Division	of Health Service Re	egulation				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		FCL017026	B. WING		06/2	24/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
L & L FA	MILY CARE		ANDLER MIL , NC 27311	L ROAD		
(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		C 000			
	This report is of a biennial construction survey done by Bob Getchell on June 24, 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 August 8, 1996. 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 1996 North Carolina State Building Code - Section 419.2 - Residential Care Homes. Deficiencies were noted which will require a new plan of correction.					
C 117	Have Current San.	And Fire Safety Approvals	C 117			

SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION

(n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.

This Rule is not met as evidenced by: 1. Based on observation, current reports were not available at the time of the survey.

Findings include: The following reports were not available at the time of the survey:

a) Sanitation report for the building,

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE, ZIP CODE	
	FCL017026	B. WING	06/24/2015
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01	(X3) DATE SURVEY COMPLETED

3023 CHANDLER MILL ROAD

L & L FAMILY CARE PELHAM, NC 27311				
(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 147	Continued From page 1	C 147		
C 147	Outside Entrances/Exits-Single Hand Motion	C 147		
	SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled.			
	This Rule is not met as evidenced by: 1. Based on observation, egress from all areas was not maintained in a safe manner by having exit door hardware that is not single motion. This would affect all residents by not allowing free egress in an emergency.			
	Findings include: a) The back exit door has a lock switch that must be turned before the knob can be turned to exit.			
C 168	Fire Extinguishers	C 168		
	SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home: (1) one five pound or larger (net charge) "A-B-C" type centrally located; (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and (3) any other location as determined by the code enforcement official.			
	This Rule is not met as evidenced by:			

Division of Health Service Regulation STATE FORM

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01	(X3) DATE SURVEY COMPLETED
	FCL017026	B. WING	06/24/2015

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

L & L FAMILY CARE

3023 CHANDLER MILL ROAD PELHAM, NC 27311

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(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 168	Continued From page 2	C 168		
	1. Based on observation, the building fire protection equipment was not maintained in a safe manner. This would affect all residents be not having fire protection equipment operable use in an emergency.			
	Findings include: The inspection tags on the fire extinguishers indicate that required monthly checks are not being performed per NFPA 10			
C 180	Building Service Equipment-Call System	C 180		
	SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (f) Where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such the can be activated with a single action and rema on until deactivated by staff. The call system activator shall be within reach of resident lying his bed. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. Based on observation, the facility call system was not maintained operable. Findings include: The call system is not working	at it ain Jon		

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Division of Health Service Regulation STATE FORM

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