Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL074041	A. BUILDING: 01 B. WING _____	06/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMIE'S FAMILY CARE HOME II	110 PEARL DR GREENVILLE, NC 27834

(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 June 20, 2019 from 11:15 AM to 12:00 PM at the above referenced facility. DHSR records indicate the home was first licensed on April 16, 2013 as a Family Care Home for three ambulatory Residents. The facility had an increase in capacity on May 6, 2014 to four 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 2005 Rules for Family Care Homes 10A NCAC 13G, and the 2012 North Carolina State Building Code - Section 421.2 - Residential Care Homes. 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	See Attachment RECEIVED IN JUL 10 2019 CONSTRUCTION SECTION	
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	C 147		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL074041	A. BUILDING: 01 B. WING _____	06/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMIE'S FAMILY CARE HOME II	110 PEARL DR GREENVILLE, NC 27834

(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 147	Continued From page 1 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. At the time of the survey it was observed that both storm doors for the home are not single hand motion. This is not compliant with the rule. 2. At the time of the survey it was observed that a door was installed in the foyer of the home and it was not single hand motion. This is not compliant with the rule.	C 147	See attachment	
C 153	Houskeeping And Furnishings-Clean, Repaired SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the bedroom windows were difficult to open due to the dry paint around it. This is not compliant with the rule.	C 153		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL074041	A. BUILDING: 01 B. WING _____	06/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMIE'S FAMILY CARE HOME II	110 PEARL DR GREENVILLE, NC 27834

(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 2 (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 the hot water tank did not have a discharge valve that is less than 6 inches from the ground. This is not compliant with the rule. 2. At the time of the survey it was observed that the fire extinguishers for the home are not being inspected by staff on a monthly basis. This is not compliant with the rule. 3. At the time of the survey it was observed that the home did not have a properly installed dryer exhaust. This is not compliant with the rule. 4. At the time of the survey it was observed that the corridor bathroom for the home was under repair and not in use. This is not compliant with the rule. 5. At the time of the survey it was observed that the heat detector for the home was a 135 rated device. This needs to be a higher rated device, one between 192-212 degrees Fahrenheit.	C 174	See Attachment	
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.	C 183		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL074041	A. BUILDING: 01 B. WING _____	06/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMIE'S FAMILY CARE HOME II	110 PEARL DR GREENVILLE, NC 27834

(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 3 This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the front ramp handrails did not extent to the full extent of the ramp, creating a trip hazard. This is not compliant with the rule. 2. At the time of the survey it was observed that the utility room for the home was filled with various objects and debris. This is not compliant with the rule.	C 183	See Attachment	

Plan of Correction June 20, 2019:

C147

Overall Problem: CFCH has two storm doors that can't be opened with a single hand motion.

Corrective measures: By July 22, 2019, a handyman will be called to replace the current lock with a lock that can be opened with a single hand motion.

Preventative measures:

In order to prevent this mistake from repeating itself, CFCH will add a new policy to its home construction guidelines. These guidelines will serve as a standard for all future homes and facilities. These guidelines and policies will be developed and adhered to by the house manager.

Responsible parties: The individuals responsible for these measures will be the house manager. The current house manager is Tammy Vines

Monitoring period: Once a month, these measures will be reevaluated for effectiveness and revised if needed.

C153

Overall Problem: CFCH had bedroom windows that were difficult to open due to the dry paint that sealed the windows closed.

Corrective measures: On July, 8, 2019, the dry paint on the bedroom windows were removed.

Preventative measures: In order to prevent this mistake from repeating itself, CFCH will add a new policy to its home construction guidelines. These guidelines will serve as a standard for all future homes and facilities. These guidelines and policies will be developed and adhered to by the house manager.

Responsible parties: The individuals responsible for these measures will be the house manager. The current house manager is Tammy Vines

Monitoring period: Once a month, these measures will be reevaluated for effectiveness and revised if needed.

Plan of Correction June 20, 2019:

C174

Overall Problem 1: CFCH has a discharge valve that is more than six inches from the ground on the water heater.

