STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL057008	A. BUILDING: **01** B. WING _____	**04/05/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOT SPRINGS FAMILY CARE HOME #2	**311 #2 NORTH SURPINTINE ROAD HOT SPRINGS, NC 28743**

(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 5, 2018 from 12:45 PM to 3:45 PM at the above referenced facility. DHSR records indicate the home was licensed on December 18, 1991 as a Family Care Home for six (6) residents with no more than three (3) who are non-ambulatory (un-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: 1991 Rules for Family Care Homes Minimum and Desired Standards and Regulations, the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, the 1991 North Carolina State Building Code - Section 514.2 - Residential Care Facilities. At the time of our visit we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 132	Storage Areas-Separate Locked IV. The Building C. Physical Environment (10 NCAC 42C .2201) 6. Storage Areas (10 NCAC 42C .2207) a. Storage areas must be adequate in size and number for separate storage of clean linens, soiled linens, food and food service supplies; and household supplies and equipment. b. There must be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies must be supervised while in use.	C 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL057008	A. BUILDING: **01** B. WING _____	**04/05/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOT SPRINGS FAMILY CARE HOME #2	**311 #2 NORTH SURPINTINE ROAD HOT SPRINGS, NC 28743**

(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 132	Continued From page 1 This Rule is not met as evidenced by: 1) The Rule requires that there must be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. At the time of the survey it was observed that cleaners were being stored under the Kitchen sink in an unlocked cabinet. Store cleaners in a separate locked cabinet, Provide photos as documentation.	C 132		
C 145	Outside Entances/Exits-Handrails IV. The Building C. Physical Environment (10 NCAC 42C .2201) 8. Outside Entrances/Exits (10 NCAC 42C .2209) 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 that all steps, porches, stoops and ramps must be provided with handrails and guardrails. At the time of the survey it was observed that the majority of the stoops and sidewalks around the Home were not at grade. Any stoops which have a step down to grade, and are not brought level with grade via raising the grade, require handrails and guardrails. Add backfill, topsoil, or mulch to raise the grade, or add handrails and guardrails to any of these areas around the home that are not raised level. Provide photos as documentation.	C 145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL057008	A. BUILDING: **01** B. WING _____	**04/05/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOT SPRINGS FAMILY CARE HOME #2	**311 #2 NORTH SURPINTINE ROAD HOT SPRINGS, NC 28743**

(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 149	Outside Premises-Maintained Safe IV. The Building C. Physical Environment (10 NCAC 42C .2201) 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 governing the sanitation of residential care facilities of the North Carolina Department of Environment, Health and Natural Resources; Division of Environmental Health Services. This Rule is not met as evidenced by: 1) The Rule requires that the outside grounds must be maintained in a clean condition. At the time of the survey it was observed that the rear right gutter downspout (as viewed from the back yard) was loose, dented, and the bottom curved section was crushed mostly closed. Repair the loose, dented, and crushed downspout. Provide photos as documentation. 2) The Rule requires that the outside grounds must be maintained in a clean condition. During the survey it was observed that there were areas around the lower siding edge at the foundation, the gutter corners, and the porch roof gable ends, soffit and fascia of the home where the exterior wood siding is beginning to rot and weather away. Repair/ replace the damaged siding. Once complete provide photos as well as invoices/ receipts indicating work performed as documentation.	C 149		
C 152	Building Service Equipment-Maintained Safe	C 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL057008	A. BUILDING: **01** B. WING _____	**04/05/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOT SPRINGS FAMILY CARE HOME #2	**311 #2 NORTH SURPINTINE ROAD HOT SPRINGS, NC 28743**

(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 3 IV. The Building D. Building Service Equipment (10 NCAC 42C .2214) 1. The building and all fire safety, electrical, mechanical, and plumbing equipment must be maintained in a safe and operating condition. This Rule is not met as evidenced by: 1) The Rule requires that the building must be maintained in a safe and operating condition. At the time of the survey it was observed that the baseboard heater in the Staff Bedroom at the rear of the home was missing the protective cover in front of the heating fins and the wiring harness was exposed. It was also in generally poor condition with rust and paint chipped off. Properly replace the protective covers on the Staff Bedroom baseboard heater. Provide photos including a photo of the paint can and instructions as documentation. 2) The Rule requires that the building must be maintained in a safe and operating condition. It was observed during the survey that a few doors around the home had concerns and they are as detailed below: a. The Main entry latch plate was missing a screw. b. The rear Resident Bathroom door was damaged along the bottom edge and was dragging against the floor c. The Resident Bedroom four and five doors were dragging against the floor. d. The opposite Resident Bathroom was sticking at the top third of the edge away from the hinges.	C 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL057008	A. BUILDING: **01** B. WING _____	**04/05/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOT SPRINGS FAMILY CARE HOME #2	**311 #2 NORTH SURPINTINE ROAD HOT SPRINGS, NC 28743**

