

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL041031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
NAME OF PROVIDER OR SUPPLIER CJR FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 809 WEST MINNEOLA 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 Glenn Hoppin DHSR Construction Section conducted a Biennial Survey on February 08, 2019 from 12:00 PM to 2:00 PM at the above referenced facility. DHSR records indicate the home was first licensed on February 24, 1993 as a Family Care Home for six (6) ambulatory residents (able to respond and evacuate without physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: The 1992 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2005 Rules for Family Care Homes 10A NCAC 13G, and the 1991 (93 rev) North Carolina State Building Code - Section 514.1 exception 1 - Residential Care facilities NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site staff during the exit interview. 2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed. The cited deficiencies are as follows:	C 000		
C 135	Bathroom-Hand Grips SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (e) Hand grips shall be installed at all commodes, tubs and showers used by the residents.	C 135		

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

TITLE

(X6) DATE

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C 135	Continued From page 1 This Rule is not met as evidenced by: At the time of the survey it was observed that there were no handgrips on the tub and toilet in the hall bath. This is not compliant with the rule.	C 135		
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 there was peeling paint behind the toilet in the hall bath. This is not compliant with the rule. 2. At the time of the survey it was observed that one of the back flow dampers was missing for one of the bathroom exhaust fans on the left exterior of the facility. This is not compliant with the rule. 3. At the time of the survey it was observed that there was an incomplete repair to the soffit on the left side of the facility. This is not compliant with the rule. 4. At the time of the survey it was observed that the alarm system was in trouble due to a low or missing battery. This is not compliant with the rule.	C 174		

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C 174	Continued From page 2 5. At the time of the survey it was observed that there was a heavy lint build up behind the dryer. This is not compliant with the rule.	C 174		