Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
		FCL017052	B. WING		R 01/24/2025	
NAME OF D	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	= ZIR CODE	1 0.1.2.1.20	
NAIVIE OF P	ROVIDER OR SUPPLIER		RTON CHAPEL RO			
HUMPHRI	EY FAMILY CARE		E, NC 27302			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		
PREFIX TAG	'	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)		
{C 000}	Initial Comments		{C 000}			
	The Adult Care Licens follow-survey on 01/2	sure Section conducted a 4/25.				
C 102	10A NCAC 13G .0317 Equipment	7 (a) Building Service	C 102			
	10A NCAC 13G .0317 Equipment	<sup>7</sup> Building Service				
	mechanical, and plum	all fire safety, electrical, ibing equipment in a family aintained in a safe and				
	the plumbing equipme and operating condition system not functioning	the facility failed to ensure ent was maintained in a safe on related to the telemetry g properly, resulting in the d up and residents not				
	The findings are:					
	the county environme 01/24/25 at 2:00pm re -The facility did not hat the soil was too dense proper drainageThe facility had a "pu system where waste i periodically pumped visends an alert to the co-The owner was awar					

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

TITLE (X6) DATE

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
FCL017052		B. WING		R 01/24/2025		
NAME OF PF	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	1 0 112 112020	
HUMPHREY FAMILY CARE 6245 BURTON CHAPEL ROAD						
TIOWII TIIXE	TI AMIET GARE	MEBANE,	NC 27302			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
C 102	Continued From page	e 1	C 102			
	repairedHe asked the owner monthly until the repa construction inspection	to have the tanks pumped ir was made during the last				
	revealed: -An inspector from the telemetry system was construction inspectorHe had the two 1,500 monthly to avoid haviThe last time he had was on 01/03/25He had no document system was repairedHe had a service app 01/29/25 for someone pumpsHe planned to have trepaired.	e county informed him the shroken during the last on on 09/17/24. D-gallon tanks pumped ng plumbing issues. the septic tank pumped ts to show the telemetry cointment scheduled for e to come and look at the sthe telemetry system				
{C 311}	all residents guarante Declaration of Reside and may be exercised This Rule is not met FOLLOW-UP TO TYP Based on the findings Violation was not aba	P Resident Rights hall assure that the rights of hed under G.S. 131D-21, hents' Rights, are maintained d without hindrance. has evidenced by: PE B VIOLATION s, the previuos Type B ted.	{C 311}			
	Dased on Interviews a	and observations, the facility				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(V2) MI II TIDI E	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '		COMPLETED	
		A. BUILDING: _			
		5		R	
FCL017052		B. WING		01/24/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
		6245 BU	RTON CHAPEL F	ROAD	
HUMPHRI	EY FAMILY CARE		E, NC 27302		
()(1) ID	SLIMMADV ST	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION	IN (VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	( - /
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE DATE
				DEFICIENCY)	
{C 311}	Continued From page	e 2	{C 311}		
( ,			,		
		ents were treated with			
		n, and dignity related to the			
	_	ble to flush the toilets and			
	· -	neir own feces and used			
		bags carried to an outside			
	trash receptacle.				
	_, <i>c.</i>				
	The findings are:				
	Intorvious with a resid	ont on 01/24/25 at 8:30am			
	Interview with a resident on 01/24/25 at 8:30am				
	revealed: -The toilet was stopped up on Monday, 01/20/25.				
	-The tollet was stopped up on Monday, 01/20/25.  -She told the staff, and they unstopped the toilet.				
	-She told the stall, and they unstopped the tolletAfter she used the tollet, she took her bowel				
	movement and used toilet paper outside in a bag.				
	-It made her feel filthy				
	-it made not leet many	,.			
	Interview with a seco	nd resident on 01/24/25 at			
	8:35am revealed:				
		nts not to flush toilet paper.			
	-The staff told her to take her bowel movementoutside to the trashShe had been taking her bowel movement to the				
	trash for more than a	month.			
	-The last time she too	ok bowel movementto the			
	trash was today.				
	-She did not like it, bu	ıt that is what she had to do.			
	P TO				
		resident on 01/24/25 at			
	8:45am revealed:				
		r bladder incontinence.			
		ve a bowel movement, she			
		ok it to the trash can outside.			
	-The residents were told to never flush toilet				
	paper because it stop				
	-She did not like taking used toilet paper outside				
	to the trash can.	for a long time			
	-It had been like this f				
	-She could not say ho	วพ เบเเนู.	1		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			, BOILDING		R	
FCL017052		B. WING		01/24/2025		
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STA	TE, ZIP CODE		
HUMPHRE	EY FAMILY CARE	6245 BU	RTON CHAPEL F	ROAD		
	T TAIMET VARE	MEBANE	E, NC 27302			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
{C 311}	Continued From page 3		{C 311}			
	o1/24/25 at 1:30pm re-She was aware som wiping and not flushin plumbing was repaire -She told them they not they continued toThe residents were plonger needed to do to the state of the	e of the residents were ag the toilet paper after the ad in November 2024. To longer had to do that, but cossibly forgetting they no that.  Strator on 01/24/25 at residents were still not and disposing of used toilet as they no longer had to put sh when the plumbing was a 2024. The dents were possibly flush the toilets. The switch plumbing were fixed amp flushed on 11/21/2024. The fit or redirect residents and ush toilet paper.  There on 01/24/25 at 1:50pm are the direct fixed amp flushed been fixed ambigned and been fixed and and been fixed ambigned and been fixed and and been fixed and and been fixed are fixed and been fixed a				
	November 2024He was not aware of toilet paper.	residents not flushing used				
	-He had the septic tan the past four months. -He had a contract wi pump the septic tanks	th a septic tank company to s monthly.				
		ed 10/08/24, 11/21/24 and two 1.500-gallon septic				

tanks.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		A. BOILDING.		R			
FCL017052		B. WING		01/24/2025			
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
HUMPHREY FAMILY CARE			TON CHAPEL I NC 27302	ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE	
{C 311}	The representative firenvironmental health have the septic tanks because of the past part of the facility failed to experience were maintained by redefecate in toilet paper used toilet paper to a after each time they used toilet paper to a after each time they used toilet paper to a failure was detrimentatively welfare of the resider Violation.	office told him he had to pumped once a month olumbing problems.  Insure the residents' rights equiring the residents to er and carry the waste and trash receptacle outside used the bathroom. This all to the health, safety, and the sand constitutes a Type B	{C 311}				

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