STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001173	A. BUILDING: **01** B. WING _____	**01/09/2020**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C & M ADULT CARE HOME	**422 N MAIN STREET** **BURLINGTON, NC 27217**

(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 Curtis McLaughlin DHSR Construction Section conducted a Biennial Survey on January 09, 2020 from 11:00 AM to 12:15 PM at the above referenced facility. DHSR records indicate the home was first licensed on November 19, 1991 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 2005 Rules 10A NCAC 13G for Family Care Homes and the 1991 North Carolina State Building Code - Section 513.1 Except 1 - Residential Care Facilities. 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 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	C 147		

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C 147	Continued From page 1 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 the front storm door is not single motion. This is not compliant with the rule. Take actions to ensure compliance with the rule. (Corrected at the time of survey. No further action is needed.)	C 147		
C 168	Fire Extinguishers SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home: (1) one five pound or larger (net charge) "A-B-C" type centrally located; (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and (3) any other location as determined by the code enforcement official. This Rule is not met as evidenced by: 1. At the time of the survey, it was observed that the fire extinguishers are not monitored monthly. This is not compliant with the rule. Take actions to ensure compliance with the rule.	C 168		
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	C 174		

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C 174	Continued From page 2 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 the curtains in the bath room need to be shorten from the radiator. This is not compliant with the rule. Take actions to ensure compliance with the rule. 2. At the time of the survey, it was observed that the radiators did not have any guards/protection around them. This is not compliant with the rule. Take actions to ensure compliance with the rule. 3. At the time of the survey, it was observed that space heaters were in the bedroom upstairs. This is not compliant with the rule. Take actions to ensure compliance with the rule. 4. At the time of the survey, it was observed that the baseboard control cover is missing in bedroom #3. This is not compliant with the rule. Take actions to ensure compliance with the rule. 5. At the time of the survey, it was observed that the ceiling in the kitchen need to be replaced. This is not compliant with the rule. Take actions to ensure compliance with the rule. 6. At the time of the survey, it was observed that the light fixture under the carport is broken. This is not compliant with the rule. Take actions to ensure compliance with the rule. 7. At the time of the survey, it was observed that at the end of both ramps it did not level to the grade, soil need to come up to the end of the	C 174		

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C 174	Continued From page 3 ramp. This is not compliant with the rule. Take actions to ensure compliance with the rule. 8. At the time of the survey, it was observed that the deck was missing a few balusters. This is not compliant with the rule. Take actions to ensure compliance with the rule. 9. At the time of the survey, it was observed that the door jamb at the Enclosed Emergency Exit has rotten. This is not compliant with the rule. Take actions to ensure compliance with the rule.	C 174		