Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING \_ FCL076019 06/25/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4028 OLD NC HWY 49 HUDSON'S FAMILY CARE #2** ASHEBORO, NC 27203 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 This report is of a biennial construction survey done by Bob Getchell on June 25, 2015. This facility was first licensed as a Family Care Home for six (6) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). on April 16, 1993. Based on this we are requiring the home to be in compliance with the 1992 and the applicable portions of the 2005 Rules 10A NCAC 13G for the Licensing of Family Care Homes, and, the 1991 (93 Revision) North Carolina State Building Code - Section 514.1 Exception #1 - Residential Care Homes. Deficiencies were noted which will require a new plan of correction. C 143 Corridor-Free of Obstructions C 143 SECTION .0300 - THE BUILDING 10A NCAC 13G .0311 CORRIDOR (c) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe manner by having corridors obstructed. Findings include: a) The back door from the Living Room, in the path of egress, has locking hardware. C 174 Building Equipment Maintained Safe, Operating C 174 SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
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C 174	EQUIPMENT  (a) The building as mechanical, and plucare home shall be operating condition  (j) This Rule shall family care homes.  This Rule is not med. Based on observation was not mainitained.  Findings include:  a) The left bathrooprotected,  b) The right bathroothat will not trip.  c) The electrical page.	and all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing et as evidenced by: vation, the electrical system	C 174			

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