FAX 1919 733 6592

Atti Anthony Brinson

From: Dials FCH

7-16-19

Admin - Alfreida Brown 910374 7187

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

July 11, 2019
Alfreda Brooks (via e-mail only)
P O Box 4134
Pembroke, NC 28372

RE: FC Complaint Construction Survey
FID #050412 Fc1078079
Dial's Family Care Home #10
70 Care Drive
Pembroke Robeson County

Dear Ms. Brooks:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Complaint survey of your facility on July 5, 2019. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

    1. Corrective action must begin immediately.
    2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to **SIGN, DATE AND RETURN** the Plan of Correction to DHSR-Construction by July 26, 2019.

JUL/16/2019/TUE 07:21 AM FAX No. P. 002

Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by July 26, 2019. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by July 26, 2019. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Steven C. Lewis, Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: http://www.ncdhhs.gov/dhsr/acls/idr.html.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Anthony Brinson

Anthony Brinson
Biennial Residential Team Leader
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
Coutny Building Inspection Department - with attachment-(via e-mail only)
Robeson County DSS - with attachment-(via e-mail only)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078079	A. BUILDING: 01 B. WING _____	07/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIAL'S FAMILY CARE HOME #10	70 CARE DRIVE PEMBROKE, NC 28372

(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 July 5, 2019 at the above referenced facility from 10:00 AM to 11:45 AM. DHSR records indicate the home was first licensed on August 16, 2006 as a Family Care Home for six (6) Residents with up to three (3) being non-ambulatory (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 2005 Rules 10A NCAC 13G for Family Care Homes, the 2006 North Carolina State Building Code - Section 421.3 - Small Residential Care Facilities. 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. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the front door locking mechanism was not a single hand motion device. This is not compliant with the rule. Take the necessary steps to correct	C 174	Plan to ensure that facility will replace door handle	8-15-19

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Alfonza Blake — Admin — 7-16-19

JUL/16/2019/TUE 07:21 AM FAX No. P. 004

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078079	A. BUILDING: 01 B. WING _____	07/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIAL'S FAMILY CARE HOME #10	70 CARE DRIVE PEMBROKE, NC 28372

(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 1 this deficiency. 2. At the time of the survey it was observed that the fire extinguishers were not being monitored on a monthly basis by staff. This is not compliant with the rule. Take the necessary steps to have the staff check the extinguishers monthly and initial the tags. 3. At the time of the survey it was observed that the faucet in the lobby bathroom was loose. This is not compliant with the rule. Takwe the necessary steps to secure the faucet. 4. At the time of the survey it was observed that the exhaust fans in all of the bathrooms were clogged with dust and lint. This is not compliant with the rule. Take the necessary steps to clean the fans. 5. At the time of the survey it was observed that there were bulbs missing and burned out bulbs in various light fixtures throughout the house. This is not compliant with the rule. Take the necessary steps to replace the bulbs. 6. At the time of the survey it was observed that the air return registervin the staff room was clogged and the grate was dirty. This is not compliant with the rule. Take the necessary steps to replace the filter and clean the grate. 7. At the time of the survey it was observed that there was no hot water in the kitchen or in the staff bathroom. This is not compliant with the rule. Take the necessary steps to have this deficiency corrected. 8. At the time of the survey it was observed that the range hood vent filter was missing. This is not	C 174	Plan to ensure that Admin and SIC will check Fire ext Monthly have will have documentation that it will be checked O/O - check Faucet. - plan to ensure that all exhaust fans are cleaned. - bulbs replaced! 8-15-19 - checked - Plan to have plumber to come out to provide hot water.	

JUL/16/2019/TUE 07:21 AM FAX No. P. 005

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078079	A. BUILDING: 01 B. WING _____	07/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIAL'S FAMILY CARE HOME #10	70 CARE DRIVE PEMBROKE, NC 28372

