STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL071006	A. BUILDING: **01** B. WING _____	**04/03/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KARON'S FAMILY CARE HOME	**570 OAK TREE ROAD WILLARD, NC 28478**

(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 David Hickman DHSR Construction Section conducted a Biennial Survey on April 3rd, 2019 from 10:05AM to 11:00AM at the above referenced facility. DHSR records indicate the home was first licensed on May 18, 1995 as a Family Care Home for six (6) Residents ambulatory (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 1992 "Family Care Homes T:10 42C", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1991(1995 rev) North Carolina State Building Code - Section 514.1 Exception 1 - 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		
C 138	Outside Entrances/Exits-Single Hand Motion T10: 42C .2209 OUTSIDE ENTRANCES AND EXITS (d) All exit doors locks must be easily operable, by a single hand motion, from the inside at all times without keys. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the front door had a deadbolt lock in addition to the doorknob lock. This is a violation regarding	C 138		

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C 138	Continued From page 1 doors having a single motion self unlocking device. Take the necessary steps to correct this situation.	C 138		
C 155	Fire Safety Equipment-Fire Extinguishers T10: 42C .2213 FIRE SAFETY EQUIPMENT (a) Fire extinguishers must be provided which meet these minimum requirements: (1) One 5 pound or larger (net charge) A-B-C type centrally located; and (2) One 5 pound or larger A-B-C or CO2 type located in the kitchen. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the monthly inspections of the fire extinguishers had not been completed by the staff. The fire extinguishers need to be inspected once a month and the tag initialled and dated. Take the necessary steps to correct this violation.	C 155		
C 156	Fire Safety-Smoke, Heat Detectors T10: 42C .2213 FIRE SAFETY EQUIPMENT (b) The home must provide automatic, single station U.L. listed smoke (ionization) detectors in locations as determined by the Division of Health Service Regulation and U.L. listed heat detectors in the attic and basement. These detectors must be directly wired to the house current. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that	C 156		

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C 156	Continued From page 2 the heat detector in the attic was not properly installed. Take the necessary steps to correct this situation.	C 156		
C 161	Building Service Equipment-Maintained Safe T10: 42C .2214 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment must be maintained in a safe and operating condition. This Rule is not met as evidenced by: 1. At the time of the survey it was observed the the tiolet in the bathroom next to resident bedroom three was loose at the base. Take the necessary steps to secure the toilet to the floor.	C 161		