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 10/18/2019

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 Third Biennial Follow-up Survey on October 18, 2019 from 1:30 PM to 1:40 PM 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 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. * The exhaust fan in the staff bathroom has not been cleaned. 2. 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. 3. 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}	Will be Completed by RECEIVED IN DEC 18 2019 CONSTRUCTION SECTION	1-15-19

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

Alfred Blair — Office M. — 11-12-19

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{C 174}	Continued From page 1 Take te necessary steps to repair/replace the window as needed. * This item has not been corrected. 4. At the time of the survey it was observed that there was a drop off around the front patio. This is not compliant with the rule. Take the necessary steps to build up the grade around the patio. * This item has not been corrected.	{C 174}		