STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078113	A. BUILDING: **01** B. WING _____	R **01/15/2020**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIAL'S FAMILY CARE HOME #6	**1685 CANAL ROAD** **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 Biennial Follow-up Survey on January 15, 2020 from 10:50 AM to 11:20 AM at the above referenced facility. Not all of the deficiencies had been corrected at the time of the survey. 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 there was a Cracked receptacle plate next to the stove and the range exhaust filter was missing. This is not compliant with the rule. Take the necessary steps to replace the receptacle cover and install the filter. * The range exhaust filter was still missing. 2. At the time of the survey it was observed that the glass in the window in bedroom 2 was broken. This is not compliant with the rule. Take the necessary steps to replace the glass. * This deficiency had not been corrected.	{C 174}		
{C 183}	Outside Premises-Clean, Safe	{C 183}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078113	A. BUILDING: **01** B. WING _____	R **01/15/2020**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIAL'S FAMILY CARE HOME #6	**1685 CANAL ROAD** **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 183}	Continued From page 1 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 rails for the front ramp did not extend for the entire length of the ramp. This is not compliant with the rule. Take the necessary steps to extend the rails the full length of the ramp. * This deficiency had not been corrected. 2. At the time of the survey it was observed that the front and rear patios as well as the walkways had drops offs causing potential trip or fall hazards. This is not compliant with the rule. Take the necessary steps to build up the grade at these areas. * This deficiency had not been corrected. 3. At the time of the survey it was observed that there were multiple broken window screens. This is not compliant with the rule. Take the necessary steps to repair or replace the screens as needed. * This deficiency had not been corrected.	{C 183}		