

Date: July 12, 2016

To: NC Department of Health and Human Services

Division of Health Service Regulation

From: Stephenson Family Care Home

316 East Richard Street

Ahoskie, NC 27910

RE: FC Complaint Construction Survey

FID #090474- Fc 1046021

Enclosed you will find the plan of correction for the deficiencies that were cited during the survey on May 19th 2016.

If further information is needed please contact me at 252-513-8142 or 252 370- 8666. 316 East Richard Street, Ahoskie NC 27910

Thank You,

Gilda S. Robertson

Administrator



**North Carolina Department of Health and Human Services
Division of Health Service Regulation**

Pat McCrory
Governor

Richard O. Brajer
Secretary DHHS

Mark Payne
Assistant Secretary for Audit and
Health Service Regulation

June 3, 2016

Gilda Robertson
316 East Richard Street
Ahoskie, NC 27910

RE: FC Complaint Construction Survey
FID #090474 Fcl046021
Stephenson Family Care Home
316 East Richard Street
Ahoskie Hertford County

Dear Ms. Robertson:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Complaint survey of your facility on May 19, 2016. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

Construction Section

www.ncdhhs.gov • www.ncdhhs.gov/dhsr
Tel 919-855-3893 • Fax 919-733-6592

Location: Williams Building, 1800 Umstead Drive • Raleigh, NC 27603

Mailing Address: 2705 Mail Service Center • Raleigh, NC 27699-2705

An Equal Opportunity / Affirmative Action Employer

1. Corrective action must begin immediately.
2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to SIGN, DATE AND RETURN the Plan of Correction to DHSR-Construction by June 18, 2016. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Suzanna Fay

Suzanna Fay
Architectural/Engineering Technician
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
City Building Inspection Department - with attachment
Hertford County DSS - with attachment

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
NAME OF PROVIDER OR SUPPLIER STEPHENSON FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 316 EAST RICHARD STREET AHOSKIE, NC 27910		
(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	<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		

Division of Health Service Regulation

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

Suzanna S. Kalveston

TITLE

Administrator

(X8) DATE

7/12/16

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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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</p> <p>(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	<p><i>The Administrator will ensure that each Resident room will have adequate lighting; reading lamps will be placed on each bedside table; and the Ceiling bulbs will be adequate and maintained. Administrator will continue to monitor.</i></p>	5/20/2016