STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL079108	A. BUILDING: **01** B. WING _____	R **10/25/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A TOUCH OF LOVE FAMILY CARE	**334 ZEB ROAD** **GIBSONVILLE, NC 27249**

(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 Biennial Follow-Up Survey on October 25, 2018 from 8:45 AM to 9:25 AM at the above referenced facility. Not all previously cited deficiencies have been corrected; therefore further action is required.	{C 000}		
{C 147}	Outside Entrances/Exits-Single Hand Motion SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled. This Rule is not met as evidenced by: 1.) This rule requires all exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled. At the time of the survey it was observed that both exterior exit doors did not have single hand motion locksets installed. Failure to repair this condition can impede egress the home during an emergency situation. Based on our findings make arrangements to have both exterior exit doors installed with single hand motion locksets. Once completed, provide photos of the work as well as invoices/receipts indicating all work performed to the DHSR Construction Section as verification of	{C 147}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{C 147}	Continued From page 1 compliance. 10/25/2018-PD: Based on observations during the Follow-up Survey, this has not been corrected.	{C 147}		
{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: At the time of the survey it was observed that the island located in the kitchen was torn along the right edge. This violates the rule in place. It was mentioned on site that staff was aware of the damaged and was making plans to get it repaired. Once completed, provide photos of the work as well as invoices/receipts indicating all work performed to the DHSR Construction Section as verification of compliance. 10/25/2018-PD: Based on observations during the Follow-up Survey, this has not been corrected.	{C 174}		