

03/08/2017 17:02 Personal Touch

NO. 844 02

PRINTED: 02/21/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL078098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 01/06/2017
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NAME OF PROVIDER OR SUPPLIER B & B ASSISTED LIVING # 7	STREET ADDRESS, CITY, STATE, ZIP CODE 2133 PRESTON ROAD MAXTON, NC 28364
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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 000	<p>Initial Comments</p> <p>Report by Suzanna Fay</p> <p>DHSR Construction Section conducted a Biennial Survey on January 6, 2017 from 11:40 AM to 1:20 PM at the above referenced facility. DHSR records indicate the home was first licensed on January 12, 2005 as a Family Care Home for six (6) Residents with no more than three who are non-ambulatory (unable 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 1992 "Rules for Family Care Homes Minimum and Desired Standards and Regulations," applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2002 North Carolina State Building Code - Section 421.3 - Small Residential Care Facilities.</p> <p>At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:</p>	C 000		
C 153	<p>Houskeeping And Furnishings-Clean, Repaired</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes.</p> <p>This Rule is not met as evidenced by: 1. At the time of this survey, there was a very</p>	C 153		

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

Annie S. Lottman

TITLE

(X6) DATE

03-10-017

STATE FORM

9450

F8KX21

If continuation sheet 1 of 3

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NAME OF PROVIDER OR SUPPLIER B & B ASSISTED LIVING # 7		STREET ADDRESS, CITY, STATE, ZIP CODE 2133 PRESTON ROAD MAXTON, NC 28364		
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C 153	Continued From page 1 strong smell of urine in Bedroom 6. Have all linen, furniture and clothing cleaned. Take all necessary steps to remove the urine smell and maintain the room to be free of strong odors. Provide documentation of the repairs in the form of receipts or work orders.	C 153	Entire room sanitized to include furniture Admin/HC will make weekly walk thru to ensure sanitation of building	2/2/17
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. Observations revealed that the walls were not maintained in good condition. Several areas were observed to have scuff marks and gouges from wheelchair use. Some of the areas include the living room wall adjacent to the guest bathroom, the corridor walls and the bathroom with the roll-in shower. Have a qualified technician patch and paint the walls. Provide documentation of the repairs in the form of photos, receipts or work orders. 2. Observations revealed that the finish on the kitchen range hood was bubbling and flaking. Rust spots were visible underneath the hood and the grease filter was damaged. Have a qualified technician repair or replace the kitchen range hood. Provide documentation of the repairs in the form of photos, receipts or work orders.	C 174	Scuff marks to wall in process of being repaired by qualified technician NOT COMPLETED	2/2/17

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NAME OF PROVIDER OR SUPPLIER B & B ASSISTED LIVING # 7	STREET ADDRESS, CITY, STATE, ZIP CODE 2133 PRESTON ROAD MAXTON, NC 28584
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C 174	<p>Continued From page 2</p> <p>3. Observations revealed that the kitchen emergency light beside the corridor door was not working. It was also observed that the emergency light in the living room outside of Bedroom 1 had been removed. Have a qualified technician repair and/or replace the two emergency lights. Provide documentation of the repairs in the form of receipts or work orders.</p> <p>4. Observations revealed that the toilet in the right bathroom (with the roll-in shower) was loose. Have a qualified technician install a wax seal to secure the toilet. Provide documentation of the repairs in the form of receipts or work orders.</p> <p>5. Observations revealed that one of the caps for the ceiling penetration at the tv cable had fallen off in Bedroom 3. The ceilings should have a 1 hour assembly and all ceiling penetrations must be sealed to maintain the rating. Have a qualified technician seal the penetration with an approved fire caulk or other device. Provide documentation of the repairs in the form of photos, receipts or work orders.</p> <p>6. At the time of this survey, two of the bedroom smoke detectors did not set off the other smoke detectors in the facility. The two detectors were in Bedroom 2 and in Bedroom 5. Have a qualified technician repair or replace the smoke detectors in these locations so that they set off the other smoke detectors in the facility when activated. Provide documentation of the repairs in the form of receipts or work orders.</p> <p>7. Observations revealed that the top was off of the exterior light at the side exit outside of the Staff bedroom. The light was partially filled with dead bugs. Clean the light fixture and replace the cap. Provide documentation of the repairs in the</p>	<p>C 174</p> <p>NOT COMPLETE</p> <p>NOT COMPLETE</p> <p>NOT COMPLETE</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>Kitchen emergency light repaired - Emergency light in living room replaced</p> <p>toilet secured by qualified technician</p> <p>Ceiling penetration repaired</p> <p>Smoke detectors repaired</p> <p>Exterior light repaired</p>	<p>2/6/17</p> <p>2/6/17</p> <p>2/6/17</p> <p>2/6/17</p> <p>2/6/17</p>

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NAME OF PROVIDER OR SUPPLIER B & B ASSISTED LIVING # 7		STREET ADDRESS, CITY, STATE, ZIP CODE 2133 PRESTON ROAD MAXTON, NC 28384		
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C 174	Continued From page 3 form of photos.	C 174		
C 143	Floors T10: 42C .2211 FLOORS (a) All floors must be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs are not to be used. (c) All floors must be kept in good repair. This Rule is not met as evidenced by: 1. Observations revealed that the carpet in the Staff bedroom was heavily stained. Have a qualified technician clean or replace the carpet. Provide documentation of the repairs in the form of photos, receipts or work orders.	C 143	Carpet cleaned/ replaced	2/2/17
C 158	Fire Safety-Evacuation Plan T10: 42C .2213 FIRE SAFETY EQUIPMENT (d) A written fire and disaster plan (including a diagrammed drawing) which has the approval of the local fire department must be prepared in large print and posted in a central location on each floor. This plan must be reviewed with each resident on admission and must be a part of the orientation for all new staff. This Rule is not met as evidenced by: 1. Observations revealed that the evacuation plans were not oriented to the direction of egress from the posted point. Orient the plans to show evacuation routes based on each posted location. Provide documentation of the repairs in the form of photos.	C 158	Evacuation plans posted with the direction of egress in proper location	2/2/17

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NAME OF PROVIDER OR SUPPLIER
B & B ASSISTED LIVING # 7

STREET ADDRESS, CITY, STATE, ZIP CODE
**2133 PRESTON ROAD
MAXTON, NC 28364**

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C 159	Continued From page 4	C 159		
C 159	Fire Safety-Fire Rehearsals	C 159		
	<p>T10: 42C 2213 FIRE SAFETY EQUIPMENT (e) There must be at least four rehearsals of the fire and disaster plan each year. Records of rehearsals are to be maintained and copies furnished to the county department of social services annually. The records must include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved.</p> <p>This Rule is not met as evidenced by: 1. At the time of this survey, Staff did not have the key to reset the pull stations. Provide keys to reset the stations and train Staff on how to use the equipment. Provide documentation of the repairs in the form of a written statement signed by all Staff working at this facility.</p>		<p><i>NOT COMPLETED</i></p> <p><i>keys provided to all locations</i></p> <p><i>NOT COMPLETED</i></p>	<p><i>4/4/17</i></p>