced. Once completed provide photos of the work as well as invoices/ receipts indicating all work performed to the DHSR Construction Section as verification of compliance. 5.) This Rule requires that the outside grounds shall be maintained in a clean and safe condition. At the time of our survey it was observed that there were two exhaust vent housings on the left front of the home that were stuck open or loose from the wall. This condition allows weather and insects to enter the vents/ wall which can create	C 183	None of the the windows has been replaced yet, but will be replaced by the end of May. Photos will be provided once this work has been done. all of the crawlspace vents has been repaired and are flush with the the home. One of the exhaust vent has been removed from the house	5/31/18 3/1/18 3/1/18

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
	FCL033004	A. BUILDING: 01 B. WING _____	02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WE CARE FAMILY CARE HOME #2	1101 HILL STREET ROCKY MOUNT, NC 27801

(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 183	Continued From page 14 more costly damage. Based on our findings make arrangement to have these vent housings repaired/ replaced. Once completed provide photos of the work performed to the DHSR Construction Section as verification of compliance. 6.) This Rule requires that the outside grounds shall be maintained in a clean and safe condition. At the time of the survey it was observed that there were multiple instances on both the front and rear ramps where the handrails, guardrails, or the flooring was in a state of disrepair either from screws protruding, guardrails being unattached, or soft wood. These conditions can cause injury. Based on our findings make arrangements for these ramps to be fully reviewed and any instances noted above be repaired/ replaced. Once completed provide photos of the completed work as well as invoices/ receipts indicating all work performed to the DHSR Construction Section as verification of compliance.	C 183	Already. The ramps has been fixed. Handrails and guardrails has been repaired and some replaced. Photos of this will be sent alone with the other pictures later.	
C 156	Fire Safety-Smoke, Heat Detectors T10: 42C .2213 FIRE SAFETY EQUIPMENT (b) The home must provide automatic, single station U.L. listed smoke (ionization) detectors in locations as determined by the Division of Health Service Regulation and U.L. listed heat detectors in the attic and basement. These detectors must be directly wired to the house current.	C 156		

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
	FCL033004	A. BUILDING: 01 B. WING _____	02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WE CARE FAMILY CARE HOME #2	1101 HILL STREET ROCKY MOUNT, NC 27801

(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 156	Continued From page 15 This Rule is not met as evidenced by: 1.) This Rule requires that the home must provide automatic, single station U.L. listed heat detectors in the attic and basement. These detectors must be directly wired to the house current. At the time of the survey it was observed that the heat detectors did not appear to have a dedicated sounding device. Not having a distinct sounding device can cause delay in exit during an emergency since a fire would not be visible in the living quarters. Additionally, the heat range of the current detection system was a maximum of 135 degrees which is a low heat range for this geographic location and could be subject to false alarms. Based on our findings make arrangements to have the heat detectors reviewed and a dedicated sounding device installed. It is highly recommended that the detectors be upgraded to a higher heat range. Once complete provide photos of the work as well as invoices/ receipts indicating all work performed to the DHSR Construction Section as verification of compliance.	C 156	The heat detectors in the attic has been replaced. More electric work has been done alone with the call bells are now in working order	3/2/18
U 116	419.2.3 Interior Finishes North Carolina State Building Code, Volume I, 1996, SECTION 419.2.3 Interior wall and ceiling finish shall be Class C. Fire retardant paints shall be renewed at such intervals as necessary to maintain the required finish rating This Rule is not met as evidenced by:	U 116	The staff bedroom has been painted Already and a copy of the pictures and bill for the fire retardant paint mix is with this POC.	4/25/18

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
	FCL033004	A. BUILDING: 01 B. WING _____	02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WE CARE FAMILY CARE HOME #2	1101 HILL STREET ROCKY MOUNT, NC 27801

