STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032142	A. BUILDING: **01** B. WING _____	**07/17/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUPREME FAMILY CARE HOME	**1120 BENNING STREET DURHAM, NC 27703**

(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 July 17, 2019 from 9:50 AM to 11:00 AM at the above referenced facility. DHSR records indicate the home was first licensed on March 17, 2015 as a Family Care Home for five ambulatory Residents (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 and the applicable portions of the 2012 North Carolina State Building Code - Section 425.2 - 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		
C 113	Construction-Door Width SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (j) The door width shall be a minimum of two feet and six inches in the kitchen, dining room, living rooms, bedrooms and bathrooms.	C 113		

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C 113	Continued From page 1 This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the door width for Bathroom #2 did not meet the 30 inch requirement. This is not compliant with the rule.	C 113		
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 toilet in Bathroom #2 is loose at its base. This is not compliant with the rule. 2. At the time of the survey it was observed that the exhaust fan for Bathroom #2 is not functional. This is not compliant with the rule. 3. At the time of the survey it was observed that the Hot Water Tank is not properly piped by code. This valve must terminate within 6 inches above the adjacent floor surface. 4. At the time of the survey it was observed that the attic access door is in the closet of Bedroom #2. The Surveyor was unable to access the attic space, therefore we were unable to be verify if a heat detector is properly installed. Please verify that a heat detector is installed and that it is rated	C 174		

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C 174	Continued From page 2 above 135 degrees Fahrenheit and has a designated sounding device. 5. At the time of the survey it was observed that the fire extinguisher located in the living room was not properly mounted along the wall. This is not compliant with the rule. 6. At the time of the survey it was observed that there was a build up of lint and other debris behind the dryer . This is not compliant with the rule 7. At the time of the survey it was observed that there was an area rug in the kitchen in front of the sink. This is not compliant with the rule. 8. At the time of the survey it was observed that the home is allowing sleep in staff in a portion of the dining room. A foldable bed is stored in the laundry room and is placed in the dining room at night. Curtains are placed in between the dining room and living room for privacy. This poses a few issues: a) Curtains are not allowed to be used as a separation due to the fact it does not allow sufficient privacy for the staff member or residents in the living room. b) Due to the dining room becoming a bedroom at night, this blocks the residents second path of egress through the kitchen. These issues are not compliant with the rule.	C 174		
C 180	Building Service Equipment-Call System SECTION .0300 - THE BUILDING	C 180		

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C 180	Continued From page 3 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (f) Where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of resident lying on his bed. (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 home allows for sleep in staff, however a call system is not in place. This is not compliant with the rule.	C 180		
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. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the crawl space door on the left side of the home was damaged. This is not compliant with the rule. 2. At the time of the survey it was observed that there was a missing foundation vent located at the rear of the home. This is not compliant with the rule.	C 183		