STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073012	A. BUILDING: **01** B. WING _____	**04/25/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVING TOUCH FAMILY CARE HOME	**5975 BOSTON ROAD ROXBORO, NC 27574**

(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 April 25, 2018 from 10:15 AM to 12:45 PM at the above referenced facility. DHSR records indicate the home was licensed on July 15, 2004 as a Family Care Home for six (6) 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 Family Care Homes Rules T10: 42C, the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 2002 North Carolina State Building Code - Section 421.2 - 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 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) The Rule requires that scatter or throw rugs shall not be used. During our visit a throw rug was in use in the Living Room. The Staff removed the rug during the survey.	C 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073012	A. BUILDING: **01** B. WING _____	**04/25/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVING TOUCH FAMILY CARE HOME	**5975 BOSTON ROAD ROXBORO, NC 27574**

(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 152	Continued From page 1 No further action is required. Take measures to ensure against reoccurrence.	C 152		
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) The Rule requires that each family care home shall have walls kept clean and in good repair. During our visit mold growth was evident in several wall areas of the Basement and includes the following: a. on the wall corners near the water heater, b. the corner near the exterior exit, c. on the Crawlspace door frame and covering the back of the Crawlspace door, d. on the rear base of the fire place brick. Remediate the mold with proper cleaning techniques and repair the surfaces back to their original condition. Provide photos as documentation of work performed. 2) The Rule requires that each family care home shall have ceilings kept clean and in good repair. Mold growth was found on the ceiling wall board of the Basement surrounding the mechanical	C 153		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073012	A. BUILDING: **01** B. WING _____	**04/25/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVING TOUCH FAMILY CARE HOME	**5975 BOSTON ROAD ROXBORO, NC 27574**

(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 153	Continued From page 2 ductwork. It was covering the air registers and appears to be within the ductwork. Remediate the mold with proper cleaning techniques. Provide photos as documentation of work performed. 3) The Rule requires that each family care home shall have floors kept in good repair. At the time of the survey there was a soft, broken board in the middle of the Basement stair landing. Repair the landing. Provide photos of the completed work as documentation.	C 153		
C 155	Housekeeping-Free of Obstructions SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1) The Rule requires that each family care home shall be maintained free of all obstructions and hazards. This Rule shall apply to new and existing homes. During the survey bolt locks were on the tops of both the french doors leading into the Dining Room from the Foyer Parlor. This is a main emergency egress path due to the location of the ramp.	C 155		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073012	A. BUILDING: **01** B. WING _____	**04/25/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVING TOUCH FAMILY CARE HOME	**5975 BOSTON ROAD ROXBORO, NC 27574**

(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 155	Continued From page 3 Remove the at least one of the bolt locks from one these doors to ensure at least one of these doors maintains this path free of obstructions and hazards. Provide photos of the doors as documentation of the work performed. 2) The Rule requires that each family care home shall be maintained free of all hazards. This Rule shall apply to new and existing homes. At the time of the survey there was an old out of service water heater in the Crawlspace. Remove the water heater from the Crawlspace and properly dispose. Provide photos as documentation.	C 155		
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) The Rule requires that the building shall be maintained in a safe and operating condition. During our visit the door knob assemblies on all the Resident Bedrooms and Bathrooms leading into the main Corridor had turn button locks. Remove the knob assemblies and install	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073012	A. BUILDING: **01** B. WING _____	**04/25/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVING TOUCH FAMILY CARE HOME	**5975 BOSTON ROAD ROXBORO, NC 27574**