(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
U 116	Continued From page 16 1.) This Code requires that Interior wall and ceiling finish shall be Class C. Fire retardant paints shall be renewed at such intervals as necessary to maintain the required finish rating At the time of the survey it was observed that the Staff Bedroom at the front right of the home had painted paneling walls. The Owner was unsure of the original installation date or if any retardant additive had ever been added to the paint that would qualify it to meet this Code. Wood paneling of unknown Class rating can be flammable and an accelerant. Based on our findings make arrangements to have the paneling fire Class rating confirmed or apply an overcoat retardant of qualifying Class to ensure that it meets this requirement. Once completed provide documentation of Class rating or a photo of the label of the overcoat retardant as well as invoices/ receipts indicating all work performed to the DHSR Construction Section as verification of compliance. Be sure to retain copies of these records for future verification.	U 116	~~The bedroom will be done by the end of May.~~ Photo will be taken and sent to you when it is done	5/31/18

We Care Family Care Home

FIRE DRILL REPORT / Disaster Drill

NAME OF FACILITY/GROUP HOME: We Care Family Home

DATE: 4/25/18

TIME OF DRILL: 5:30 (AM)/PM

TIME REQUIRED TO EVACUATE: 4 min

WAS ALRAME A FIRE DRILL: ✓ YES _____ NO

DESCRIPTION OF SITUATION: It was 5 resident and 1 staff moved quickly with one moving slow. All five resident were still in bed. This drill was done from the bedroom. They moved quickly out the door and out to the yard.

FIRE EXTINGUISHERS WERE CHECK AND IN WORKING ORDER Bp. INITIAL

WATER TEMPERATURE HAS BEEN CHECKED Bp. INITIAL

FURTHER COMMENTS MAY BE MADE ON THE BACK OF THIS FORM

IF FIRE DEPARTMENT WAS INVOLVED, ATTACH A COPY OF THE FIRE DEPARTMENT REPORT FORM.

Beatrice Settway
RESPONSIBLE PERSON IN CHARGE

4/25/18
DATE

_____
ADMINISTRATOR

_____
DATE

REVISED 09/05

We Care Family Care Home

FIRE DRILL REPORT / Disaster Drill

NAME OF FACILITY/GROUP HOME: We Care Family Care

DATE: Jan 5, 2018

TIME OF DRILL: 7:30 pm AM/PM

TIME REQUIRED TO EVACUATE: 5 mins

WAS ALRAME A FIRE DRILL: _____ YES _____ NO

DESCRIPTION OF SITUATION:

The Resident responsed very well. We discuss how fasted they evacat evacuation.

FIRE EXTINGUISHERS WERE CHECK AND IN WORKING ORDER JD INITIAL

WATER TEMPERATURE HAS BEEN CHECKED JD INITIAL

FURTHER COMMENTS MAY BE MADE ON THE BACK OF THIS FORM

IF FIRE DEPARTMENT WAS INVOLVED, ATTACH A COPY OF THE FIRE DEPARTMENT REPORT FORM.

Kim Deloach
RESPONSIBLE PERSON IN CHARGE

1-5-2018
DATE

Beatrice Tetway
ADMINISTRATOR

1-5-2018
DATE

REVISED 09/05

We Care Family Care Home

FIRE DRILL REPORT / Disaster Drill

NAME OF FACILITY/GROUP HOME: We Care Family Home

DATE: 5/1/18

TIME OF DRILL: 12 noon AM/PM

TIME REQUIRED TO EVACUATE: 2 min

WAS ALRAME A FIRE DRILL: ✓ YES _____ NO

DESCRIPTION OF SITUATION: 5 residents were in the kitchen having lunch. The respond of the residents were great. There attitude for the drill was great. The did everything that they were train to do.

FIRE EXTINGUISHERS WERE CHECK AND IN WORKING ORDER BP INITIAL

WATER TEMPERATURE HAS BEEN CHECKED BP INITIAL

FURTHER COMMENTS MAY BE MADE ON THE BACK OF THIS FORM

IF FIRE DEPARTMENT WAS INVOLVED, ATTACH A COPY OF THE FIRE DEPARTMENT REPORT FORM.

