STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL079093	A. BUILDING: 01 B. WING _____	10/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHILTON FAMILY CARE HOME	135 TURNER FARM LANE REIDSVILLE, NC 27320

(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 Keith Blackwell DHSR Construction Section conducted a Biennial Survey on October 8, 2019 from 3:15 PM to 4:15 PM at the above referenced facility. DHSR records indicate the home was first licensed on May 23, 2011 as a Family Care Home for six (6) Residents with no more than three who are non-ambulatory (unable 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 2009 North Carolina State Building Code - Section 421.3 - Small Residential Care Facilities. 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 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	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL079093	A. BUILDING: 01 B. WING _____	10/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHILTON FAMILY CARE HOME	135 TURNER FARM LANE REIDSVILLE, NC 27320

(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 family care homes. This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that the fire extinguishers are not being checked monthly. This is not compliant with the rule. Take the necessary steps to train staff to check and document monthly inspections of the fire extinguishers. 2.) At the time of the survey it was observed that the Emergency Evacuation Plans were not oriented to the layout of the house. This is not compliant with the rule. Take the necessary steps to orientate the Emergency Evacuation Plans to the layout of the house. 3.) At the time of the survey it was observed that the exhaust fan did not work in the bathroom off the bedroom on the right at the end of the hall. This is not compliant with the rule. Take the necessary steps to repair or replace the exhaust fan. 4.) At the time of the survey it was observed that the dryer exhaust vent cover is broken. This is not compliant with the rule. Take the necessary steps to replace the dryer exhaust vent cover. 5.) At the time of the survey it was observed that the hand rails are loose at the rear steps of the deck. This is not compliant with the rule. Take the necessary steps to secure the hand rails. 6.) At the time of the survey it was observed that there are loose boards on the rear deck. This is not compliant with the rule. Take the necessary steps to repair or replace the loose boards. 7.) At the time of the survey it was observed that	C 174	① Starting immediately monthly fire ext. inspections will be completed. It are dated 10/9/19 and will be completed on the 1st of each month. 10/21/19 ② Emergency evacuation plan has been moved to other wall and is in current location 10/21/19 ③ Electrician has came to check fan. The motor burnt up and 2 have been ordered. 10/22/19 - will complete by 10/24/19 ④ Dryer exhaust vent has been ordered and will be installed 10/23/19. Completion 10/23/19 ⑤ Handrail has been reinforced with extra screws. 10/21/19 ⑥ Had deck looked at and was instructed the boards were loose due to dry weather conditions Extra screws have been put in place. 10/21/19	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL079093	A. BUILDING: 01 B. WING _____	10/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHILTON FAMILY CARE HOME	135 TURNER FARM LANE REIDSVILLE, NC 27320

(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 there is a broken receptacle in the crawlspace. This is not compliant with the rule. Take the necessary steps to replace the receptacle. 8.) At the time of the survey it was observed that there are torn window screens. This is not compliant with the rule. Take the necessary steps to replace the window screens. 9.) At the time of the survey it was observed that a child under the age of six years old stays in the house at times. A child under the age of six years old is considered non-ambulatory. This is not compliant with the rule. Take the necessary steps to provide documentation that the child in question participates in fire drills and knows how to respond and evacuate during an emergency.	C 174	① new cover has been applied with one we had on hand ⑧ Extra screen was put in place of torn one. ⑨- Child is not in home at all times but required fire drill documents from child care school and they participate in Fire Safety this month as well. will arrange for 4 year old to be present for fire drill.	10/21/19 10/21/19 will send document when received est. 10/24/19