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
	FCL039011	A. BUILDING: 01 B. WING _____	R 11/13/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAVIS FAMILY CARE HOME	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 Follow Up Survey on November 13, 2019 from 2:55 PM to 3:25 PM at the above referenced facility. Not all of the previously cited deficiencies had been corrected, therefore further action is required. The remaining cited deficiencies are as follows:	{C 000}	(2) Administrator ordered a 190° rate of Rise heat detector. The detector was ~~that~~ was ordered was the wrong kind. The Administrator showed the surveyor the heat detector at the time of the survey and explained to the surveyor that the heat detector that was ordered was ~~for~~ the head for a heat detector system. Administrator was not aware until the electrician came to install the heat detector. Administrator will order the correct kind of heat detector and have it installed.	11-26-19
{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. 2. 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. 3. At the time of the survey it was observed that there was no call system in the home. This is not	{C 174}	(1) Couldn't find the sanitation inspection at the time of survey. The fire drills are the only fire report I know of. I called the sanitation inspector to get a copy of the Report Administrator will continue to have the sanitation Report for Review.	11-14-19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Administrator (X6) DATE 11-29-19

Division of Health Service Regulation

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{C 174}	Continued From page 1 compliant with the rule. Take the necessary steps to add a call system.	{C 174}	(2) At the time of the survey. A call system was installed but it was not the right kind. The call system had buttons to press and it sound but it did not have a indecator for each Bed Administrator ~~will~~ ordered a call system with a indecator for wich bed that was sound. Administrator will install the call system when it arrives (1) Administrator will continue to keep the dryer exhaust vent cleaned out on a regular basis	11-19-2019 11-3-19
{C 183}	Outside Premises-Clean, Safe 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 the dryer exhaust vent was clogged. This is not compliant with the rule. Take the necessary steps to clean the exhaust vent.	{C 183}		

N.C. Department of Environment and Natural Resources
Division of Environmental Health

Inspection of Residential Care Facility

(For facilities, as defined, with not more than 12 residents)

Demerit Score: 0 | **Health Department** GVDHD

Date of Insp/Chg 9/2/19 | **Current Facility ID** 240 394 5 02 52

Status Code: _____ | **Old Facility ID** _____

Water Supply: [1] Community [2] Transient Non-Community [3] Non-Transient Non-Community [4] Non-Public Water Supply

Wastewater System: [1] Community [2] On-Site System

Water sample taken today? ☐ Yes ☑ No

[1] Inspection [2] Re-Inspection [V] Visit

☐ Name Change ☐ Verification of Closure ☐ Status Change

Name of Establishment: Dolls Family Care | **Permittee:** Dominica Davis

Location Address: 508 Hanover St | **Number of Residents:** 5

Mailing Addr. _____

City: Oxford | **State:** NC | **Zip:** 27565 | **City:** _____ | **State:** _____ | **Zip:** _____

Classification:

☑ Approved (20 or less demerits, and no 6-point demerits)
☐ Provisional (More than 20, but 40 or less demerits, or a 6-point demerit)
☐ Disapproved (More than 40 demerits or failure to improve provisional classification)

	Demerits	COMMENTS
1. **WATER SUPPLY: Public supply; private supply approved 6 (.1611)**		
2. **LIQUID WASTES: Sewage and other liquid wastes disposed of by approved method 6 (.1613)**		Deli Turkey in refrigerator at 36.5°F
3. **FOOD SUPPLIES AND PROTECTION: Supplies: All food clean, wholesome, no spoilage 6 (.1619)** **Protection:** Adequate during storage, preparation and serving, potentially hazardous food 45°F or below, or 140°F or above 5; all refrigerators with thermometers 2; pork, ground beef products, poultry and stuffings, etc., thoroughly cooked; meat and poultry salad, potato salad, etc., handled as required, no re-serving of portions once served to an individual 4; food containers stored above floor and protected from contamination 2; pets and other animals not allowed where food is prepared or stored, nor in serving area (unless caged or otherwise restricted) 4 (.1620)		Infrared thermometer at 39.0°F
4. FOOD SERVICE UTENSILS AND EQUIPMENT: Food service utensils and equipment in good repair and kept clean 4; eating and drinking utensils clean to sight and touch, cleaned after each use; approved facilities 4; clean utensils properly stored 2; **substances containing poisonous material not used for cleaning or polishing eating or cooking utensils 6**; disposable items properly stored and handled, used only once 2 (.1618)		Hot water 110°F
5. FOOD SERVICE PERSONS: Clean clothes, hands, and work habits 4 (.1621)		
6. DRINKING WATER FACILITIES: ICE HANDLING: Common drinking cups not used 4; ice, if provided, handled and dispensed in a sanitary manner 2 (.1612)		
7. HOT AND COLD WATER: Adequate hot and cold water piped to points of use 4 (.1611)		
8. TOILET: HANDWASHING: LAUNDRY AND BATHING FACILITIES: Toilet, lavatory and bathing facilities adequate 4; fixtures in good repair and kept clean 2; soap and towels provided 2 (.1610)		Dr's Kitchen needs all of mice structure, but no signs of contamination
9. BEDS: LINEN: FURNITURE: All furniture, mattresses, linen, drapes, blinds and similar items in good repair and clean 2; bed linen changed as required 2; clean and soiled linens properly stored and handled 2 (.1617)		
10. STORAGE: MISCELLANEOUS: Rooms or areas provided for storage of clothes, personal effects, luggage, supplies and equipment kept clean 2; medications, cleaning supplies, pesticides and other hazardous products properly stored as required 4 (.1616)		
11. FLOORS: In good repair 1; kept clean 2 (.1607)		
12. WALLS AND CEILINGS: In good repair 1; kept clean 2 (.1608)		
13. LIGHTING AND VENTILATION: Windows and fixtures in good repair 1; kept clean 2 (.1609)		
14. VERMIN CONTROL: PREMISES: Outside openings effectively screened or otherwise protected against entrance of flying insects, and flying insects absent 4; effective control of rodents and other vermin 4; approved pesticides properly used 4; premises neat, clean, drained and free of litter and vermin harborages and breeding areas 2 (.1615)		OKAM PCO
15. SOLID WASTES: Garbage in standard containers, properly covered and stored, approved disposal 4; containers, storage area kept clean 2; dry rubbish in suitable receptacles, approved storage and disposal 2 (.1614)		

Rept Received by: _____ **TOTAL DEMERIT SCORE** 0

Inspection by: _____ **EHS I.D.#** 17[illegible] Comment Sheet Attached ☐ Yes ☑ No

Purpose: General Statute 130A-235 requires the Commission for Health Services to adopt rules governing the sanitation of institutions. 15A NCAC 18A .1605 specifies the contents of an inspection form to record the results of inspections made of residential care facilities. This form is to be used in making inspections of residential care facilities. **Preparation:** Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and three copies for: **1.** Original to the person in charge. **2.** One copy for the supervising agency (or more as requested). **3.** Copy for the local health department. **Disposition:** Please refer to Records Retention and Disposition Schedule 8.B.6., for County/District Health Departments which is published by the North Carolina Division of Archives & History. **Additional forms may be ordered from:** Division of Environmental Health, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)