

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL063009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2019
NAME OF PROVIDER OR SUPPLIER SAVANNAH FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 128 NORTH CARLISLE STREET SOUTHERN PINES, NC 28387		
(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 December 12, 2019 from 9:00 AM to 10:35 AM at the above referenced facility. DHSR records indicate the home was first licensed on March 2, 1994 as a Family Care Home for six ambulatory Residents (able 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 1992 Rules 10A NCAC 13G for Family Care Homes, the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, the 1991 (94 Rev) North Carolina State Building Code - Section 514.1 Exception 1 - Residential Care Homes. 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 102	10A NCAC 13G .0317 (a) Building Service Equipment 10A NCAC 13G .0317 Building Service Equipment (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family	C 102		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL063009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2019
NAME OF PROVIDER OR SUPPLIER SAVANNAH FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 128 NORTH CARLISLE STREET SOUTHERN PINES, NC 28387		
(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 102	Continued From page 1 care home shall be maintained in a safe and operating condition This Rule is not met as evidenced by: 1.) At the time of the survey to was observed that in the left side bathroom are the following deficiencies: a.) shower control is leaking b.) sink has a slow drain c.) vanity light is not working d.) hole in ceiling above the vanity e.) wall is damaged at the sink f.) baseboards are not painted This is not compliant with the rule. Take the necessary steps to repair or replace the shower controls, clear the sink drain, repair or replace the vanity light, repair and paint the ceiling, repair and paint the wall, paint the baseboards. 2.) At the time of the survey to was observed that the right side bathroom has the following deficiencies: a.) the ceiling has peeling paint b.) soft spot in floor at the sink This is not compliant with the rule. Take the necessary steps to repair and paint the ceiling, replace the damaged floor. 3.) At the time of the survey to was observed that the attic has the following deficiencies: a.) open electrical junction box b.) light switch is missing cover c.) at least 2 outlets are missing covers This is not compliant with the rule. Take the necessary steps to secure the junction box with a cover, secure the light switch with a cover, secure the outlets with covers.	C 102		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL063009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2019
NAME OF PROVIDER OR SUPPLIER SAVANNAH FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 128 NORTH CARLISLE STREET SOUTHERN PINES, NC 28387		
(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 102	Continued From page 2 4.) At the time of the survey to was observed that the Personal Space bedroom has a window to the enclosed rear porch and is blocked by a refrigerator. This is not compliant with the rule. Take the necessary steps to consult the local Building Code official on the use of this space. 5.) At the time of the survey it was observed that the bedroom windows have a minimum dimension of 14 inches. This is not compliant with the rule. Take the necessary steps to provide at least one window per bedroom that is compliant with the rule.	C 102		
C 103	10A NCAC 13G .0317 (b) Building Service Equipment 10A NCAC 13G .0317 Building Service Equipment (b) There shall be a central heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. Built-in electric heaters, if used, shall be installed or protected so as to avoid hazards to residents and room furnishings. Unvented fuel burning room heaters and portable electric heaters are prohibited. This Rule is not met as evidenced by: 1.) At the time of the survey to was observed that there is a portable heater in Bedroom #3. This is not compliant with the rule. Take the necessary steps to remove the portable heater from the house.	C 103		
C 112	10A NCAC 13G .0318(a) Outside Premises 10A NCAC 13G .0318 Outside Premises	C 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL063009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2019
NAME OF PROVIDER OR SUPPLIER SAVANNAH FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 128 NORTH CARLISLE STREET SOUTHERN PINES, NC 28387		
(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 112	Continued From page 3 (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 to was observed that there are several openings at the foundation. This is not compliant with the rule. Take the necessary steps to secure all openings in the foundation. 2.) At the time of the survey to was observed that the exterior access door to the attic space on the right side of the house is separated from the hinges . This is not compliant with the rule. Take the necessary steps to secure the access door. 3.) At the time of the survey to was observed that the soffit at the rear porch is damaged. This is not compliant with the rule. Take the necessary steps to repair or replace the soffit. 4.) At the time of the survey to was observed that the siding at the rear porch is damaged. This is not compliant with the rule. Take the necessary steps to replace the siding.	C 112		