(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 4 single-hand control knob assemblies on all Resident Bedroom and Bathroom doors in the path of emergency egress. Provide photos as documentation of work performed. 2) 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 the heat detector nearest the Attic access was loose from the housing. Repair/ replace the heat detector so that it is seated properly in the housing. Provide photos as documentation of work performed. 3) The Rule requires that the electrical equipment in a family care home shall be maintained in a safe and operating condition. During the survey there were two GFCI outlets that were of concern and they are as noted below: a. The front Porch GFCI tripped but was showing a non-static reading indicating that there may be a short in the outlet. b. The right outlet in the Garage workspace alcove was not GFCI but is required to be. Repair/ replace the outlet. Provide details of the work performed or an invoice or receipt if received as documentation. 4) The Rule requires that the electrical equipment in a family care home shall be maintained in a safe and operating condition. At the time of the survey there were multiple concerns with lighting around the home and they	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073012	A. BUILDING: **01** B. WING _____	**04/25/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVING TOUCH FAMILY CARE HOME	**5975 BOSTON ROAD ROXBORO, NC 27574**

(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 5 are as described below: a. The Porch light at the Living Room sliding glass door would not function and a protective glass lens had dislodged from the frame. b. The flood light near the same Porch noted above could not be confirmed to function. Replace the bulbs or the fixtures whichever is confirmed to be non-functioning. Provide photos or invoices/ receipts indicating all work performed. 5) The Rule requires that the plumbing equipment in a family care home shall be maintained in a safe and operating condition. During our visit the plumbing clean-outs in the Basement and out in the yard had been recently utilized. The Basement floor was still wet from cleaning of the area and a pile of wipes and feces were left in the yard by the technician at the base of the exterior clean-out. The Staff advised that a Resident was not aware that wipes were not flushable and had clogged the drain. The plumbing seemed to be functioning properly. Ensure that the Basement floor is thoroughly cleaned and dried since this is also an area with mold growth. Properly dispose of the debris at the clean-out in the yard. Provide photos of both areas as documentation of the work.	C 174		
C 138	Outside Entrances/Exits-Single Hand Motion T10: 42C .2209 OUTSIDE ENTRANCES AND EXITS (d) All exit doors locks must be easily operable, by a single hand motion, from the inside at all times without keys.	C 138		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073012	A. BUILDING: **01** B. WING _____	**04/25/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVING TOUCH FAMILY CARE HOME	**5975 BOSTON ROAD ROXBORO, NC 27574**

(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 138	Continued From page 6 This Rule is not met as evidenced by: 1) The Rule requires that all exit doors locks must be easily operable, by a single hand motion, from the inside at all times without keys. At the time of the survey multiple sliding glass doors noted as main paths of emergency egress did not have a single hand motion lockset. Replace the lock assemblies with single hand control handles. Provide photos or receipts as documentation of work performed.	C 138		
C 162	Building Service Equipment-Heating .2214 BUILDING SERVICE EQUIPMENT (b) There must be an approved central heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. Built-in electric heaters, if used, must be installed or protected so as to avoid hazards to residents and room furnishings. Unvented fuel burning room heaters and portable electric heaters are prohibited. This Rule is not met as evidenced by: 1) The Rule requires that portable electric heaters are prohibited. At the time of the survey there was a portable electric heater was being stored in the Basement. Remove the heater from the home to avoid	C 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073012	A. BUILDING: **01** B. WING _____	**04/25/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVING TOUCH FAMILY CARE HOME	**5975 BOSTON ROAD ROXBORO, NC 27574**

(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 162	Continued From page 7 accidental use. Provide photos as documentation.	C 162		
C 167	Outside Premises-Maintained Safe T10: 42C .2215 OUTSIDE PREMISES (a) The outside grounds must be maintained in a clean and safe condition, in accordance with the rules governing the sanitation of residential care facilities of the North Carolina Department of Environment, Health an Natural Resources; Division of Environmental Health Services. This Rule is not met as evidenced by: 1) The Rule requires that outside grounds must be maintained in a clean and safe condition. At the time of the survey there was a pile of flooring demolition materials near the ramp landing turn in the parking area. This was due to a new floor being recently installed in the laundry area. Properly dispose of the flooring debris. Provide photos of the area as documentation of work performed.	C 167		