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
	FCL074041	A. BUILDING: 01 B. WING _____	R 12/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMIE'S FAMILY CARE HOME II	110 PEARL DR GREENVILLE, NC 27834

(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 18, 2019 from 9:35 AM to 9:50 AM at the above referenced facility. Not all of the previously cited deficiencies had been corrected, therefore further action is needed. The cited deficiencies are as follows:	{C 000}		
{C 147}	Outside Entrances/Exits-Single Hand Motion SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that a door was installed in the foyer of the home and it was not single hand motion. This is not compliant with the rule. * At the time of the survey this item had not been corrected.	{C 147}		
{C 153}	Housekeeping And Furnishings-Clean, Repaired SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (1) have walls, ceilings, and floors or floor	{C 153}		

Plan of Correction

Rule/Statute Number: NCAC 13G, 0904 (e) (4) Menus in Family Care Homes NCAC 13G .0317 BUILDING SERVICE EQUIPMENT

C 174

Overall Problem:

On December 18, DHSR Construction Section conducted a Biennial Follow-up Survey. During this survey, the inspectors found that the facility needs a higher rated device between 194- 212 degrees Fahrenheit.

Corrective measures:

On January 29, 2019, an electrician will be commissioned to replace the current heat device with temperature compliant device.

Preventative measures:

To prevent this mistake from repeating itself, CFCH will add a new policy to its construction manual designed to ensure that each facility is code compliance.

Responsible parties: The individuals responsible for these measures will be the house manager. The current house manager is Anika Whitener /Administrator.

Monitoring period:

Yearly, these measures will be reevaluated for effectiveness and revised if needed.

Plan of Correction

Rule/Statute Number: NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS

C 147

Overall Problem: On December 18, DHSR Construction Section conducted a Biennial Follow-up Survey. During this survey, the inspectors found that the door located between the foyer and living room could not be operated with a single hand motion.

Corrective measures:

On January 13, 2019, the front door lock will be removed.

Preventative measures:

To prevent this mistake from repeating itself, CFCH will add a new policy to its construction manual designed to ensure that each facility is code compliance.

Responsible parties: The individuals responsible for these measures will be the house manager. The current house manager is Anika Whitener /Administrator.

Monitoring period:

Yearly, these measures will be reevaluated for effectiveness and revised if needed.

Plan of Correction

Rule/Statute Number: NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS

C 153

Overall Problem:

On December 18, DHSR Construction Section conducted a Biennial Follow-up Survey. During this survey, the inspectors found that some of the windows are difficult to open.

Corrective measures:

Dried paint is the reason the windows are difficult to open. On January 13, 2019, we will remove the caked on paint from the windows.

Preventative measures:

To prevent this mistake from repeating itself, CFCH will add a new policy to its construction manual designed to ensure that each facility is code compliance.

Responsible parties: The individuals responsible for these measures will be the house manager. The current house manager is Anika Whitener /Administrator.

Monitoring period:

Yearly, these measures will be reevaluated for effectiveness and revised if needed.