Corrective measures: By July 20, 2019, a plumber will be contacted to relocate the discharge valve to the correct distance from the ground.

Preventative measures: In order to prevent this mistake from repeating itself, CFCH will add a new policy to its home construction guidelines. These guidelines will serve as a standard for all future homes and facilities. These guidelines and policies will be developed and adhered to by the house manager.

Responsible parties: The individuals responsible for these measures will be the house manager. The current house manager is Tammy Vines

Monitoring period: Once a month, these measures will be reevaluated for effectiveness and revised if needed.

Overall Problem 2: CFCH has not inspected their fire extinguishers on a monthly basis.

Corrective measures: On July 08, 2019, the house manager will conduct a facility-wide meeting designed to teach employees how to inspect fire extinguishers. After the meeting, a monthly fire extinguisher schedule will be developed.

Preventative measures: In order to prevent this mistake from repeating itself, CFCH will add a new policy to its operational policies. These guidelines will serve as a standard for all future homes and facilities. These guidelines and policies will be developed and adhered to by the house manager.

Responsible parties: The individuals responsible for these measures will be the house manager. The current house manager is Tammy Vines

Monitoring period: Once a month, these measures will be reevaluated for effectiveness and revised if needed.

Overall Problem 3: CFCH doesn't have a dryer exhaust installed properly.

Corrective measures: On July 22, 2019, a handyman will be contacted to install a dryer exhaust.

Preventative measures: In order to prevent this mistake from repeating itself, CFCH will add a new policy to its operational policies. These guidelines will serve as a standard for all future homes and facilities. These guidelines and policies will be developed and adhered to by the house manager.

Plan of Correction June 20, 2019:

C183

Overall Problem 1: CFCH's ramp handrails doesn't extend to the full extent of the ramp.

Corrective measures: By July 22, 2019, a handyman will be contacted to extent the current handrail to the full extent of the ramp.

Preventative measures: To prevent this mistake from repeating itself, CFCH will add a new policy to its operation manual. .

Responsible parties: The individuals responsible for these measures will be the house manager. The current house manager is Tammy Vines.

Monitoring period: Once a month, these measures will have reevaluated for effectiveness and revised if needed.

Overall Problem 2: CFCH's utility room is filled with various debris and objects.

Corrective measures: By July 08, 2019, the room will cleared of all debris and obstruction.

Preventative measures: To prevent this mistake from repeating itself, CFCH will add a new policy to its operation manual. While any renovation in process the house manager will monitor the workers closer.

Responsible parties: The individuals responsible for these measures will be the house manager. The current house manager is Tammy Vines.

Monitoring period: Once a month, these measures will have reevaluated for effectiveness and revised if needed.

Plan of Correction June 20, 2019:

Responsible parties: The individuals responsible for these measures will be the house manager. The current house manager is Tammy Vines

Monitoring period: Once a month, these measures will be reevaluated for effectiveness and revised if needed.

Overall Problem 4: CFCH's corridor bathroom was under repair and not available for use.

Corrective measures: On July 01, 2019, the repairs to the corridor bathroom have been completed.

Preventative measures: House manager review and inspect the homes to check for compliance on a monthly bases.

Responsible parties: The individuals responsible for these measures will be the house manager. The current house manager is Tammy Vines

Monitoring period: Once a month, these measures will be reevaluated for effectiveness and revised if needed.

Overall Problem 5: CFCH has a 135 rated heat detector instead of the required 192-212 rated heat detector in the attic.

Corrective measures: On July 22, 2019, an electrician will be contacted to replace the current device with a more compliant heat detector.

Preventative measures: In order to prevent this mistake from repeating itself, CFCH will add a new policy to its operational policies. These guidelines will serve as a standard for all future homes and facilities. These guidelines and policies will be developed and adhered to by the house manager.

Responsible parties: The individuals responsible for these measures will be the house manager. The current house manager is Tammy Vines

Monitoring period: Once a month, these measures will be reevaluated for effectiveness and revised if needed.