(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 compliant with the rule. Take the necssary steps to replace the filter. 9. At the time of the survey it was observed that there was a build up of lint behind the dryer. This is not compliant with the rule. Take the necessary steps to clean out the lint and check the dryer vent hose for leaks. 10. At the time of the survey it was observed that the sink in the bathroom between the first two rooms had a slow drain. This is not compliant with the rule. Take the necessary steps to unclog the drain. 11. At the time of the survey it was observed that there were oxygen tanks not stored in an approved rack in the closet of the third bedroom on the right side of the hallway. This is not compliant with the rule. Take the necessary steps to store the tanks in a proper rack. 12. At the time of the survey it was observed that there was a hoist lift being stored at the end of the hallway blocking the egress door. This is not compliant with the rule. Take the necessary steps to store the lift in a suitable place. 13. At the time of the survey it was observed that the toilet between the two bedrooms on the left side of the hallway was loose at it's base. This is not compliant with the rule. Take the necessaery steps to secure the toilet. 14. At the time of the survey it was observed that the exaust fan in the bathroom between the two bedrooms on the left side of the hallway was hanging down from the ceiling. This is not compliant with the rule. Take the necessary steps to repair the fan.	C 174	- checked - Plan to ensure that oxygen tanks are placed correctly! - checked - checked.	8-15-19

JUL/16/2019/TUE 07:22 AM FAX No. P. 006

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078079	A. BUILDING: 01 B. WING _____	07/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIAL'S FAMILY CARE HOME #10	70 CARE DRIVE PEMBROKE, NC 28372

(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 3 15. At the time of the survey it was observed that some of the smoke detectors were chirping indicating dead or weak batteries. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 16. At the time of the survey it was observed that there was a broken window pane on the right end front window. This is not compliant with the rule. Take te necessary steps to repair/replace the window as needed. 17. At the time of the survey it was observed that the dryer exhaust vent was clogged at its discharge. This is not compliant with the rule. Take the necessary steps to clean out the vent. 18. At the time of the survey it was observed that the receptacle cover was missing on the outlet in the back of the house. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 19. At the time of the survey it was observed that the rear steps only had a handrail on one side of the steps. This is not compliant with the rule. Take the necessary steps to add a rail on the open side of the steps so that there will be handrails on both sides of the steps.	C 174	- Plans to replace batterys 8-1579 - checked. - checked	

JUL/16/2019/TUE 07:22 AM FAX No. P. 007

#10

7/12/19

Dials Family Care
1685 Canal Rd.
Pembroke N.C. 23372

I _____ a Employee at Dials Family Care understands the policy and the procedures due to using a fire extinguisher due to a fire. Incase of a fire I understand all procedures to perform in getting my patients out the building. If I am not comfortable at any giving time with the policies and procedures I _____ will let office staff be notified as soon as possible. Incase there is a fire at any given time there is office staff on property 24/7 with assisting with the help of getting patients out the building. Office staff and numbers are provided below:

Alfreida Brooks-(910)374-7187
Shana Smith (910)501-9850
Trey Sanderson (910)258-7257

#3

7/12/19

Dials Family Care
1685 Canal Rd.
Pembroke N.C. 23372

I Laronna Anderson a Employee at Dials Family Care understands the policy and the procedures due to using a fire extinguisher due to a fire. Incase of a fire I understand all procedures to perform in getting my patients out the building. If I am not comfortable at any giving time with the policies and procedures I Laronna Anderson will let office staff be notified as soon as possible. Incase there is a fire at any given time there is office staff on property 24/7 with assisting with the help of getting patients out the building. Office staff and numbers are provided below:

Alfreida Brooks-(910)374-7187
Shana Smith (910)501-9850
Trey Sanderson (910)258-7257

Name of Home DFCH #10 FCH

Address _____

1. Date 7-12-19 Time 7AM

Person in Charge Ann Reveis

Other staff present Amber Rackear

See attachment

Time for Evacuation 5min 14sec

Brief description of what was involved _____

#10

Employee yelled Fire, Fire, employee was getting pt out of bed into ~~[illegible]~~ [illegible] yelled Fire, Fire, she put pt in w/c pushed her out back side door, running in hallway yelling Fire, Fire all - Amb pts exit out Front door they were sitting in living room, other employee was getting resident out of Hospital Bed put her in Hoyer lift pushed her out front door.

All Amb Residents understood as they was rushing to get out of building. Admin talked to the Amb Residents and they clearly understood to exit building when Fire is around. Admin Ask them again and they said they fully understood to get out in case of fire.

[illegible] all - Amb

[illegible] pt w/c
[illegible] chair

[illegible] understood