

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL039011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2019
NAME OF PROVIDER OR SUPPLIER DAVIS FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 408 MIMOSA STREET OXFORD, NC 27565		
(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 August 14, 2019 from 10:05 AM to 11:25 AM at the above referenced facility. DHSR records indicate the home was first licensed on December 20, 2011 as a Family Care Home for five (5) 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 10A NCAC 13G for Family Care Homes and the 2009 North Carolina State Building Code - Section 421.2 - 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 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 fire and Sanitation inspection reports were unavailable for review. This is not compliant with the rule. Take the necessary steps to have these reports available.	C 174		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL039011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2019
NAME OF PROVIDER OR SUPPLIER DAVIS FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 408 MIMOSA STREET OXFORD, NC 27565		
(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 2. At the time of the survey it was observed that the fire drill logs were not kept up to date. This is not compliant with the rule. Take the necessary steps to conduct proper fire drills and keep the log current. 3. At the time of the survey it was observed that the fire extinguishers were not being monitored on a monthly basis. This is not compliant with the rule. Take the necessary steps to have the staff check the extinguishers monthly and initial the tags. 4. At the time of the survey it was observed that the evacuation plans were not oriented on the walls correctly. This is not compliant with the rule. Take the necessary steps to correctly orient the plans. 5. At the time of the survey it was observed that there was a space heater in the front left bedroom. This is not compliant with the rule. Take the necessary steps to remove the space heater from the house. 6. At the time of the survey it was observed that the exhaust fan in the back bathroom was dirty. This is not compliant with the rule. Take the necessary steps to clean the exhaust fan. 7. At the time of the survey it was observed that the bathroom in the hallway had a loose toilet at its base, there was not a grab bar for the toilet and there was a hole in the wall at the top of the shower. This is not compliant with the rule. Take the necessary steps to correct these deficiencies. 8. At the time of the survey it was observed that there was a build up of lint behind the dryer. This	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL039011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2019
NAME OF PROVIDER OR SUPPLIER DAVIS FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 408 MIMOSA STREET OXFORD, NC 27565		
(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 is not compliant with the rule. Take the necessary steps to clean out behind the dryer. 9. At the time of the survey it was observed that the storm doors on the front and rear doors did not have single motion locking devices. This is not compliant with the rule. Take the necessary steps to change or remove the locks. 10. At the time of the survey it was observed that the light over the stove was missing a bulb. This is not compliant with the rule. Take the necessary steps to replace the bulb. 11. At the time of the survey it was observed that there was not a night light in the hallway. This is not compliant with the rule. Take the necessary steps to add a night light. 12. At the time of the survey it was observed that there was a smoke detector that was chirping. This is not compliant with the rule. Take the necessary steps to change the batteries as needed. 13. At the time of the survey it was observed that the heat detector in the attic was rated at 135 degrees and was mounted too low. This is not compliant with the rule. Take the necessary steps to add a properly rated heat detector and mount it at the correct height. 14. At the time of the survey it was observed that there was no call system in the home. This is not compliant with the rule. Take the necessary steps to add a call system.	C 174		
C 183	Outside Premises-Clean, Safe	C 183		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL039011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2019
NAME OF PROVIDER OR SUPPLIER DAVIS FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 408 MIMOSA STREET OXFORD, NC 27565		
(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 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 there was not a handrail on the house side of the ramp. This is not compliant with the rule. Take the necessary steps to add a handrail. 2. At the time of the survey it was observed that there was an abandoned vehicle stored on the property. This is not compliant with the rule. Take the necessary steps to properly register or remove the vehicle. 3. At the time of the survey it was observed that the dryer exhaust vent was clogged. This is not compliant with the rule. Take the necessary steps to clean the exhaust vent. 4. At the time of the survey it was observed that the dryer vent pipe in the crawlspace was a flexible vent. This is not compliant with the rule. Take the necessary steps to hardpipe the vent from the floor of the house to the exterior. 5. At the time of the survey it was observed that there were gas cans stored in the crawlspace. This is not compliant with the rule. Take the necessary steps to remove the gas cans and store in a proper place. 6. At the time of the survey it was observed that the crawl door latch was broken. This is not compliant with the rule. Take the necessary steps to repair the latch.	C 183		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL039011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2019
NAME OF PROVIDER OR SUPPLIER DAVIS FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 408 MIMOSA STREET OXFORD, NC 27565		
(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 4 7. At the time of the survey it was observed that the cover to the air conditioner was not sealed where it connects to the house. This is not compliant with the rule. Take the necessary steps to reseal the cover.	C 183		