

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL074050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 12/20/2019
NAME OF PROVIDER OR SUPPLIER L & C FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 6347 FAIRWAY DRIVE GRIFTON, NC 28530		
(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 December 20, 2019 from 9:55 AM to 10:20 AM at the above referenced facility. There were cited deficiencies that had not been corrected that will require an acceptable plan of correction. The remaining 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 family care homes. This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that there were several open junction boxes and a loose wire in the attic near the pull down steps in the pantry. Take the necessary steps correct these deficiencies. * At the time of the survey there were still open junction boxes on the left end of the attic near the pull down stairs and near the old water heater. There was also an open junction box in the rear over the porch area. Take the necessary steps to properly cover the junction boxes and send photos when completed.	{C 174}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE