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
	FCL092045	A. BUILDING: _____ B. WING _____	C 08/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIMS FAMILY CARE HOME	6337 MIMS ROAD HOLLY SPRINGS, NC 27540

(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 The Adult Care Licensure Section conducted an annual and follow up survey on 08/27/21.	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 care home shall be maintained in a safe and operating condition This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure electrical equipment was maintained in safe condition related to the use of one electrical extension cord in the dining room. The findings are: Observation of the dining room on 08/27/21 at 9:00am revealed there was a lamp plugged into a white extension cord which was plugged into a surge protector that was plugged into a wall electrical socket. Interview with the Supervisor in Charge (SIC) on 08/27/21 at 10:12am revealed: -She did not know the extension cord was a hazard. -She had other inspectors and had not been told to remove the extension cord. Interview with the Administrator on 08/27/21 at	C 102		

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C 102	Continued From page 1 10:15am revealed: -The local fire marshall had asked her to remove an extension cord in a hallway. -The local fire marshall had not asked to to remove this extension cord in the dining room. -She did not know the extension cord was a hazard.	C 102		