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				
		FCL061008	B. WING		05/0	3/2017			
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STATE, ZIP CODE						
B & L FAMILY CARE HOME 842 CANE CREEK ROAD									
	BAKERSVILLE, NC 28705								
(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 SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE COMPLETE				
C 000	Initial Comments		C 000						
	Report by Paul Dixon								
	DHSR Construction Section conducted a Biennial Survey on May 3, 2017 from 8:50 AM to 10:05 AM at the above referenced facility. DHSR records indicate the home was first licensed on November 6, 1992 as a Family Care Home for five (5) ambulatory Residents. A capacity increase was approved on October 9, 1995. The facility is currently licensed for six (6) 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 1991 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, the 1991 North Carolina State Building Code - Section 514.1 Exception 1 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:								
CIII	SECTION .0300 - T 10A NCAC 13G .03 CONSTRUCTION (n) The home sha fire and building saf		C 117						
	This Rule is not me During record revie	et as evidenced by: w at the time of the survey,							

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

copies of the Fire and Sanitation Inspections

(X6) DATE TITLE

Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				X3) DATE SURVEY COMPLETED						
FCL061008	B. WING		05/0	3/2017						
STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•							
B & L FAMILY CARE HOME 842 CANE CREEK ROAD										
TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL	_D BE	(X5) COMPLETE DATE						
ge 1	C 117									
nitation Inspection Reports to										
	C 152									
amily care home shall be of laterial and so constructed as ole. w rugs shall not be used. be kept in good repair. et as evidenced by: g the survey showed that the pathroom, was peeling up and tile replaced to avoid a povide copies of all my other supporting										
	FCL061008 STREET ADI 842 CANE	FCL061008 B. WING STREET ADDRESS, CITY, S 842 CANE CREEK RO BAKERSVILLE, NC 2 TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) Get 1 C. 117 C. 117 C. 152 C. 153 C. 154 C. 155 C. 155 C. 155 C. 156 C. 157 C. 157 C. 158 C. 159 C. 150 C. 150	FCL061008 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 842 CANE CREEK ROAD BAKERSVILLE, NC 28705 TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) TAG C 117 D. PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY) TAG C 117 D. PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY) TAG C 117 D. PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY) TAG C 117 D. PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY) TAG C 117 D. PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY) TAG C 117 D. PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY) TAG C 117 D. PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY) TAG C 117 D. PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY) TAG C 117 D. PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY) TAG C 117 D. PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY) TAG C 117 D. PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY) TAG C 117 D. PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICE TO THE APPRODEFI	FCL061008 B. WING						

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