

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL078111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 01/15/2020
NAME OF PROVIDER OR SUPPLIER DIAL'S FAMILY CARE HOME # 7		STREET ADDRESS, CITY, STATE, ZIP CODE 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 10:15 AM to 10:50 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 in Bedroom #2 the bathroom door does not latch. This is not compliant with the rule. Take the necessary steps to repair or replace the door handle or strike plate. * This deficiency had not been corrected. 2.) At the time of the survey it was observed that the entrance/exit door handles are not single hand motion. This is not compliant with the rule. Take the necessary steps to replace the door handles so that they are single hand motion. * The front and side doors need to be single hand motion unlocking devices. 3.) At the time of the survey it was observed that the rear steps from the dining room to the patio	{C 174}		

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

TITLE

(X6) DATE

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{C 174}	Continued From page 1 has the following deficiencies: a.) hand rail only on one side b.) the hand rail is loose This is not compliant with the rule. Take the necessary steps to add a hand rail to the middle of the steps in line with the hinge side of the door, secure the hand rail, replace the damaged bricks. * These deficiencies had not been corrected. 4.) At the time of the survey it was observed that the exterior receptacle outside of Bedroom #6 is not working. This is not compliant with the rule. Take the necessary steps to repair or replace the receptacle. * This deficiency had not been corrected. 5.) At the time of the survey it was observed that there are several areas outside that are uneven with the sidewalks or patio/porch areas. This is not compliant with the rule. Take the necessary steps to bring the grade even with the concrete sidewalk or patio/porch, or install railings. * This deficiency had not been corrected.	{C 174}		