

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL046021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 05/19/2016
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NAME OF PROVIDER OR SUPPLIER STEPHENSON FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 316 EAST RICHARD STREET AHOSKIE, NC 27910
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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
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C 000	<p>Initial Comments</p> <p>Report by Suzanna Fay</p> <p>DHSR Construction Section conducted a Complaint Survey on May 19, 2016 from 3:01 PM to 3:20 PM at the above referenced facility. DHSR records indicate the home was first licensed on November 23, 2009 as a Family Care Home for five 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 2009 North Carolina State Building Code - Section 421.2 - Residential Care Homes.</p> <p>The complaints were as follows:</p> <ol style="list-style-type: none"> 1. The bathroom was nasty. There was green stuff around the knobs and the window screen was rusty. The bathtub was spray painted black and the shower curtain was old and shabby. Other complaints stated that the toilet area was small. 2. The light bulbs in the resident rooms were dim. <p>At the time of the survey, the bathroom tub and toilet had been replaced and there was not mold evident. The toilet area met the requirements of the building code and did not appear to be too small. None of the Residents observed at the facility appeared to be substantially heavy to require additional width for using the toilet. Therefore, this portion of the complaint was unsubstantiated.</p>	C 000		
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 178	Continued From page 1	C 178		
C 178	<p>Building Service Equipment-Well Lighted</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (e) All resident areas shall be well lighted for the safety and comfort of the residents. The minimum lighting required is: (1) 30 foot-candle power for reading; (2) 10 foot-candle power for general lighting; and (j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by: 1. A complaint was made that the Resident rooms did not have adequate lighting. At the time of this survey, the bedrooms were not well lit. Provide additional lamps at the beds for reading. The common areas appeared to have adequate lighting. Therefore, this complaint is substantiated. Provide documentation of the corrections in the form of photos or receipts.</p>	C 178		