STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL079098	A. BUILDING: **01** B. WING _____	**07/17/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLAM'S FAMILY CARE HOME	**109 ROANOKE STREET REIDSVILLE, NC 27323**

(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 July 17, 2014 from 1:30 PM to 3:20 PM at the above referenced facility. DHSR records indicate the home was first licensed on April 22, 1971 as a Family Care Home for five Residents; Licensure rules at this time only allowed for a maximum capacity of five Residents. Effective on February 1, 1983 the building code was amended to allow for a maximum of six Residents, and effective on April 1, 1984 Licensure Rules were revised to allow for a maximum capacity of six residents as well. Your home is currently licensed with a capacity of Six (6) all-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 1984 "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, and the 1978 (Revision 5) North Carolina State Building Code - 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 169	Fire Safety-Smoke Detectors SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (b) The building shall be provided with smoke	C 169		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL079098	A. BUILDING: **01** B. WING _____	**07/17/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLAM'S FAMILY CARE HOME	**109 ROANOKE STREET REIDSVILLE, NC 27323**

(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 169	Continued From page 1 detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it. This Rule is not met as evidenced by: 1.) The rule requires the building shall be provided U.L. listed heat detectors connected to a dedicated sounding device located in the attic: During our visit it was observed that the heat detector in the home was rated for 135 degree Fahrenheit, it was also unable to be verified of this device was connected to a dedicated sounding device. This is not compliant with the rule. Make arrangement to have a heat detector rated between 192 degrees and 212 degrees Fahrenheit installed in the attic of the home. Provide verification that the heat detector is connected to a dedicated sounding device. Once completed provide documentation in the form of invoices and photos for all completed work.	C 169		
C 173	Written Disaster Plan SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (f) A written disaster plan which has the written	C 173		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL079098	A. BUILDING: **01** B. WING _____	**07/17/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLAM'S FAMILY CARE HOME	**109 ROANOKE STREET REIDSVILLE, NC 27323**

(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 173	Continued From page 2 approval of, or has been documented as submitted to, the local emergency management agency and the local agency designated to coordinate special needs sheltering during disasters, shall be prepared and updated at least annually and shall be maintained in the home. This written disaster plan requirement shall apply to new and existing homes. This Rule is not met as evidenced by: 1.) The rule requires A written disaster plan which has the written approval of, or has been documented as submitted to, the local emergency management agency and the local agency designated to coordinate special needs sheltering during disasters, shall be prepared and updated at least annually and shall be maintained in the home. During our visit it was observed that the fire evacuation plan in the corridor of the home was oriented incorrectly. This is not compliant with the rule. This deficiency was corrected on site. Take measures to ensure from re-occurrence.	C 173		
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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL079098	A. BUILDING: **01** B. WING _____	**07/17/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLAM'S FAMILY CARE HOME	**109 ROANOKE STREET REIDSVILLE, NC 27323**

(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 3 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: During our visit it was observed that there were blown light bulbs in the Women's Bathroom, the Staff Bedroom, and Bedroom #1. This is not compliant with the rule. Make arrangements to have the deficiency corrected; 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: During our visit it was observed that the back right exterior lights and front porch light bulbs were missing. This is not compliant with the rule. Make arrangements to have the deficiency corrected; provide documentation in the form of photos 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: During our visit it was observed that there was a multi plug adapter being used in the Kitchen and in Bedroom #5. This is not compliant with the rule. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work. 4.) The rule requires all mechanical equipment in	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL079098	A. BUILDING: **01** B. WING _____	**07/17/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLAM'S FAMILY CARE HOME	**109 ROANOKE STREET REIDSVILLE, NC 27323**

