Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL035018		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
					R	
		B. WING		07/	07/07/2016	
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST TON ROAD	ATE, ZIP CODE		
AJINDA	FAMILY CARE HOME	11	RG, NC 2754	9		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{C 000}	Initial Comments		{C 000}			
	Report by Suzanna	Fay and Glenn Hoppin				
	Follow-up Survey o to 10:55 AM at the all of the previously	n Section conducted a Biennial n July 7, 2016 from 10:15 AM above referenced facility. Not cited deficiencies were re, further action is required.				
	The remaining defi	ciencies are as follows:				
{C 137}	Bathroom-Mechani	cal Ventilation	{C 137}			
	foot candles of light mechanical ventilat feet per minute for					
	were being ducted roof. The duct for t was currently being plumbing vents car facility. Attaching th cause sewer gases and, therefore, cou Have a qualified teo separately to an ex in the plumbing ver escaping. Provide	et as evidenced by: vealed that the exhaust fans into the plumbing vents to he master bath had fallen and ducted into the attic. The ry sewer gases out of the ne exhaust fan duct could to go back into the facility Id potentially cause illness. chnician route the fan ducts terior vent. Repair any holes its to prevent gas from documentation of the repairs ps, receipts or work orders.				
	received on July 1,	ased on documentation 2016, this citation was paired by capping off the pipe				

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			A. BUILDING: 01			
		B. WING			R 07/07/2016	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
JINDA I	FAMILY CARE HOME	11	TTON ROAD URG, NC 2754	9		
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE AC		(X5) COMPLET
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE
[C 137}	Continued From pa	ige 1	{C 137}			
	remaining pipe was exhaust fan. The b straight up through technician repair th exhaust fan to a se	for the bathroom. The s connected to the bathroom bathroom vent should extend the roof. Have a qualified e vent to roof and duct the parate location. Provide ne corrections in the form of work orders.				
{C 149}	Outside Entrances/	Exits-Handrails At Porches	{C 149}			
	AND EXITS (f) All steps, porch	THE BUILDING 312 OUTSIDE ENTRANCE nes, stoops and ramps shall be rails and guardrails.	2			
	from the kitchen ha Previously, the gara Residents. A pool garage for the Resi steps are now bein handrails. Have a handrails at the ste	vealed a set of steps leading ill to the garage floor. age was not accessible to the table has been installed in the idents' use and, therefore, the g utilized and will need qualified technician install ps leading to the garage. ation of the repairs in the form				
	steps did not have against one side of qualified technician steps minimum for	Observations revealed that the handrails and a table was the steps for support. Have a install a rail at one side of the support and safety. Provide ne corrections in the form of work orders.				
(C 168)	Fire Extinguishers		{C 168}			

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		IDENTIFICATION NOMBER.	A. BUILDING: 01			R 07/07/2016	
		B. WING					
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
	FAMILY CARE HOME		TTON ROAD URG, NC 2754	9			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE	
{C 168}	Continued From pa	ge 2	{C 168}				
	DISASTER PLAN (a) Fire extinguish meet these minimu care home: (1) one five pound type centrally locate (2) one five pound type located in the I (3) any other locat enforcement officia This Rule is not me 1. At the time of the at the end of the has servicing. Reinstall serviced. Provide of the form of photos of 07/07/16: SF/GH-O extinguisher on the Mount the extinguish from being knocked documentation of th photos or receipts.	ers shall be provided which m requirements in a family l or larger (net charge) "A-B-C ed; l or larger "A-B-C" or CO/2 kitchen; and tion as determined by the code l. et as evidenced by: is survey, the fire extinguisher llway had been removed for the extinguisher when documentation of the repairs in or receipts. beservations revealed a fire floor at the end of the hall. sher on a bracket to prevent it d over or removed. Provide the corrections in the form of	n				
{C 174}	Building Equipment	Maintained Safe, Operating	{C 174}				
	EQUIPMENT (a) The building an mechanical, and plu care home shall be operating condition	B17 BUILDING SERVICE and all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing					

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		IDENTIFICATION NUMBER:	A. BUILDING: 01			
		FCL035018	B. WING			R 07/2016
AME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
JINDA	FAMILY CARE HOME	11	TTON ROAD JRG, NC 2754	9		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
{C 174}	Continued From pa	ige 3	{C 174}			
	valve of the hot wat house was not pipe install a full-sized p the pressure relief below. Provide doo the form of photos, 07/07/16: SF/GH-C pressure relief valv garden hose. Have piping of suitable m within 6" of the grad	vealed that the pressure relief ter heater located under the ed. Have a qualified technician ipe of suitable material from valve to within 6" of the grade cumentation of the repairs in receipts or work orders. Observations revealed that the e was piped with a section of e a qualified technician install naterial at the relief valve to de below. Provide ne corrections in the form of				

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