Division	of Health Service Re	egulation			FURI	IAPPROVED
STATEMENT OF DEFICIENCIES (X1) PRO AND PLAN OF CORRECTION IDEN		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING		(X3) DATE SURVEY COMPLETED 08/03/2017	
		FCL023002				
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
B J'S FAI	MILY CARE HOME #2					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	MOORES TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	BORO, NC 2 ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Report by Paul Dixon					
	Survey on August 3 AM at the above re- records indicate the August 1, 1977 as a (5) ambulatory Res time only allowed for Residents. Effective code was amended all ambulatory Resi 1984 Licensure Ruf maximum capacity Your home is curren capacity of Six (6) a are able to respond physical or verbal a emergency). Based requiring the home the following: the 19 Homes minimum a regulations" with 19 portions of the 2008 Family Care Homes State Building Code care facilities.	a Section conducted a Biennial b, 2017 from 10:20 AM to 11:30 ferenced facility. DHSR a home was first licensed on a Family Care Home for five idents. Licensure rules at this or a maximum capacity of 5 a February 1, 1983 the building t to allow for a maximum of six dents. Effective on April 1, les were revised to allow for a of six all ambulatory residents. Intly licensed for a maximum all-ambulatory residents (Who I and evacuate without any ssistance during a fire or other I on this information we are to maintain compliance with 084 "Rules for Family Care and desired standards and 087 revisions, the applicable 5 Rules 10A NCAC 13G for s and the 1978 North Carolina a, Section 409.1(g), residential isit, we cited deficiencies that ole plan of correction. They				
C 153	are as follows: Houskeeping And F	Furnishings-Clean, Repaired	C 153			
	FURNISHINGS (a) Each family ca (1) have walls, cei	15 HOUSEKEEPING AND				
ivision of He Aboratory	ealth Service Regulation	ER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE		(X6) DATE

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED		
		B. WING		08/	08/03/2017		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STATE, ZIP CODE				
B J'S FA	MILY CARE HOME #2		CRAW ROAD BORO, NC 2	8114			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE	
C 153	Continued From page 1		C 153				
	 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. This Rule is not met as evidenced by: Each Family Care home will be maintained in a safe, clean and attractive manner including walls, ceilings and floors. 						
	Findings Include:						
		e survey it was noted that in throom, a section of ceiling					
	Effect:						
	Failure to close and further damaged to	l repair the seam could lead to the ceiling.					
	Directive:						
	match surroundings provide for our reco	am repaired and painted to s. Upon completion of work, ords all photographs and or the work performed.					
C 174	Building Equipment	Maintained Safe, Operating	C 174				
	EQUIPMENT (a) The building an mechanical, and plu care home shall be operating condition	a17 BUILDING SERVICE and all fire safety, electrical, umbing equipment in a family maintained in a safe and					
ision of He	ealth Service Regulation		6899 D			<u> </u>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL023002					(X3) DATE SURVEY COMPLETED	
		B. WING		08/	08/03/2017	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
B J'S FA	MILY CARE HOME #2		CRAW ROAD			
		MOORES	SBORO, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 174	Continued From pa	Continued From page 2				
	family care homes.					
	This Rule is not met as evidenced by: 1.) All electrical, mechanical and plumbing equipment shall be maintained in a safe and operating condition.					
	Findings include:					
	1. At the time of the survey it was observed that the kitchen exhaust fan grease filter was very dirty.					
	Effect:					
	will cause a build-up	o remove grease from the air o of cooking fumes in the ct the operation of the exhaus	t			
	Directive:					
	completed provide t	ned or replaced. Once for our records photos and or the work performed.				
	in the carport betwe decorative lights wh	e survey it was observed that en the 2 facilities there are nich are plugged into an outlet. b be permanently affixed to the				
	Effect:					
	outlet. They must p house current. The	annot be plugged into an permanently wired to the outlet also does not appear ed. This is an electrocution				

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL023002		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
			A. BUILDING: 01			08/03/2017	
		B. WING		08/			
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
B J'S FA	MILY CARE HOME #2		CRAW ROAD	8114			
(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 T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
C 174	Continued From pa	ge 3	C 174		,		
	Directive:	•					
	current or have the completed provide	manently wired to the house lights removed. Once for our records photos and or the work performed.					
C 183	Outside Premises-Clean, Safe		C 183				
	(a) The outside gr	318 OUTSIDE PREMISES ounds of new and existing shall be maintained in a clean					
		et as evidenced by: bunds of existing Family Care intained in a clean and safe					
	Findings Include:						
		e survey it was observed that in the right rear bedroom was					
	Effect:						
	The damaged screate the home.	en could allow insects to enter					
	Directive:						
	completed provide	screen replaced. Once for our records photos and or the work performed.					