

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL074041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2024
NAME OF PROVIDER OR SUPPLIER CLEMMIE'S FAMILY CARE HOME II		STREET ADDRESS, CITY, STATE, ZIP CODE 110 PEARL DR GREENVILLE, NC 27834		
(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
V 000	INITIAL COMMENTS Report by Jonathan Gamsey DHSR Construction Section conducted a Biennial Survey on March 12, 2024 from 02:10 PM to 03:00 PM at the above referenced facility. DHSR records indicate the home was first licensed on April 16, 2013 as a Family Care Home for three ambulatory Residents. The facility had an increase in capacity on May 6, 2014 to four ambulatory Residents (able to evacuate and respond 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 for Family Care Homes 10A NCAC 13G, and the 2012 North Carolina State Building Code - Section 425.2 - Residential Care Homes. 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:	V 000		
V 736	.0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303. LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive	V 736		

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

TITLE

(X6) DATE

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V 736	Continued From page 1 odor. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the bedroom #3 light fixture was missing a globe. This is not compliant with the rule. Take the necessary steps to replace the globe. 2.) At the time of the survey, it was observed that bedroom #3 had damage behind the door. This is not compliant with the rule. Take the necessary steps to repair the damage. It is recommended to install a doorstop to help prevent further damage. 3.) At the time of the survey, it was observed that the washer and dryer pieces of laundry and bags were behind it. This could potentially cause a fire. This is not compliant with the rule. Take the necessary steps to remove all foreign items from behind the dryer and washer. 4.) At the time of the survey, it was observed that bedroom #1 bathroom had a missing globe on the light fixture. This is not compliant with the rule. Take the necessary steps to replace the globe. 5.) At the time of the survey, it was observed that bedroom #1 bathroom had a loose toilet at the base causing a potential for leaks to happen and also for residents to be injured when using the facilities. This is not compliant with the rule. Take the necessary steps to secure the toilets to prevent any leaks or possible injuries. 6.) At the time of the survey, it was observed that the front ramp railing had balusters that were unsecured and missing, and nail pops with exposed nail heads. This could potentially lead to	V 736		

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V 736	Continued From page 2 injury. This is not compliant with the rule. Take the necessary steps to repair said railing to its intended condition. 7.) At the time of the survey, it was observed that multiple windowsills were starting to rot. This is not compliant with the rule. Take the necessary steps to repair and or replace components as needed. 8.) At the time of the survey, it was observed that in the rear of the facility, multiple pieces of debris were found. This could potentially become a harbinger for pests. This is not compliant with the rule. Take the necessary steps to remove all pieces of debris. 9.) At the time of the survey, it was observed that the exterior railing leading to the kitchen was loose. This is not compliant with the rule. Take the necessary steps to repair and or replace if needed. 10.) At the time of the survey, it was observed that the front ramp railing had multiple nail pops and decaying boards. This could potentially lead to injury and or a trip and fall. This is not compliant with the rule. Take the necessary steps to replace components as needed.	V 736		
V 742	.0304(a) Privacy 10A NCAC 27G .0304. FACILITY DESIGN AND EQUIPMENT (a) Privacy: Facilities shall be designed and constructed in a manner that will provide clients privacy while bathing, dressing or using toilet facilities. This Rule is not met as evidenced by:	V 742		

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V 742	Continued From page 3 1.) At the time of the survey, it was observed that the hallway bathroom door was not latching properly. This could potentially affect the privacy of the residents and our staff. This is not compliant with the rule. take the necessary steps to repair the door to ensure its latch is intended. 2.) At the time of the survey. It was observed that blinds were damaged in bedroom #2, this could potentially affect the privacy of the residents in said room. This is not compliant with the rule. Take the necessary steps to repair and or replace.	V 742		
V 744	.0304(b) Safety 10A NCAC 27G .0304. FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the smoke detectors were not interconnected. This is not compliant with the rule. Take the necessary steps to repair and or replace to ensure that all smoke detectors work as intended. 2.) At the time of the survey, it was observed that a smoke detector in the facility was beeping. This is not compliant with the rule. Take the necessary steps to change batteries regularly to ensure smoke detectors work as intended. 3.) At the time of the survey, it was observed that the window in bedroom # 2 would not open and this could potentially impede egress in a time of need. This is not compliant with the rule. Take the	V 744		

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V 744	Continued From page 4 necessary steps to repair and or replace the window. 4.) At the time of the survey, it was observed that the heat detector in the attic was beeping. This is not compliant with the rule. Take the necessary steps to troubleshoot and repair and or replace. 5.) At the time of the survey, it was observed that the heat detector was connected to the same circuit as the smoke detectors in the facility. This could lead to false alerts to the location of said emergency event. This is not compliant with the rule. Take the necessary steps to wire the heat detector to its circuit with its alarm different than the facility's smoke detectors. 6.) At the time of the survey, it was observed that the attic had two compartments and only one heat detector. This is not compliant with the rule. Take the necessary steps to install an additional heat detector in the compartment above the front deck.	V 744		