## PRINTED: 08/10/2018 FORM APPROVED

AND PLAN OF CORRECTION IDENTIFICATIO		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
		FCL060153	B. WING		07/:	07/26/2018	
			DDRESS, CITY, ST	DRESS, CITY, STATE, ZIP CODE			
OUSE C	OF PEACE FAMILY C	ARE HOME					
(X4) ID PREFIX TAG	CHARLO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		DTTE, NC 2826	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	SHOULD BE COMPLET	
C 000	Initial Comments		C 000				
	Report by Glenn Hoppin						
	Survey on July 26, at the above refere indicate the home w December 23, 2010 six ambulatory Res respond without an during a fire or othe information we are compliance with the 10A NCAC 13G for 2009 North Carolin Section 421.2 - Res At the time of our v	n Section conducted a Biennia 2018 from 1:00 PM to 3:00 PM nced facility. DHSR records was first licensed on 0 as a Family Care Home for idents (able to evacuate and y physical or verbal assistance er emergency.) Based on this requiring the home to maintain e following: the 2005 Rules Family Care Homes and the a State Building Code - sidential Care Homes. isit, we cited deficiencies that ble plan of correction. They	9				
C 135	Bathroom-Hand Gr	ips	C 135				
	At the time of the shall bath near the fin handgrips at the to	et as evidenced by: urvey it was observed that the ront of the facility did not have ilet. The rule requires hand d at all commodes, tubs and he residents.					
C 147	Outside Entrances/	Exits-Single Hand Motion	C 147				
	SECTION .0300 - 1	THE BUILDING					

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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> B. WING			(X3) DATE SURVEY COMPLETED 07/26/2018	
		FCL060153			07/		
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	•		
HOUSE	OF PEACE FAMILY C		NOLE PLACE	69			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	TION SHOULD BE COMPLE THE APPROPRIATE DATE		
C 147	Continued From page 1		C 147				
	AND EXITS (d) All exit door loo by a single hand m times without keys. buttons on the inside removed or disable This Rule is not me At the time of the s several of the exit of action locks. The r to be easily operab from the inside at a	et as evidenced by: urvey it was observed that doors did not have single ule requires all exit door locks le, by a single hand motion, Il times without keys. Existing uttons on the inside of exit					
C 174	SECTION .0300 - T 10A NCAC 13G .03 EQUIPMENT (a) The building a mechanical, and pl care home shall be operating condition (j) This Rule shall family care homes. This Rule is not me 1. At the time of the the back flow damp bathroom exhausts requires the buildin mechanical, and pl	BUILDING SERVICE and all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing et as evidenced by: e survey it was observed that bers for the kitchen and s were damaged. The rule g and all fire safety, electrical, umbing equipment in a family aintained in a safe and	C 174				

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Division of Health Service Regulation         STATEMENT OF DEFICIENCIES         AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA         IDENTIFICATION NUMBER:         FCL060153			(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		B. WING		07/	07/26/2018	
			DDRESS, CITY, STATE, ZIP CODE			
IOUSE	OF PEACE FAMILY C		IOLE PLACE OTTE, NC 28269			
(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 DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
	the range hood in the were very greasy. The and all fire safety, explumbing equipment maintained in a safety. And the time of the several of the smoothinterconnected. The and all fire safety, explumbing equipment maintained in a safety for all deficiencies documentation of corphotographs, receited and the several safety of the safety of	ed above were discussed with				
	on-site staff during	the exit interview.				

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