

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>FCL054061</b>                  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/16/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BARNES FAMILY CARE HOME</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1106 EAST CASWELL STREET<br/>KINSTON, NC 28502</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                           | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ID<br>PREFIX<br>TAG                                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C 000                                                              | <p>Initial Comments</p> <p>Report by Scott Greenwood</p> <p>DHSR Construction Section conducted a Biennial Survey on August 16, 2023 from 9:05 AM to 10:25 AM at the above referenced facility. DHSR records indicate the home was first licensed on January 02, 2008 as a Family Care Home for six (6) ambulatory Residents (able to respond and evacuate without any physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: The 2005 Rules 10A NCAC 13G for Family Care Homes and the applicable portions of the 2006 North Carolina State Building Code - Building Code - Section 421.2 - Residential Care Homes.</p> <p>NOTES:</p> <p>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.</p> <p>2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed.</p> <p>The cited deficiencies are as follows:</p> | C 000                                                                                          |                                                                                                                          |                                                        |
| C 102                                                              | <p>Rules Are Minimum Requirements</p> <p>SECTION .0300 - THE BUILDING<br/>10A NCAC 13G .0301 APPLICATION OF<br/>PHYSICAL PLANT REQUIREMENTS<br/>The physical plant requirements for each family care home shall be applied as follows:<br/>(4) Rules contained in this Section are minimum</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | C 102                                                                                          |                                                                                                                          |                                                        |

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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| C 102                                                              | Continued From page 1<br><br>requirements and are not intended to prohibit<br>buildings, systems or operational conditions that<br>exceed minimum requirements;<br><br>This Rule is not met as evidenced by:<br>1. At the time of the survey it was observed that<br>the bathroom sink faucet hot water temperature<br>was 98.6 degrees. This is not compliant with the<br>rule for maintaining bathroom sink faucet hot<br>water temperature to between 100 and 116<br>degrees. Take the necessary steps to correct this<br>deficiency.<br><br>2. At the time of the survey it was observed that<br>there was paneling on the walls in the kitchen.<br>This is not compliant with the rule. Take the<br>necessary steps to treat the paneling with a fire<br>retardant material capable of achieving minimum<br>Class C Finish or provide documentation of<br>previous treatment. | C 102                                                                                          |                                                                                                                          |                                                        |
| C 128                                                              | Bedrooms-Minimum Area<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0308 BEDROOMS<br>(d) There shall be a minimum area of 100<br>square feet, excluding vestibule, closet or<br>wardrobe space, in rooms occupied by one<br>person and a minimum area of 80 square feet per<br>bed, excluding vestibule, closet or wardrobe<br>space, in rooms occupied by two persons.<br><br>This Rule is not met as evidenced by:<br>1. At the time of the survey it was observed that<br>the two left hand side bedrooms did not meet the<br>minimum square footage required for two (2)<br>residents. Bedroom # 2 has 144 square feet and<br>Bedroom # 3 has 139 square feet. This is not                                                                                                                                                                                              | C 128                                                                                          |                                                                                                                          |                                                        |

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| C 128                                                              | Continued From page 2<br><br>compliant with the rule of 160 square feet per<br>bedroom for two (2) residents. Take the<br>necessary steps to correct this deficiency.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | C 128                                                                                          |                                                                                                                          |                                                        |
| C 169                                                              | Fire Safety-Smoke Detectors<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0316 FIRE SAFETY AND<br>DISASTER PLAN<br>(b) The building shall be provided with smoke<br>detectors as required by the North Carolina State<br>Building Code and U.L. listed heat detectors<br>connected to a dedicated sounding device<br>located in the attic and basement. These<br>detectors shall be interconnected and be<br>provided with battery backup.<br>Note: Smoke detectors are required to be<br>interconnected by this Rule. The application of<br>the Rule permits the heat detectors to be<br>interconnected with smoke detectors, but does<br>not require it.<br><br>This Rule is not met as evidenced by:<br>1. At the time of the survey it was observed that<br>the hallway smoke detector outside bedroom # 4<br>was not interconnected with the side hallway and<br>bedroom smoke detectors when tested This is<br>not compliant with the rule requiring all smoke<br>detectors to be interconnected. Take the<br>necessary steps to correct this deficiency. | C 169                                                                                          |                                                                                                                          |                                                        |
| C 174                                                              | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0317 BUILDING SERVICE<br>EQUIPMENT<br>(a) The building and all fire safety, electrical,<br>mechanical, and plumbing equipment in a family                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | C 174                                                                                          |                                                                                                                          |                                                        |

