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 **03/01/2024**

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 Kelly Myers DHSR Construction Section conducted a Biennial Follow-up Survey on March 1, 2024 from 12:40 PM to 1:45 PM at the above referenced facility. Not all of the previously cited deficiencies had been corrected and there were new deficiencies noted, 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	{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 **03/01/2024**

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 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, any time 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 any time the alarms are sounded. * This deficiency was previously cited during our August 16, 2022 biennial survey and May 4, 2023, biennial follow up survey, take action to correct these deficiencies. There were two residents present at the time and none responded to the smoke detector test.	{C 105}		
{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.	{C 146}		

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 **03/01/2024**

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 2 This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the right side deck stair tread was not secured (second tread from the bottom). This is not compliant with the rule. Take the necessary steps to secure the stair tread. 2. At the time of the survey it was observed that the left side ramp had a warped deck board and there was not a smooth transition at the end of the ramp. This is not compliant with the rule. Take the necessary steps to replace the warped board and add a smooth transition.	{C 146}		
{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 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	{C 169}		

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 **03/01/2024**

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 3 this area or open the area up more so that it is open to the main attic area. *This deficiency was previously cited during our May 4, 2023, biennial follow-up survey, take action to correct this deficiency. 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. *This deficiency was previously cited during our May 4, 2023, biennial follow-up survey, take action to correct this deficiency. 3. At the time of the survey it was observed that the one of the remote means of egress is through the staff bedroom. The door is blocked with personal items that may delay egress in the event of a fire or other emergency. This is not compliant with the rule. Take the necessary steps to remove the personal items from the path of egress to the door.	{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 survey it was observed that the left side storm door was window was not	C 174		

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 **03/01/2024**

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 174	Continued From page 4 secured. This is not compliant with the rule. Take the necessary steps to repair or replace the door.	C 174		
{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. * This deficiency was previously cited during our August 16, 2022 biennial survey, and May 4, 2024, biennial follow up survey, take action to correct these deficiencies. Provide the proper	{C 180}		

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 **03/01/2024**

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}	Continued From page 5 documentation that there is 24-hour awake staffing in lieu of a call system.	{C 180}		