(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 a family care home shall be maintained in a safe and operating condition: During our visit it was observed that the dryer duct had detached itself from the wall. This is not compliant with the rule. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work. 5.) The rule requires the building equipment in a family care home shall be maintained in a safe and operating condition: During our visit it was observed that the door frame for Bedroom #4 was beginning to detach itself from its frame. This is not compliant with the rule. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work. 6.) The rule requires the building equipment in a family care home shall be maintained in a safe and operating condition: During our visit it was observed that the transition strip between the Utility room and the backyard was missing. This is not compliant with the rule. Make arrangements to have the deficiency corrected; once completed provide documentation in the form of photos for all completed work. 7.) The rule requires the building equipment in a family care home shall be maintained in a safe and operating condition:	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL079098	A. BUILDING: **01** B. WING _____	**07/17/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLAM'S FAMILY CARE HOME	**109 ROANOKE STREET REIDSVILLE, NC 27323**

(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 During our visit it was observed that the threshold the Kitchen and Utility room had deteriorated creating a trip hazard to both residents and staff. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work. 8.) The rule requires all fire safety equipment in a family care home shall be maintained in a safe and operating condition: During our visit it was observed that the smoke detector in Bedroom #5 was located along the wall, but not between four to twelve inches below the ceiling. This is not compliant with the rule. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work.	C 174		
C 183	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 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.) The rule requires the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition: During our visit it was observed that the roof of the utility room was missing its shingles and beginning to rust. This is not compliant with the rule.	C 183		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL079098	A. BUILDING: **01** B. WING _____	**07/17/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLAM'S FAMILY CARE HOME	**109 ROANOKE STREET REIDSVILLE, NC 27323**

(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 6 Make arrangements to have the deficiency corrected; once completed provide documentation in the form of photos for all completed work. 2.) The rule requires the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition: During our visit it was observed that the gutters at the back of the home was deteriorating and becoming loose from the home. This is not compliant with the rule. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work. 3.) The rule requires the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition: During our visit it was observed that the locking mechanism for the crawl space door had broken off. This is not compliant with the rule. Make arrangements to have the deficiency corrected; once completed provide documentation in the form of photos for all completed work 4.) The rule requires the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition: During our visit it was observed that there was a number of hornets nest located in between the window and the window screen of Bedroom #4. This is not compliant with the rule.	C 183		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL079098	A. BUILDING: **01** B. WING _____	**07/17/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLAM'S FAMILY CARE HOME	**109 ROANOKE STREET REIDSVILLE, NC 27323**

(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 7 Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work.	C 183		
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 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	C 123		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL079098	A. BUILDING: **01** B. WING _____	**07/17/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLAM'S FAMILY CARE HOME	**109 ROANOKE STREET REIDSVILLE, NC 27323**

(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 8 easily operable, by a single hand motion, from the inside at all times without keys: During our visit it was observed that the doors in the Kitchen and Utility room were utilizing a lock that prevented a single hand motion for both residents and staff. This is not compliant with the rule. Make arrangements to ensure all doors that are in the path of emergency egress are single hand motion. Once completed provide documentation in the form of photos for all completed work.	C 123		
C 125	Floors IV. The Building C. Physical Environment 10. Floors (10 NCAC 42C .2211) a. All floors must be of smooth, non-skid material and so constructed as to be easily cleanable. b. Scatter or throw rugs are not to be used. c. All floors must be kept in good repair. This Rule is not met as evidenced by: 1.) The rule requires all floors must be kept in good repair: During our visit it was observed that in Bedroom #2 and in the Kitchen there were tears in the floor. This is not compliant with the rule. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work. 2.) The rule requires all floors must be kept in good repair:	C 125		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL079098	A. BUILDING: **01** B. WING _____	**07/17/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLAM'S FAMILY CARE HOME	**109 ROANOKE STREET REIDSVILLE, NC 27323**

(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 125	Continued From page 9 During our visit it was observed that the floor vinyl beside the bath tub in the Women's Bathroom was uprooted. There is a possibility this area has succumbed to some degree of water damage. This is not compliant with the rule. Make arrangement to ensure the surrounding area has not submitted to water damage and to repair the floor vinyl. Once completed, provide documentation in the form of photos for all completed work.	C 125		