STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED				
		FCL017008	B. WING		06/1	5/2018		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
STONEY	STONEY CREEK FAMILY CARE HOME 2896 STONEY CREEK SCHOOL ROAD REIDSVILLE, NC 27320							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROID DEFICIENCY)	D BE	(X5) COMPLETE DATE		
C 000	Initial Comments		C 000					
	Report by Wendy C	chester						
	Survey on June 15, PM at the above refrecords indicate the March 01, 1981 as Residents. On Febrincrease was approof six (6) all-ambularespond and evacuaverbal assistance demergency). Based requiring the home the following: the 19 Homes Minimum ar Regulations, the ap Rules 10A NCAC 13 and the 1978 (Revision of the source of	a Section conducted a Biennial 2018 from 9:45 AM to 12:20 ferenced home. DHSR home was first licensed on a Family Care Home for five ruary 18, 1991 a capacity wed for a maximum capacity atory residents (able to ate without any physical or uring a fire or other on this information we are to maintain compliance with 284 Rules for Family Care and Desired Standards and plicable portions of the 2005 3G for Family Care Homes, sion 5) North Carolina State ction-409.1(g)-Residential						
	require an acceptable deficiencies listed b	isit we cited deficiencies that ole plan of correction. All selow were discussed with the exit interview. The listed follows:						
C 174	Building Equipment	Maintained Safe, Operating	C 174					
	EQUIPMENT (a) The building ar mechanical, and plucare home shall be operating condition.	at 7 BUILDING SERVICE and all fire safety, electrical, umbing equipment in a family maintained in a safe and						

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		:D. '	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		FCL017008	B. WING		06/	15/2018
NAME OF	PROVIDER OR SUPPLIER	ST	TREET ADDRESS, CITY,	STATE, ZIP CODE		
STONEY	CREEK FAMILY CAP	RE HOME	396 STONEY CREE EIDSVILLE, NC 273			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATIO		PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
C 174	Continued From pa	ge 1	C 174			
		et as evidenced by: es that the building shall e and operating condition				
	At the time of the survey the exterior ramp handrail was loose and a nail has popped up along the top surface.		qu			
	Secure and repair the nail in the handrail. Provide photos as documentation of the work performed.					
		es that the building shall e and operating condition				
	Staff Bedroom had fins. While the base	he baseboard heater in no cover which exposes board heater may not b oses a safety hazard for	s the De			
		an appropriate covering ard entirely. Provide pho ork performed.				
		es that all fire safety equ ne shall be maintained i condition.				
	inspections for the	urvey the required mont fire extinguishers were r nd noted on the reverse	not			
		nonthly checks of the fire ide photos as documented.				
		es that all fire safety equine shall be maintained i				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED				
FCL017008		B. WING		06/15/2018				
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE				
STONEY	CREEK FAMILY CAP	RE HOME 2896 STO		SCHOOL ROAD				
		KLIDOVI	LLL, NO 275	20				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPL	LETE		
C 174	Continued From pa	ige 2	C 174					
	safe condition.							
	with the house num	urvey the exterior lawn sign bers was illegible and was not dentification of the home.						
		ers so that they are easily e road. Provide photos as ne work performed.						
		es that all electrical equipment ne shall be maintained in a condition.						
	At the time of the survey the call system did not sound when activated from the front left Bedroom.							
	location call button	em and ensure that each bed is connected to the Staff ons properly at all times. ne work performed.						
	6) The Rule requires that all electrical equipment in a family care home shall be maintained in a safe and operating condition.							
	throughout the hom functioning. These	here were multiple locations ne were lighting was not fully areas include the overhead n, Living and Dining Rooms.						
	Replace the bulbs i as documentation of	n these areas. Provide photos of work performed.						
		es that mechanical equipment me shall be maintained in a condition.						
	At the time of the survey the metal dryer exhaust							

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· ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMF	SURVEY
FCL017008		B. WING		06/1	06/15/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
STONEY	CREEK FAMILY CAI	RE HOME	NEY CREEK LE, NC 273	SCHOOL ROAD 20		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
C 174	duct was crushed to of the dryer. Addition rear exterior of the the back-draft did not rear exterior of the the back-draft did not rear exterior of the the back-draft did not rear exterior of the exhaust uncrimped at all time ensure that it close Provide photos as operformed. 8) The Rule require in a family care hor safe and operating. During the survey to Bathroom was new functioning and the of the fan and the courrent code require outside air, a wall/ of the fan and the courrent code required in a family care hor safe and operating. 9) The Rule require in a family care hor safe and operating. During the survey to fully assessed as the repair and the water safe and	petween the wall and the back conally, the duct wall-cap on the home was coated in lint and not fully close. In the strain of the wall-cap and set fully when not in use. It documentation of work the strain of wall be maintained in a condition. The wall be maintained to work the strain of the work the strain of the work the strain of the work the water systems could not be never were in the process of the supply for the entire home strain of the tub.	C 174	DEFICIENCY		
	Repair the faucets. Provide photos as documentation of the work performed. 10) The Rule requires that all plumbing					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
	FCL017008		B. WING		06/15/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
STONEY	CREEK FAMILY CAR	RE HOME	NEY CREEK LE, NC 273	SCHOOL ROAD 20		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
C 174	Continued From page 4		C 174			
	equipment in a fam maintained in a safe	ily care home shall be e condition.				
		he water heater pan drain bed into the Crawlspace.				
	Crawlspace as dire	ge location to be outside of the cted by the Code. Provide ntation of the work performed.				
C 177	Building Service Eq	uipment-Hot Water	C 177			
	EQUIPMENT (d) The hot water provide an adequat kitchen, bathrooms temperature at all fi be maintained at a (38 degrees C) and F (46.7 degrees C)	stank shall be of such size to the supply of hot water to the and laundry. The hot water extures used by residents shall minimum of 100 degrees For I shall not exceed 116 degrees apply to new and existing				
	temperature at all fi be maintained at a	es that the hot water extures used by residents shall minimum of 100 degrees F I shall not exceed 116 degrees				
		he water main was shut off to ue to this condition the water not be determined.				
	Provide water temperature readings on the form provided for three days, from three locations (including a tub faucet), at three different times					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		FCL017008	B. WING		06/	15/2018
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
STONEY	CREEK FAMILY CAP	RE HOME	NEY CREEK LLE, NC 273	SCHOOL ROAD 20		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
C 177	Continued From pa	ge 5	C 177			
	during the day. Prodocumentation of the					
C 124	Bathrooms-Hand G	rips	C 124			
	5. Bathrooms and f. Hand grips must commodes, tubs are accessible to reside This Rule is not med 1) The Rule require installed at all commused by or accessible At the time of the setub/shower combost grips.	et as evidenced by: es that hand grips must be modes, tubs and showers				

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