## PRINTED: 03/20/2018 FORM APPROVED

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b> B. WING			(X3) DATE SURVEY COMPLETED	
		92080	03/14/2018					
JAME OF PROVIDER OR SUPPLIER STREET ADD			DDRESS, CITY, STATE, ZIP CODE					
POOLE R	OAD FAMILY CARE	HOME						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF (EACH DEFICIENCY MUST BE P REGULATORY OR LSC IDENTIFY		EFICIENCIES ECEDED BY FULL	I, NC 27610	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLET DATE	
C 000	Initial Comments		C 000					
	Report by Paul Dixon							
	AM at the above re records indicate the January 1, 1984 as (6) ambulatory Res respond and evacu verbal assistance d emergency). Based requiring the home the following: the 19 Homes Minimum a Regulations", the a Rules 10A NCAC 1 the 1978 North Car Section 409.1(g) - F At the time of our v require an acceptal are as follows:	ferenced fa e home was a Family C idents (Wh ate without luring a fire d on this info to maintain 977 "Rules nd Desired applicable p 3G for Fam olina State Residential	a first licensed on are Home for six o are able to any physical or or other ormation we are compliance with for Family Care Standards and ortions of the 2005 illy Care Homes, Building Code - Care Facilities.					
C 153	Houskeeping And F	urnishings	-Clean, Repaired	C 153				
	SECTION .0300 - 1 10A NCAC 13G .03 FURNISHINGS (a) Each family ca (1) have walls, cei coverings kept clea (2) have no chron (3) have furniture (e) This Rule shal homes.	315 HOUS ire home sh llings, and f in and in go ic unpleasa clean and ii	SEKEEPING AND nall: loors or floor od repair; nt odors; n good repair;					
	This Rule is not me 1. At the time of th in the right rear bat	e survey it v	was observed that					

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	of Health Service Re		T			
AND PLAN OF CORRECTION IDENTII		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b> B. WING		(X3) DATE SURVEY COMPLETED 03/14/2018	
		FCL092080				
NAME OF F			DRESS, CITY, S	TATE, ZIP CODE	• • • •	
	ROAD FAMILY CARE	HOME	OLE ROAD			
		RALEIGH	I, NC 27610			1
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION		(X5) COMPLET DATE
C 153	Continued From page 1		C 153			
	door was missing. This rule requires the walls be maintained in good condition.					
	2. At the time of the survey it was observed that in the right rear bathroom, the wall to the right of the toilet had peeling paint. This rule requires the walls be maintained in good condition.					
C 174	Building Equipment Maintained Safe, Operating		C 174			
	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.					
	1. At the time of th the fan for the kitch working. This rule	et as evidenced by: e survey it was observed that en range hood was not requires the mechanical aintained in an operating				
	in the right side rea handles for the sink	e survey it was observed that r bathroom, one of the faucet k was missing. This rule ng equipment to be berating condition.				
C 183	Outside Premises-	Clean, Safe	C 183			
	(a) The outside gr	THE BUILDING 018 OUTSIDE PREMISES ounds of new and existing shall be maintained in a clean				
ision of He	ealth Service Regulation		6899	CZY21		ation sheet 2

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Division of Health Service Re STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>			(X3) DATE SURVEY COMPLETED	
		ECI 092080	B. WING		00/44/0040		
	FCL092080           AME OF PROVIDER OR SUPPLIER         STREET A		ADDRESS, CITY, ST		03/	03/14/2018	
		5818 PC	DOLE ROAD				
		RALEIG	GH, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 183	Continued From page 2		C 183				
	and safe condition.						
	<ol> <li>At the time of the the awning over the damaged. The rule maintained in a cle</li> <li>At the time of the over the windows of hole in the roof fass facility be maintained condition.</li> <li>At the time of the the front window si rotted. The rule rest</li> </ol>	et as evidenced by: le survey it was observed that e windows of bedroom #2 was e requires that the facility be an and safe condition. le survey it was observed that of bedroom #2, there was a cia. The rule requires that the ed in a clean and safe le survey it was observed that ll of the staff bedroom was quires that the facility be an and safe condition.					
	documentation of c photographs, recei	ed above were discussed with					
	ealth Service Regulation						

SCZY21