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
	FCL079091	A. BUILDING: 01 B. WING _____	06/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAYLEE PLACE	538 WARRINER STREET REIDSVILLE, NC 27320

(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 Glenn Hoppin DHSR Construction Section conducted a Biennial Survey on June 01, 2018 from 11:30 AM to 1:30 PM at the above referenced facility. DHSR records indicate the home was first licensed on March 30, 2006 as a Family Care Home for six ambulatory Residents (able to evacuate and respond 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 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	Corrective Actions completed on June 25, 2018. Maintenance technician will begin quarterly visits to the facility. He will be surveying the facility for any required upkeep. Staff (SIC and administrator) will continue to monitor facility service equipment including smoke detectors monthly. Staff will inform administrator or	6/25/18
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. At the time of the survey it was observed that the smoke detector outside the staff bedroom was not interconnected with the other smoke detectors. The rule requires the building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home to be	C 174		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	6/26/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL079091	A. BUILDING: 01 B. WING _____	06/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAYLEE PLACE	538 WARRINER STREET REIDSVILLE, NC 27320

(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 maintained in a safe and operating condition. 2. At the time of the survey it was observed that the bathroom window has been replaced but the exterior trim of the window had not been painted. The rule requires the building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home to be maintained in a safe and operating condition. 3. At the time of the survey it was observed that the decking on the kitchen exit door was warped and had protruding nails. The rule requires the building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home to be maintained in a safe and operating condition. For all deficiencies listed above provide documentation of completed work in the form of photographs, receipts, invoices, etc. All deficiencies listed above were discussed with on-site staff during the exit interview.	C 174	maintenance technician of any problems. Please see other attachments for pictures, video, and invoice.	

JACKIE CLIFTON

Proposal Submitted To: CAYLEE PLACE	Job Name CARE HOME	Date: June 25, 2018
Address: 538 Warriner Street, Reidsville, NC	Job Location: Reidsville	
Phone Number: 336-394-4403	Fax Number: 336-394-4097	

1. Replace batteries in smoke detector beside laundry room. Tested all smoke detectors. All detectors are working properly and together.
2. Painted exterior trim of bathroom window. Repaired cracks on exterior trim of window.
3. Installed new screws to all loose boards on the decking on the kitchen exit door.
4. Installed new ceiling fan in bedroom #1.

Jackie Clifton

424 Anderson Road
Eden, NC 27288
United States

PHONE 336-394-8340