

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL040006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2024
NAME OF PROVIDER OR SUPPLIER CARRIE'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1025 POPE FARM ROAD STANTONSBURG, NC 27883		
(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 Jonathan Gamsey DHSR Construction Section conducted a Biennial Survey on May 29, 2024 from 11:00AM until 12:30 PM at the above referenced facility. DHSR records indicate the home was first licensed on January 07, 2009 as a Family Care Home for Six 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 10A NCAC 13G for Family Care Homes, and the 2006 North Carolina State Building Code - Section 421.2 - Residential Care Homes. Notes: DHSR Construction Section attempted to conduct a Biennial Survey on May 29, 2024, at the above-referenced facility. The Surveyor received communication from the owner that the facility would be unable to survey within 24 hours of the scheduled survey date. The Surveyor attempted to perform the Biennial Survey again on June 18, 2024, at the above-referenced facility. The Surveyor arrived on June 18, 2024, at 04:10 PM, and left at 04:45 PM after attempting to perform the survey. This will constitute a no-show survey.	C 000		

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

TITLE

(X6) DATE