

To: Paul DIXON
FROM: B + L FCH

5 pgs incl. cover

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL061008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/03/2017
--	---	---	--

NAME OF PROVIDER OR SUPPLIER B & L FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

C 000	<p>Initial Comments</p> <p>Report by Paul Dixon</p> <p>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.</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 117	<p>Have Current San. And Fire Safety Approvals</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION</p> <p>(n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: During record review at the time of the survey, copies of the Fire and Sanitation Inspections</p>	C 117	<p>Copies of current sanitation and fire are attached.</p> <p><i>James Buchanan</i> 6/14/17</p>	<p>6/11/17</p>

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL061008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/03/2017
NAME OF PROVIDER OR SUPPLIER B & L FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 117	Continued From page 1 could not be located. Provide copies of the most recent Fire and Sanitation Inspection Reports to DHSR along with your signed Plan of Correction.	C 117		
C 152	Floors 10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair. This Rule is not met as evidenced by: Observations during the survey showed that the floor tile in the hall bathroom, was peeling up and chipped. Have the tile replaced to avoid a tripping hazard. Provide copies of all photographs and any other supporting documentation concerning this repair.	C 152	Floor in bathroom will be replaced by June 15, 2017. Photos will be emailed. <i>Shirley Anderson</i>	6/16/17

N.C. Department of Health and Human Services
Division of Public Health
Environmental Health Section

**Inspection of
Residential Care Facility**
(For facilities, as defined, with
not more than 12 residents)

Demerit Score: 99
Date of Insp/Chg 11/11/17
Status Code: A

Health Department Mitchell County
Current Facility ID 0106143000
Old Facility ID _____

Water Supply: Community Non-Transient Non-Community Non-Public Water Supply
 Transient Non-Community
Wastewater System: Community On-Site System
Water sample taken today? Yes No
 Inspection Name Change
 Re-Inspection Verification of Closure
 Visit Status Change

Name of Establishment: B and L Family Care Permittee: Lou Ella Buchanan
Location Address: 842 Cone Creek Rd. Number of Residents: 4
Mailing Addr. 842 Cone Creek Rd.
City: Bakersville State: NC Zip: 28705 City: Bakersville State: NC zip: 287

Classification:
 Approved (20 or less demerits, and no 6-point demerits) Disapproved (More than 40 demerits or failure to improve provisional classification)
 Provisional (More than 20, but 40 or less demerits, or a 6-point demerit)

Demerits	COMMENTS
1. WATER SUPPLY: Public supply; private supply approved 6 (.1611)	
2. LIQUID WASTES: Sewage and other liquid wastes disposed of by approved method 6 (.1613)	
3. FOOD SUPPLIES AND PROTECTION: Supplies: All food clean, wholesome, no spoilage 6 (.1619)	
Protection: Adequate during storage, preparation and serving, potentially hazardous food 45°F or below, or 140°F or above 5; all refrigerators with thermometers 2; pork, ground beef products, poultry and stuffings, etc., thoroughly cooked; meat and poultry salad, potato salad, etc., handled as required, no re-serving of portions once served to an individual 4; food containers stored above floor and protected from contamination 2; pets and other animals not allowed where food is prepared or stored, nor in serving area (unless caged or otherwise restricted) 4 (.1620)	
4. FOOD SERVICE UTENSILS AND EQUIPMENT: Food service utensils and equipment in good repair and kept clean 4; eating and drinking utensils clean to sight and touch, cleaned after each use; approved facilities 4; clean utensils properly stored 2; substances containing poisonous material not used for cleaning or polishing eating or cooking utensils 6; disposable items properly stored and handled, used only once 2 (.1618)	
5. FOOD SERVICE PERSONS: Clean clothes, hands, and work habits 4 (.1621)	
6. DRINKING WATER FACILITIES: ICE HANDLING: Common drinking cups not used 4; ice, if provided, handled and dispensed in a sanitary manner 2 (.1612)	
7. HOT AND COLD WATER: Adequate hot and cold water piped to points of use 4 (.1611)	
8. TOILET: HANDWASHING: LAUNDRY AND BATHING FACILITIES: Toilet, lavatory and bathing facilities adequate 4; fixtures in good repair and kept clean 2; soap and towels provided 2 (.1610)	
9. BEDS: LINEN: FURNITURE: All furniture, mattresses, linen, drapes, blinds and similar items in good repair and clean 2; bed linen changed as required 2; clean and soiled linens properly stored and handled 2 (.1617)	
10. STORAGE: MISCELLANEOUS: Rooms or areas provided for storage of clothes, personal effects, luggage, supplies and equipment kept clean 2; medications, cleaning supplies, pesticides and other hazardous products properly stored as required 4 (.1616)	
11. FLOORS: In good repair 1; kept clean 2 (.1607)	
12. WALLS AND CEILINGS: In good repair 1; kept clean 2 (.1608)	1 Ceiling in middle bathroom to be in good repair.
13. LIGHTING AND VENTILATION: Windows and fixtures in good repair 1; kept clean 2 (.1609)	
14. VERMIN CONTROL: PREMISES: Outside openings effectively screened or otherwise protected against entrance of flying insects, and flying insects absent 4; effective control of rodents and other vermin 4; approved pesticides properly used 4; premises neat, clean, drained and free of litter and vermin harborage and breeding areas 2 (.1615)	
15. SOLID WASTES: Garbage in standard containers, properly covered and stored, approved disposal 4; containers, storage area kept clean 2; dry rubbish in suitable receptacles, approved storage and disposal 2 (.1614)	