Beatrice Letway — RESPONSIBLE PERSON IN CHARGE — 5/1/18 DATE

Beatrice Letway — ADMINISTRATOR — 5/1/18 DATE

REVISED 09/05

BDC Rocky Mount

BUILDER'S DISCOUNT CENTER

1261 S Wesleyan Blvd
Rocky Mount, NC 27803
PHONE: (252) 442-5197

SOLD TO:

CUST NO: *1
TERMS: CASH/CHECK/BANKCARD

DATE: 4/23/18 TIME: 10:41
CLERK: BKJ TERMINAL: 553
SALES REP:
TAX: 001 ROCKY MOUNT TAX CODE

REFERENCE:
JOB NO: 000

SHIP TO:

ORDER: 226722

INVOICE: C26722/1

LINE	QTY	UM	SKU	DESCRIPTION	UNITS	SUGG	PRICE/ PER	EXTENSION
1	2	EA	2174951	10.1OZ WHT ACRYLIC W/SIL FAST DR	2		2.99 /EA	5.98

** PAID IN FULL **

6.38

TAXABLE	5.98
NON-TAXABLE	0.00
SUBTOTAL	5.98
TAX AMOUNT	0.40
TOTAL	**6.38**

CASH PAYMENT 6.38

TOT WT: 0.00

X _____ Received By

CUSTOMER RESPONSIBLE FOR MEETING THEIR AREA'S BUILDING CODE
***NO RETURNS OR REFUNDS ON FACTORY SECONDS**

BDC Rocky Mount

1261 S Wesleyan Blvd
Rocky Mount, NC 27803
PHONE: (252) 442-5197

SOLD TO: **** CASH ****

SHIP TO: PETWAY /COLUMBUS

CUST NO: *1
TERMS: CASH/CHECK/BANKCARD

DATE: 4/23/18 TIME: 10:38
CLERK: BKJ TERMINAL: 553
SALES REP: BMT
TAX: 001 ROCKY MOUNT TAX CODE

REFERENCE:
JOB NO: 000

ORDER: 226719

INVOICE: C26719/1

LINE	QTY	UM	SKU	DESCRIPTION	UNITS	SUGG	PRICE/ PER	EXTENSION
1	1	EA	VWRG3454	34X54 DH REPL WIN W/GRIDS	1		145.99 /EA	145.99
2	4	EA	VWRG2838	28X38 DH REPL WIN W/GRIDS	4		105.99 /EA	423.96
3	2	16	MDS935	1 5/8" SOLID STOP #935	2		9.44 /16	18.88
4				2/16' PIECE- $9.44 per 16				
5	2	EA	6417257	12OZ TRIPLE EXP FOAM SEALANT	2		3.99 /EA	7.98
6	5	EA	6140149	10OZ HD CONTRUCTION ADHESIVE	5		2.79 /EA	13.95
7	2	EA	NAGF41	1 LB 4 GALVANIZED FINISH	2		3.29 /EA	6.58