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| C 174                                                              | <p>Continued From page 3</p> <p>care home shall be maintained in a safe and operating condition.<br/>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by:</p> <p>1. At the time of the survey it was observed that the entry door to bedroom #1 was a bi fold type door that was not able to be secured. This is not compliant with the rule for resident privacy. Take the necessary step to correct this deficiency.</p> <p>2. At the time of the survey it was observed that there were old fire extinguishers being stored in the kitchen. This is not compliant with the rule for properly securing the fire extinguishers to prevent them from being knocked over potentially causing harm to the residents and staff. Take the necessary steps to properly secure the fire extinguishers on an approved type bracket.</p> <p>3. At the time of the survey it was observed that there was peeling paint at the side hallway ceiling trim. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency.</p> <p>4. At the time of the survey it was observed that the rear hallway air return grill and filter had dust buildup. This is not compliant with the rule for routine interior maintenance. Take the necessary steps to correct this deficiency.</p> <p>5. At the time of the survey it was observed that the towel bar in the side hallway bathroom was missing. This is not compliant with the rule for allowing resident towels to properly dry. Take the necessary steps to correct this deficiency.</p> <p>6. At the time of the survey it was observed that</p> | C 174                                                                                          |                                                                                                                          |                                                        |

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| C 174                                                              | <p>Continued From page 4</p> <p>the hallway bathroom sink was slow to drain. This is not compliant with the rule for routine interior maintenance and could potentially over flow causing a slippery floor surface. Take the necessary steps to correct this deficiency.</p> <p>7. At the time of the survey it was observed that the hallway bathroom toilet and bathtub grab bar was missing. This is not compliant with the rule for proper resident stability for toilet and bathtub use. Take the necessary steps to correct this deficiency.</p> <p>8. At the time of the survey it was observed that the hallway bathroom vanity light cover was missing. This is not compliant with the rule for routine interior maintenance and could potentially cause an injury to the residents and staff from the unprotected bulbs. Take the necessary steps to correct this deficiency.</p> <p>9. At the time of the survey it was observed that there were burned ceiling fixture light bulbs in bedroom # 2 and bedroom # 3. This is not compliant with the rule for routine interior maintenance and proper surface lighting. Take the necessary steps to replace the burned light bulbs on a regular basis.</p> <p>10. At the time of the survey it was observed that the main bedroom bathroom towel bar was missing. This is not compliant with the rule for allowing resident towels to properly dry. Take the necessary steps to correct this deficiency.</p> <p>11. At the time of the survey it was observed that the toilet paper holder in the main bedroom bathroom was missing. This is not compliant with the rule for proper toilet paper holder. Take the necessary steps to correct this deficiency.</p> | C 174                                                                                          |                                                                                                                          |                                                        |

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| C 174                                                              | Continued From page 5<br><br>12. At the time of the survey it was observed that the main bedroom bathroom toilet was loose at the base. This is not compliant with the rule for routine interior maintenance and could potentially cause floor damage do to the toilet base leaking. Take the necessary steps to correct this deficiency.<br><br>13. At the time of the survey it was observed that there was dust buildup at the main bathroom exhaust vent. This is not compliant with the rule for routine interior maintenance. Take the necessary steps to correct this deficiency.<br><br>14. At the time of the survey it was observed that the main bedroom bathroom entry door would not secure properly. This is not compliant with the rule for client privacy. Take the necessary steps to correct this deficiency.<br><br>15. At the time of the survey it was observed that the front and rear storm door handle was not a single motion type. This is not compliant with the rule for single motion door handles in the path of egress. Take the necessary steps to correct this deficiency.<br><br>16. At the time of the survey it was observed that there hot water tank pressure relief line appeared to terminate into the crawl space. This is not compliant with the rule for extending the hot water tank pressure relief drain line to the exterior side of the crawl space to prevent flooding do to hot water tank failure. Take the necessary steps to extend the hot water tank pressure relief line to the exterior side of the crawl space.<br><br>17. At the time of survey it was observed that there was not a smooth transition at the bottom of | C 174                                                                                          |                                                                                                                          |                                                        |

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| C 174                                                              | <p>Continued From page 6</p> <p>the rear handicap ramp. This is not compliant with the rule and could potentially cause a tripping hazard for the residents and staff. Take the necessary steps to correct this deficiency.</p> <p>18. At the time of the survey it was observed that there was peeling paint at the right and left hand side window trim and shutters. This is not compliant with the rule for routine exterior maintenance and appearance. Take the necessary steps to correct this deficiency.</p> <p>19. At the time of the survey it was observed that there was debris in the gutters and pine straw buildup on the roof. This is not compliant with the rule for routine exterior maintenance and appearance. Take the necessary steps to correct this deficiency.</p> <p>20. At the time of the survey it was observed that there was dirt buildup at the soffits and fascia boards. This is not compliant with the rule for routine exterior maintenance and appearance. Take the necessary steps to correct this deficiency.</p> <p>21. At the time of the survey it was observed that the exterior clothes dryer vent was loose with lint buildup. This is not compliant with the rule for routine exterior maintenance and the lint buildup could be a potential fire hazard. Take the necessary steps to correct this deficiency.</p> <p>22. At the time of the survey it was observed that the on-site Sanitation report was out of date. This is not compliant with the rule. Take the necessary steps to provide our office a copy of an up to date Sanitation report and take measures to ensure that in the future copies are on-site as required.</p> | C 174                                                                                          |                                                                                                                          |                                                        |

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