NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

August 19, 2019
Beverly Locklear (via e-mail only)
P O Box 4134
Pembroke, NC 28372

RE: FC Follow-Up Biennial Construction Survey
FID #050412 Fcl078079
Dial's Family Care Home #10
70 Care Drive
Pembroke Robeson County

Dear Ms. Brooks:

On **August 16, 2019**, a Biennial Follow-Up Construction Survey was conducted at your facility by the Construction Section of the Division of Health Service Regulation to determine if your facility was in compliance. As a result of this survey, your facility is not in substantial compliance due to uncorrected deficiencies. Failure to correct the outstanding deficiencies may jeopardize the status of your license. Corrections are required and a **Signed Plan of Correction** must be submitted.

Plan of Correction (PoC)

A PoC for the deficiencies must be submitted September 3, 2019

Your PoC for the deficiencies must contain the following:

- What corrective action(s) will be accomplished by the facility to correct the deficient practice;
- How you will identify other life safety issues having the potential to affect residents 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.

PRINTED: 08/19/2019
FORM APPROVED

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
	FCL078079	A. BUILDING: 01 B. WING _____	R 08/16/2019

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 Follow-up Survey on August 16, 2019 from 11:00 AM to 11:45 AM at the above referenced facility. The following deficiencies remain outstanding:	{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 this deficiency. * This item has not been corrected. 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. * This item has not been corrected. 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.	{C 174}	8-28-19 Plan to ensure that single hand motion device will be placed. Plan to sign off on Fire extinguisher on a monthly basic. - Plan to ensure that maintance employee will fix	

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

Clifford Brown — Mgr — 8-28-19

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{C 174}	Continued From page 1 * This item has not been corrected. 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. * This item has not been corrected. 5. 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. * This item has not been corrected. 6. At the time of the survey it was observed that the range hood vent filter was missing. This is not compliant with the rule. Take the necssary steps to replace the filter. * This item has not been corrected. 7. 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. * This item has not been corrected. 8. 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. * This item has not been corrected. 9. 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.	{C 174}	8-28-19 - Plan to ensure that DME will bring RACK for all O2 machines - Plan to Repair	

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{C 174}	Continued From page 2 Take te necessary steps to repair/replace the window as needed. * This item has not been corrected. 10. 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. * This item has not been corrected. 11. 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. * This item has not been corrected.	{C 174}	- Plan to ensure that Rail will be provided.	8-28-19