** PAID IN FULL ** 659.01

TAXABLE	617.34
NON-TAXABLE	0.00
SUBTOTAL	617.34
TAX AMOUNT	41.67
TOTAL	**659.01**

BANKCARD PAYMENT 659.01
BKCRD# XXXXXXXXXXXX3548

TOT WT: 150.20

MID: 191200939889 APP: 055695 XR: 226719

x C Petway
Received By

CUSTOMER RESPONSIBLE FOR MEETING THEIR AREA'S BUILDING CODE
***NO RETURNS OR REFUNDS ON FACTORY SECONDS**

LOWE'S HOME CENTERS, LLC
700 N. WESLEYAN BLVD.
ROCKY MOUNT, NC 27804 (252) 451-1161

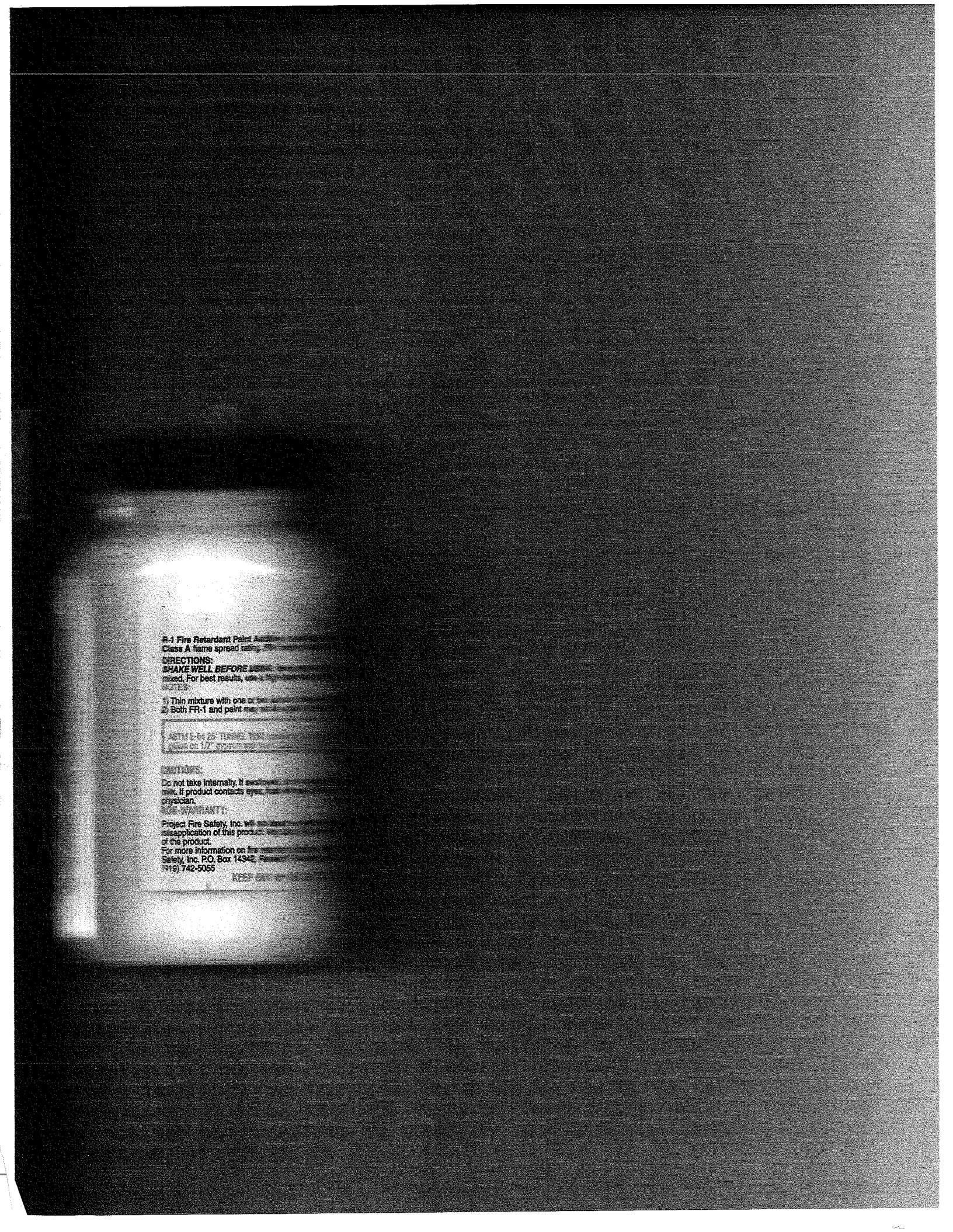
PICK UP INFORMATION
TO OBTAIN STOCK MERCHANDISE DESIGNATED AS
[PICK UP LATER] ON THIS RECEIPT, YOU MUST
COME TO THE CUSTOMER SERVICE DESK.