Received by: _____ TOTAL DEMERIT SCORE 99
Inspection by: Shelton Perry EHS LD.# 1726 Comment Sheet Attached Yes No

Purpose: General Statute 130A-235 requires the Commission for Public Health to adopt rules governing the sanitation of institutions. 15A NCAC 18A .1605 specifies the contents of an inspection to record the results of inspections made of residential care facilities. This form is to be used in making inspections of residential care facilities. Preparation: Local environmental health specialists complete the form every time they conduct an inspection. Prepare an original and three copies for: 1. Original to the person in charge. 2. One copy for the supervising agency (or more as requested). 3. C for the local health department. Disposition: Please refer to Records Retention and Disposition Schedule 8.B.6., for County/District Health Departments which is published by the North Carolina Division of Archives & History. Additional forms may be ordered from: Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)

Dec. 20, 2016

Permit # 2719



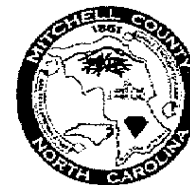
Mitchell County

Fire Inspections Office

130 Forest Service Drive, Suite B, Bakersville, NC 28705

Office: (828)688-4771 Fax: (828)688-3668

mitchellem@mitchellcounty.org



Fire Inspections Report

Click here to enter a date.

Business Name: <i>B+L Family Care Home</i> Address: <i>842 Cone Creek</i> City: <i>Bakersville</i> State: <i>NC</i> Zip: <i>28705</i> Phone: <i>828-688-2919</i>	Occupant Name: <i>Louella Buchanan</i> Address: City: State: Zip: Phone:	Owner Name: Address: City: State: Zip: Phone:
--	--	--

Valid: *12 months*

Sprinklers: *NO*

Occupant Load: *N/A*

Year Built: *N/A*

F/D Occupancy: *Bakersville Group Home*

Fire Alarms: *YES*

Construction: *N/A*

Stories: *1*

Hood System: *NO*

Permits Required: *YES* Permit Type: *Group*

Type: *VB*

Other: *N/A*

<input checked="" type="checkbox"/> Occupancy Approved	<input checked="" type="checkbox"/> Fire Safety Code Only	<input type="checkbox"/> Permit Renewed Fire Safety Code Only
<input type="checkbox"/> Test Pass	<input type="checkbox"/> Violations	<input type="checkbox"/> Operational

Code:	Section	Violation

Louella Buchanan
 Occupant

Tony White
 Fire Inspector