STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL074041	A. BUILDING: 01 B. WING _____	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMIE'S FAMILY CARE HOME II	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		

Adult Care Plan of Correction

Rule/Statute Number	ID	Overall Problem	Corrective Measures	Responsible Parties	Preventative Measures	Monitoring Period
10A NCAC 27G .0303 Location and Exterior Requirements	**V736**	Based on observations, the facility to ensure that the physical integrity of the facility was properly maintained.	To fix this mistake, The staff performed the following actions:The globe will be replaced by a local expert by 4/26/2024. The wall will be repaired by our handyman and a doorstop will be installed in order to prevent further damage. Foreign objects have been cleaned up from behind the washer and dryer. Toilet will be secured by our handyman on 4/26/2024. The ramp will be repaired by our handyman by replacing rotten wood and nailing the nails flush within the wood. This will happen on 4/26/2024. The current windows will be replaced with aluminum windows by 4/26/2024. Any and all debris surrounding the facility will be removed by 4/26/2024. The exterior railing leading to the kitchen will be secured by 4/26/2024. Front ramp will be repaired by replacing nail pops by 4/26/2024.	The individual responsible for these measures will be the Administrator .	To prevent this mistake from repeating, the administrator/ house manager will check the client's charts weekly to ensure compliance	Yearly, these measures will be reevaluated for effectiveness and revised if needed. **Completed 4-26-2024**
10A NCAC 27G .0304 Facility Design and Equipment	**V744**	Based on observations, the facility to ensure that the physical integrity of the facility was properly maintained.	To fix this mistake, the smoke detector will be interconnected by an electrician. This correction will be completed by 4/26/2024. A battery will be installed in the fixed smoke detector by 4/26/2024. The window in the #2 bedroom will be freed by a maintenance worker. Heat detector in the attic battery will be replaced. Electrician will be contracted to connect the heat detector to its own circuit. In the attic a second heat detector is required for the second compartment of the attic.	The individual responsible for these measures will be the Administrator	To prevent this mistake from repeating, the administrator/ house manager will check the client's charts weekly to ensure compliance	Yearly, these measures will be reevaluated for effectiveness and revised if needed. **Completed 4-26-2024**
Signature:	*Tammy Vines*			**Date:**	**4/17/24**	