- SALE -

SALES#: 63547 BZ 88839 TRANS#: 84342557 03-06-18

468934 2-6-8 TC TREATD #2 PRIME 19.56
3 @ 6.52
[PICK UP LATER - LOWES # 547 on 03/06/2018]
468950 2-4-8 TOP CHOICE TREATED 49.70
10 @ 4.97
[PICK UP LATER - LOWES # 547 on 03/06/2018]
639134 1-4 8 TREATED #2 GRADE SF 28.47
3 @ 9.49
[PICK UP LATER - LOWES # 547 on 03/06/2018]
468966 2-2-8 TREATED #1 GRADE [illegible] 42.84
12 @ 3.57
[PICK UP LATER - LOWES # 547 on 03/06/2018]
[illegible] 11.96
2 @ 5.98
[PICK UP LATER - LOWES # 547 on 03/06/2018]
234[illegible] 10.48
[PICK UP LATER - LOWES # 547 on 03/06/2018]
469607 124-FL OZ EXT ASSURE ST W 25.50
[PICK UP LATER - LOWES # 547 on 03/06/2018]
41396 10.1-OZ LATEX GLAZING [illegible] 17.34
3 @ 5.78
[PICK UP LATER - LOWES # 547 on 03/06/2018]
47970 GE SIL II WD CLEAR 10.1OZ 11
2 @ 5.98
[PICK UP LATER - LOWES # 547 on 03/06/2018]
553896 10.1-OZ DYNAFLEX 230 WHIT 8.76
2 @ 4.38
[PICK UP LATER - LOWES # 547 on 03/06/2018]
19165 4X7/8 CORN-IRON ZN 11.48
4 @ 2.87
[PICK UP LATER - LOWES # 547 on 03/06/2018]
136[illegible] GREAT STUFF 12-FL OZ GAP/ 4.25
[PICK UP LATER - LOWES # 547 on 03/06/2018]
113199 CEILING BOX COVER FLAT BL 0.61
[PICK UP LATER - LOWES # 547 on 03/06/2018]
[illegible] 4-IN SQUARE COVER FLAT 1/ 0.90
[PICK UP LATER - LOWES # 547 on 03/06/2018]
471096 3/4-4-8 TREATED CDX PLYWD 79.98
2 @ 39.99
[PICK UP LATER - LOWES # 547 on 03/06/2018]
667868 GE 6-MO REFRIGERATOR WATE 99.98
2 @ 49.99

SUBTOTAL: 422.25
TAX: 28.50
INVOICE 56003 TOTAL: 450.75



FR-1 Fire Retardant Paint
Class A flame spread rating.
DIRECTIONS:
SHAKE WELL BEFORE USING.
mixed. For best results, use a
NOTES:
1) Thin mixture with one or
2) Both FR-1 and paint may

ASTM E-84 25 TUNNEL TEST
Cotton on 1/2"

CAUTIONS:
Do not take internally. If
mix. If product contacts eyes,
physician.
NON-WARRANTY:
Project Fire Safety, Inc.
misapplication of this product.
of the product.
For more information on fire
Safety, Inc. P.O. Box 14342.
(919) 742-5055
KEEP

FR-1

RETARDANT

PAINT

DDITIVE

for

SED LATEX PAINTS

WHOLESALE PAINT CENTER, INC.

Benjamin Moore® Paints

Wholesale and Retail • Dial (252) 446-6045
945 N. Church Street - P.O. Box 1526
Rocky Mount, NC 27802-1526

Benjamin Moore® Paints

LADDERS • PAINT • PUTTY • RENTALS • SUPPLIES • WALLPAPER

DATE 4.24.18

Sold To

Street

City

CASH	CHARGE	CUSTOMER ORDER NO.
✓		

QTY.	DESCRIPTION	PRICE	EXT.	TOTAL
1	FRI Extra Retarder			9 95
			N.C. SALES TAX	6
			TOTAL	10 63

Bills Payable Monthly:
1½% Service Charge Per Month After 30 Days.

Returned Goods MUST Be Accompanied By This Invoice

Received By

422851