

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2017
NAME OF PROVIDER OR SUPPLIER D & H FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1111 YARBOROUGH ROAD MILTON, NC 27305		
(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	Initial Comments Report by Glenn Hoppin DHSR Construction Section conducted a Biennial Survey on November 02, 2017 from 9:30 AM to 11:30 AM at the above referenced facility. DHSR records indicate the home was first licensed on September 08, 1993 as a Family Care Home for six (6) Ambulatory Residents (able to respond and evacuate without physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: The 1992 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2005 Rules for Family Care Homes 10A NCAC 13G, and the 1991 (93 revision) North Carolina State Building Code - Section 514.1 (exception 1) - Residential Care facilities At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
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). The rule requires the building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home to be	C 174		

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

TITLE

(X6) DATE

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C 174	Continued From page 1 maintained in a safe and operating condition. Findings: Based on observations the cabinet to the left of the dishwasher has a damaged door. Effect: This does not meet the intent of being maintained in an operating condition. Directive: Have a qualified technician make all necessary repairs. Provide the DHSR Construction Section with documentation verifying this repair has been completed.	C 174		
C 123	Bathroom-Hand Grips T10: 42C .2206 BATHROOM (f) Hand grips must be installed at all commodes, tubs and showers on the floor level used by the residents. This Rule is not met as evidenced by: 1). The rule requires hand grips to be installed at all commodes, tubs and showers on the floor level used by the residents. Findings: There is no handgrips installed in the showers. Effect: This is a safety hazard to residents. Directive: Have a qualified technician install handgrips in the showers. Provide the DHSR Construction Section with documentation verifying this item has been completed.	C 123		
C 143	Floors	C 143		

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C 143	<p>Continued From page 2</p> <p>T10: 42C .2211 FLOORS</p> <p>(a) All floors must be of smooth, non-skid material and so constructed as to be easily cleanable.</p> <p>(b) Scatter or throw rugs are not to be used.</p> <p>(c) All floors must be kept in good repair.</p> <p>This Rule is not met as evidenced by:</p> <p>1). The rule prohibits scatter or throw rugs.</p> <p>Findings:</p> <p>Based on observations there is a throw rug in front of the sink and also at the top of the steps on the front porch.</p> <p>Effect: This is a trip hazard.</p> <p>Directive: Remove the throw rugs from the facility. Provide the DHSR Construction Section with documentation verifying this has been completed.</p>	C 143		