

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL078103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 08/24/2018
NAME OF PROVIDER OR SUPPLIER B & B ASSISTED LIVING # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 2610 HWY 130 WEST ROWLAND, NC 28383		
(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 Paul Dixon DHSR Construction Section conducted a Complaint Survey on August 24, 2018 from 10:45 AM to 11:20 AM at the above referenced facility. DHSR records indicate the home was first licensed on September 12, 1996 as a Family Care Home for six (6) residents with up to three (3) of whom can be non-ambulatory (Who are 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: the 1992 "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 1996 North Carolina State Building Code - Section 419.3 - Small Residential Care Facilities. The Complaint alleged of an unknown black substance in the shower stall. The Complaint was Substantiated. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
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		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 174	Continued From page 1 This Rule is not met as evidenced by: 1. At the time of the survey it was observed that in the hall bathroom with the shower stall, there was a black substance sprayed around the base of the shower and up a portion of the wall. Also, the concrete coaming around the perimeter base of the shower was presenting sharp edges and appeared to be failing. This rule requires the plumbing equipment to be maintained in an neat, clean and safe 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		