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
	FCU878672	A. BUILDING: _____ B. WING _____	R 08/02/2019

RECEIVED
SEP 10 2019
ADULT CARE LICENSURE SECTION
RALEIGH

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 The Adult Care Licensure Section and Robeson County Social Services conducted a follow up survey on August 02, 2019.	(C 000)	RECEIVED OCT 17 2019 ADULT CARE LICENSURE SECTION RALEIGH	
(C 022)	10A NCAC 13G .0302 (b) Design And Construction 10A NCAC 13G .0302 Design And Construction (b). Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home. This Rule is not met as evidenced by: FOLLOW-UP TO A TYPE B VIOLATION Based on these findings, the previous Type B Violation was not abated. Based on observations, interviews, and record reviews, the facility failed to assure the building was equipped and maintained for 5 of 6 residents sampled (#1, #2, #3, #4, #6) who were physically and/or cognitively unable to evacuate the facility independently The findings are: Review of the facility's current provisional license effective 07/22/19 revealed the facility had a license for 6 total residents, with a maximum of 3 non-ambulatory residents. Review of the daily census revealed 6 residents resided in the facility on 08/02/19.	(C 022)		

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LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Angela Bird		8-10-17-19

STATE FORM 6899 2B5T13 If continuation sheet 1 of 3T

The Plan of Correction was reviewed, NOT accepted (DN) 10/15/19

The addendum has been Reviewed/ acknowledged (DN) 10/25/19

Dials FCH #10 8/2/19

SIC / Med Tech plans to esure that any new admissions will be screen before Admission and determined if Resident is eligible for Admission and to be in Complanice for the Licensure for 3-non Residents and ensure to have 3 - Amb in facility. SIC / med-Tech will Review and monitor monthly to asure that there are or not any changes from D/C of hospitals and other Doctors orders to esure that if any changes has ~~beer~~ been made.

10-17-19