

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL018026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/02/2018
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NAME OF PROVIDER OR SUPPLIER PROFESSIONAL FAMILY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 906 3RD STREET SE CONOVER, NC 28613
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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 Paul Dixon</p> <p>DHSR Construction Section conducted a Biennial Survey on February 2, 2018 from 9:35 AM to 10:50 AM at the above referenced facility. DHSR records indicate the home was first licensed on March 2, 1994 as a Family Care Home for six (6) ambulatory Residents (Who are able to respond and evacuate 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", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, the 1991 (93 Rev) North Carolina State Building Code - Section 514.1 Exception 1 - 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 183	<p>Outside Premises-Clean, Safe</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. At the time of the survey it was observed that there was a build-up of mildew on the siding on the front and right side of the home. The rule requires that the facility be maintained in a clean condition. 2. At the time of the survey it was observed that 	C 183		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 183	<p>Continued From page 1</p> <p>several windows on the right side, rear and left side of the home had peeling paint on the sashes. The rule requires that the facility be maintained in a clean condition.</p> <p>3. At the time of the survey it was observed that the rear exit stairs railings had peeling paint and the top railing was loose. The rule requires that the facility be maintained in a clean and safe condition.</p> <p>4. At the time of the survey it was observed that in the hallway outside the kitchen, there was a section of ceiling with peeling paint. The rule requires that the facility be maintained in a clean condition.</p> <p>For all deficiencies listed above provide documentation of completed work in the form of photographs, receipts, invoices, etc.</p> <p>All deficiencies listed above were discussed with on-site staff during the exit interview.</p>	C 183		