(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 4 Repair/ replace the latch plate. Undercut the Bathroom and Bedroom doors so that they do not drag. Plane and repaint the opposite Bathroom door so that it does not stick. Provide photos as documentation. 3) The Rule requires that the building must be maintained in a safe and operating condition. At the time of the survey it was observed that the Laundry exhaust wall cap was coated in lint preventing the backdraft flap from properly closing. Additionally, there was lint build-up behind the dryer and the exhaust duct was crimped. Clean the wall cap and Laundry Room floor. Uncrimp the duct behind the dryer. Ensure that the internal exhaust duct line is completely clear of lint build-up. Provide photos and a written description of the work performed. 4) The Rule requires that the building must be maintained in a safe and operating condition. It was observed during the survey that in Bedroom three the window was too loose and would not stay up without human intervention. Repair/ replace the windows. Provide photos and a written description of the work performed. 5) The Rule requires that all electrical and mechanical equipment must be maintained in a safe condition. During the survey it was observed that the Staff Bathroom vanity and overhead lights were missing the covers.	C 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL057008	A. BUILDING: **01** B. WING _____	**04/05/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOT SPRINGS FAMILY CARE HOME #2	**311 #2 NORTH SURPINTINE ROAD HOT SPRINGS, NC 28743**

(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 5 Replace the vanity and overhead light covers. Provide photos as documentation. 6) The Rule requires that all electrical equipment must be maintained in a safe condition. At the time of the survey it was observed that in Resident Bedrooms two and four unapproved multi-plug adapters were being used. These were removed from the outlets by Staff during the survey. No further action is required. 7) The Rule requires that all electrical equipment must be maintained in a safe condition. It was observed at the time of the survey that there was a faceplate missing on an outlet in the rear Staff Bedroom. Replace the missing outlet cover. Provide photos as documentation. 8) The Rule requires that all electrical equipment must be maintained in a safe and operating condition. It was observed at the time of the survey that the Laundry Room and Resident Bathroom on the opposite side as the Laundry did not have functioning exhaust fans. Repair/ replace the exhaust fans. Provide invoices/ receipts of work performed as documentation. 9)The Rule requires that all electrical equipment must be maintained in an operating condition.	C 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL057008	A. BUILDING: **01** B. WING _____	**04/05/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOT SPRINGS FAMILY CARE HOME #2	**311 #2 NORTH SURPINTINE ROAD HOT SPRINGS, NC 28743**

(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 6 During the survey it was observed that the front Corridor louvered night light was not functioning. Repair the night light. Provide photos as documentation. 10)The Rule requires that all electrical equipment must be maintained in an operating condition. At the time of the survey it was observed that the overhead light in Resident Bedroom one had a missing or burnt out light bulb. Replace with a working bulb. Provide a photo as documentation. 11) The Rule requires that all plumbing equipment must be maintained in a safe condition. At the time of the survey it was observed that the front Resident Bathroom toilet was loose. Tighten the toilet at the floor bolts. Provide documentation of repairs made. 12) The Rule requires that the fire safety equipment must be maintained in a safe and operating condition. During the survey it was observed that the monthly fire extinguisher checks provided by the Staff have not been performed. Ensure that monthly checks of the fire extinguishers occur and are documented on the reverse face of the tag on each extinguisher.	C 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL057008	A. BUILDING: **01** B. WING _____	**04/05/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOT SPRINGS FAMILY CARE HOME #2	**311 #2 NORTH SURPINTINE ROAD HOT SPRINGS, NC 28743**

