Division of Health Service Regulation			· ·	I OLIMAN LIBOARD			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING 01	NSTRUCTION	(X3) DATE SURVEY COMPLETED			
	FCL017022	8. WING		11/02/2017			
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E. ZIP CODE				
D & H FAMILY CARE HOME 1111 YARBOROUGH ROAD MILTON, NC 27305							
PREFIX (EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LOBE COMPLETE			
C 000 Initial Comments		C 000		`			
Report by Glenn Ho	pppin						
Survey on Novemb 11:30 AM at the aborecords indicate the September 08, 199 six (6) Ambutatory I and evacuate withous assistance during a Based on this we a compliance with the Standards and Reg Homes, the applicant Rules for Family Ca and the 1991 (93 reguire family Care family Car	a Section conducted a Biennial er 02, 2017 from 9:30 AM to ove referenced facility. DHSR is home was first licensed on 3 as a Family Care Home for Residents (able to responding the home to be in a fire or other emergency). The requiring the home to be in a following: The 1992 Minimum sulations for Family Care able portions of the 2005 are Homes 10A NCAC 13G, evision) North Carolina State ction 514.1 (exception 1) collities. Sit, we cited deficiencies that only plan of correction. They	C 174					
EQUIPMENT (a) The building ar mechanical, and plucare home shall be operating condition. (j) This Rule shall family care homes.	17 BUILDING SERVICE and all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing	:					
This Rule is not me 1). The rule requires safety, electrical, me equipment in a fami provision of Health Service Regulation	s the building and all fire echanical, and plumbing						
ABORATORY DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	ATURE	Ach	2/25/10			
TATE FORM			,,0,,,,	// \$ 1 18			

STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PRÓVIDER/SUPPLICIÁ/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION. IDENTIFICATION NUMBER COMPLETED A. BUILDING: 01 B. WING FCL017022 11/02/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1111 YARBOROUGH ROAD D & H FAMILY CARE HOME MILTON, NC 27305 SUMMARY STATEMENT OF DELICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION 10 (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (MACH CORRECTIVE ACTION SHOULD BE PRLEIX COMPLETE REGULATORY OR LISC IDENTIFYING INFORMATION) TAG CROSS REFERENCED TO THE APPROPRIATE LA L IAG DEFIGENCY) C 143 Continued From page 2 C 143 T10: 42C .2211 FLOORS (a) All floors must be of smooth, non-skild material and so constructed as to be easily (b) Scatter or throw rugs are not to be used. (c) All floors must be kept in good repair This Rule is not met as evidenced by: 1). The rule prohibits scatter or throw rugs. Findings: All throw rugs have been removed from the facility except Bathroom #1 and Based on observations there is a throw rulg in front of the sink and also at the top of the steps on the front porch. Effect: This is a trip hazard. Bathroom#2. If this is a Directive: Remove the throw rugs from the facility. hazard, they can be removed. Provide the DHSR Construction Section with documentation verifying this has been completed.

If continuation shoot, 2 of 3

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G 01	(X3) DATE SURVEY COMPLETION
		FCL017022		B. WING		11/02/2017
	PROVIDER OR SUPPLIER		1111 YAR	BOROUGH	r, state zip code I ROAD	
	- Marie Control		MILTON,	NC 27305	All the state of t	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY F SCIDENTIFYING INFORMAT		PREFIX IAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOIL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE COMPLETE
C 174	Continued From pa	ge 1		C 174		
	maintained in a safe	e and operating condi	ion.			
Findings: Based on observations the cabinet to the the dishwasher has a damaged door.		left of	of	Cabinet door has been repaired in the Kitchen. 1/7/18.		
	Effect: This does not meet the intent of be maintained in an operating condition.				in the Machen I I'm	1/18.
	necessary repairs.	ualified technician ma Provide the DHSR on with documentation ocompleted.				
C 123	Bathroom-Hand Gri	ips		C 123	1	
	T10: 42C .2206 BATHROOM (f) Hand grips mus commodes, tubs ar used by the residen	st be installed at all ad showers on the floo	r level			
		s hand grips to be inst and showers on the		ust.		
	Findings: There is no handgri	ps installed in the sho	wers.		Handgrips have been in bathroom#1 and	installed
Effect: This is a safety hazard to residents		i.			Bathroom#2.	
	handgrips in the sho	ualified technician insta owers. Provide the Din n with documentation completed.	ISR		1/07/18	
C 143	Floors			C 143		
ivision of He	alth Service Regulation			hulli		1,
= . +			7	אַעט	8Z2P21	If continuation shoot 2 of 3