STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL054066	A. BUILDING: 01 B. WING _____	R 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER'S FAMILY CARE HOME	306 E LENOIR STREET KINSTON, NC 28501

(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 May 4, 2023 from 8:30 AM to 9:25 AM at the above referenced facility. Not all of the previously cited deficiencies had been corrected, therefore further action is required. The remaining deficiencies are as follows;	{C 000}		
{C 105}	Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars ($380.00). (b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the emergency egress windows in the left rear	{C 105}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL054066	A. BUILDING: 01 B. WING _____	R 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER'S FAMILY CARE HOME	306 E LENOIR STREET KINSTON, NC 28501

(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 105}	Continued From page 1 bedroom only had a vertical opening of 14 inches. This is not compliant with the rule. Take the necessary steps to provide at least one properly sized emergency egress window in the room. The window must have a clear opening of 432 square inches and no dimension less than 16 inches when in the open position. * This deficiency had not been corrected. 2. At the time of the survey it was observed that the alarms were not being used to initiate the fire drills and the one resident that was present did not respond and evacuate when the alarms were activated. This is not compliant with the rule. Take the necessary steps to use the alarms to initiate all fire drills and train all of the residents to respond and evacuate, without staff prompting or assistance, at anytime the alarms are sounded. * This deficiency was carried over from the previous survey. * There was one resident present at the time of the follow up survey. The resident did not respond and evacuate when the alarms were sounded. Continue to train the residents to respond and evacuate at anytime the alarms are sounded.	{C 105}	New Window installed which is compliant with the rule Residents were retrained to respond appropriately during fire drills	
{C 113}	Construction-Door Width SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (j) The door width shall be a minimum of two feet and six inches in the kitchen, dining room, living rooms, bedrooms and bathrooms. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the rear bathroom door opening was 27 and half inches wide. This is not compliant with the rule.	{C 113}	Bathroom door was widen and is compliant with the rule.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL054066	A. BUILDING: 01 B. WING _____	R 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER'S FAMILY CARE HOME	306 E LENOIR STREET KINSTON, NC 28501

(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 146}	Continued From page 3 steps. The ramp on the left side of the home still needs to be extended so that the slope of the ramp meets the one inch rise for every one foot in length.	{C 146}		
{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 the storm doors did not have single motion unlocking devices. This is not compliant with the rule. Take the necessary steps to disable the storm door locks. * * This deficiency had not been corrected.	{C 147}	Single motion unlocking devices were installed	
C 169	Fire Safety-Smoke Detectors SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of	C 169	New smoke detectors were installed & are interconnected with battery backup	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL054066	A. BUILDING: 01 B. WING _____	R 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER'S FAMILY CARE HOME	306 E LENOIR STREET KINSTON, NC 28501

(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 113}	Continued From page 2 Take the necessary steps to widen the door to the minimum of 30 inches. (The other bathroom door needs to be a minimum of 30 inches wide also.) * This deficiency had not been corrected.	{C 113}		
{C 146}	Outside Entrances/Exits-Ramp(s) SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (c) At least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the home has any resident that must have physical assistance with evacuation, the home shall have two outside entrances/exits at grade level or accessible by a ramp. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the two ramps provided for the home do not meet the 1:12 required ratio. The ramp on the right side of the home is 36 inches in height and only 22.5 feet in length. The ramp on the left side of the home is 32 inches in height and only 22 feet in length. This is not compliant with the rule. Take the necessary steps to adjust the length of the ramps so that for every inch in height there is a corresponding foot in length. (Example; 36 inches high would require a 36 foot long ramp.) * This deficiency was carried over from the previous survey. * The ramp on the right side of the house has been removed and replaced with a platform and	{C 146}	Ramp and porch are compliant with the rule	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL054066	A. BUILDING: 01 B. WING _____	R 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER'S FAMILY CARE HOME	306 E LENOIR STREET KINSTON, NC 28501

(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 169	Continued From page 4 the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the small rear attic space did not have a heat detector. This is not compliant with the rule. Take the necessary steps to install a heat detector in this area or open the area up more so that it is open to the main attic area. 2. At the time of the survey it was observed that the heat detectors provided in the attic were the old button type detectors. Have a qualified electrician verify that the heat detectors are still in good operation.	C 169		
{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 follow up survey it was observed that the platform and steps on the right side of the house and the ramp on the left side of the house did not have pickets installed. This is not compliant with the rule. Take the necessary steps to install pickets at the handrails and guardrails.	{C 174}	Pickets were installed	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL054066	A. BUILDING: 01 B. WING _____	R 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER'S FAMILY CARE HOME	306 E LENOIR STREET KINSTON, NC 28501

(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 180}	Building Service Equipment-Call System SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (f) Where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of resident lying on his bed. (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 live in staff is located in a separate area from resident bedrooms and no call system has been installed for the home. This is not compliant with the rule. Take the necessary steps to install a call system in the home. * This deficiency was carried over from the previous survey. * There was no call system installed at the time of the follow up survey. The staff person on duty informed us that 24 hour awake staff is being provided. Provide the proper documentation of the 24 hour shift staff.	{C 180}	Attached is the schedule for the overnight staff. One staff works M-F 12MN - 6A 2ND staff works S-S 12MN - 6A	