(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 165	Continued From page 7	C 165		
C 165	Housekeeping and Furnishings-Clean IV. The Building F. Housekeeping and Furnishings (10 NCAC 42C .2212) 1. Each home must: a. have walls, ceilings, and floors or floor coverings kept clean and in good repair; b. have no chronic unpleasant odors; c. have furniture clean and in good repair; This Rule is not met as evidenced by: 1) The Rule requires that each home must have ceilings kept clean. During the survey it was observed that the ceiling exhaust fan in the Staff Bathroom was covered in dust. Clean the exhaust fan. Provide photos as documentation. 2) The Rule requires that each home must have ceilings kept clean. At the time of the survey it was observed that there was more than one concern with the condition of ceilings. There are as noted below: a. The spackled ceiling over the Staff Bathroom tub was falling off. b. The Attic access hatch in the Dining Room had peeling paint. Repair the ceiling spackle and paint in both areas. Provide photos as documentation. 3) The Rule requires that each home must have walls kept clean and in good repair.	C 165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL057008	A. BUILDING: **01** B. WING _____	**04/05/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOT SPRINGS FAMILY CARE HOME #2	**311 #2 NORTH SURPINTINE ROAD HOT SPRINGS, NC 28743**

(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 165	Continued From page 8 It was observed during the survey that the shower in the Resident Bathroom where the walls and drain pan join was missing grout/caulking. Repair the grout/caulking. Provide photos as documentation. 4) The Rule requires that each home must have furniture in good repair. It was observed at the time of the survey that the counter tops in the Kitchen were chipped, scuffed, and had burned in circles from hot pots and the caulking has separated at the back splash connection. Replace the countertop surface. Provide photos as well as invoices/ receipts indicating work performed as documentation. 5) The Rule requires that each home must have furniture in good repair. At the time of the survey it was observed that the cabinets doors/ drawers in the Kitchen were not closing flush. Repair the cabinet doors/ drawers so that they close flush and level. Provide photos as documentation. 6) The Rule requires that each home must have furniture in good repair. During the survey it was observed that there was a hole under the Kitchen sink where the water connections are made that is much larger than is required for the piping. Repair/ replace the cabinet floor surface so that	C 165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL057008	A. BUILDING: **01** B. WING _____	**04/05/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOT SPRINGS FAMILY CARE HOME #2	**311 #2 NORTH SURPINTINE ROAD HOT SPRINGS, NC 28743**

(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 165	Continued From page 9 only holes large enough for the pipes are used. Escutcheons can be used for covering smaller gaps. Provide photos as documentation. 7) The Rule requires that each home must have furniture in good repair. At the time of the survey it was observed that the towel bar and left mounting bracket in the rear Resident Bathroom was laying in the floor behind the door. Replace the towel bar and bracket. Provide photos as documentation.	C 165		
C 167	Housekeeping-Free of Obstructions and Hazards IV. The Building F. Housekeeping and Furnishings (10 NCAC 42C .2212) 1. Each home must: e. be maintained in an uncluttered, clean orderly manner, free of all obstructions and hazards; This Rule is not met as evidenced by: 1) The Rule requires that each home must be maintained free of all obstructions and hazards. It was observed during the survey that both the Staff Bedrooms had blocked access to the windows. The larger lower height windows in each room contained A/C units. The smaller higher height windows were blocked with furniture. One window in each room must be free to be used as a second form of emergency egress. Unblock one of the two windows. Provide photos	C 167		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL057008	A. BUILDING: **01** B. WING _____	**04/05/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOT SPRINGS FAMILY CARE HOME #2	**311 #2 NORTH SURPINTINE ROAD HOT SPRINGS, NC 28743**

(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 167	Continued From page 10 of the room showing the window as documentation. 2) The Rule requires that each home must be maintained free of all hazards. During the survey it was observed that more than one resident had dorm type refrigerators in their Bedrooms as well as many other electric power drawing devices. Often circuits for Bedroom outlets are chained together on the same circuit. Overloading of circuits can cause breaker trips, power outages, and fires. Confirm with the local building official that the Homes electric circuits are safe for the current Bedroom outlet loads. Provide documentation that review has occurred or electric circuit service updates have been performed. 3) The Rule requires that each home must be maintained free of all hazards. During the survey it was observed in the front Staff Bedroom that there was a decorative but functional knife hung on the wall and another large bladed (3-4 inch) knife on the top of a dresser. The Staff immediately removed and assured the knives would be secured in properly locked areas. No further action is required.	C 167		