Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		FCL053014	B. WING		08/1	5/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
IMPACT	FAMILY CARE HOME	211 RED I	HOLLY DRIV	E		
IMPACI	PAMILY CARE HOME	SANFORE), NC 27330			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Report by Glenn Ho	pppin				
	Survey on August 1 10:30 AM at the aborecords indicate the August 5, 2004 as a ambulatory resident evacuate without produring a fire or other we are requiring the with the following: Tand Regulations for applicable portions Care Homes 10A N Carolina State Build Small Residential C	a Section conducted a Biennial 5, 2018 from 8:30 AM to ove referenced facility. DHSR whome was first licensed on a Family Care Home for six (6) ts (able to respond and hysical or verbal assistance or emergency). Based on this whome to be in compliance the 1992 Minimum Standards Family Care Homes, the of the 2005 Rules for Family CAC 13G, and the 2002 North ding Code - Section 421.2 - Care Homes sit, we cited deficiencies that ole plan of correction. They				
C 174	Building Equipment	Maintained Safe, Operating	C 174			
	EQUIPMENT (a) The building ar mechanical, and plucare home shall be operating condition.	nd all fire safety, electrical, umbing equipment in a family maintained in a safe and				
	the HVAC system is requires the building	et as evidenced by: e survey it was observed that es not working. The rule g and all fire safety, electrical, umbing equipment in a family				

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

(X6) DATE TITLE

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FCL053014		B. WING		08/15/2018		
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, S	STATE, ZIP CODE		
IMPACT	FAMILY CARE HOME		HOLLY DRIV			
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C 174	operating condition 2. At the time of the the sink in the hall the water. The rule requisafety, electrical, mequipment in a famination in a safety. 3. At the time of the the ceiling fan in the balance and neede building and all fire and plumbing equipment in a family care hor safe and operating 4. At the time of the the rear deck was in the rule requires the electrical, mechanic in a family care hor safe and operating 5. At the time of the window ac unit in the properly secured and the window. The rule fire safety, electrical equipment in a famination in a safety. 6. At the time of the window the building and all mechanical, and plus and the sink the window.	maintained in a safe and e survey it was observed that bathroom had no working hot uires the building and all fire echanical, and plumbing ily care home shall be e and operating condition. e survey it was observed that e staff bedroom was off d repair. The rule requires the safety, electrical, mechanical, oment in a family care home in a safe and operating e survey it was observed that in a major state of disrepair. The building and all fire safety, cal, and plumbing equipment in e shall be maintained in a condition. e survey it was observed that a ne rear of the facility is not in danger of falling out of the requires the building and all all, mechanical, and plumbing ily care home shall be e and operating condition. e survey it was observed that is broken. The rule requires fire safety, electrical, umbing equipment in a family maintained in a safe and	C 174	DEFICIENC!)		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ FCL053014 08/15/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 211 RED HOLLY DRIVE **IMPACT FAMILY CARE HOME** SANFORD, NC 27330 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 183 Continued From page 2 C 183 C 183 Outside Premises-Clean, Safe C 183 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. This Rule is not met as evidenced by: At the time of the survey it was observed that an unused or broken washing machine was being stored in the back vard. The rule requires the outside grounds of new and existing family care homes to be maintained in a clean and safe condition. C 108 C 108 Construction-Sanitary Requirements T10: 42C .2102 CONSTRUCTION (h) The building must meet sanitary requirements as determined by the North Carolina Department of Environment, Health and Natural Resources: Division of Environmental Health Services. This Rule is not met as evidenced by: At the time of the survey it was observed that the facility had no current approved sanitation inspection report available for review. The rule requires the facility to meet sanitary requirements as determined by the North Carolina Department of Environment. Health and Natural Resources: Division of Environmental Health Services. C 137 Outside Entrances/Exits-Ramps C 137 T10: 42C .2209 OUTSIDE ENTRANCES AND EXITS

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMF	SURVEY PLETED
		FCL053014	B. WING		08/1	15/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, S	STATE, ZIP CODE		
IMPACT	FAMILY CARE HOME		HOLLY DRIVI D, NC 27330			
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C 137	(c) At least two our residents ' floor lev accessible by ramp inches of length of tentrances/exits, the remote from each of the time of the surear handicap ramp each 12 inches of le requires two outside residents ' floor lev	tside entrances/exits for the el must be at ground level or with a 1 inch rise for each 12 the ramp. If there are only two entrances/exits must be as other as reasonably possible. Let as evidenced by: Let urvey it was observed that the odd not have a 1 inch rise for ength of the ramp. The rule el entrances/exits for the el must be at ground level or with a 1 inch rise for each 12	C 137			
C 140	T10: 42C .2209 OUTSIDE EN (f) All steps, porch be provided with ha This Rule is not me At the time of the su front steps had han steps. The rule requ	NTRANCES AND EXITS es, stoops and ramps must ndrails and guardrails. et as evidenced by: urvey it was observed that the drails on only one side of the uires all steps, porches, must be provided with	C 140			
C 143	material and so con cleanable. (b) Scatter or throw	be of smooth, non-skid structed as to be easily w rugs are not to be used. be kept in good repair.	C 143			

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C 143	Continued From pa	ge 4	C 143				
	the kitchen floor warule requires all floor. 2. At the time of the the hall bathroom floor the tub. The rule regood repair. 3. At the time of the floor tile in the entry	et as evidenced by: e survey it was observed that s in a state of disrepair. The ers to be kept in good repair. e survey it was observed that cor was water damaged near equires all floors to be kept in e survey it was observed the foyer was in a major state of requires all floors to be kept in					
C 144	(a) Each home mu (1) have walls, ceil coverings kept clea (2) have no chroni (3) have furniture of the dresser in the rear to f disrepair. The rufurniture clean and 2. At the time of the a hospital bed in the by cinder blocks. Thave furniture clear 3. At the time of the	PING AND FURNISHINGS list: lings, and floors or floor in and in good repair; is cumpleasant odors; clean and in good repair; et as evidenced by: It is survey it was observed that a pedroom was in a major state lile requires the facility to have	C 144				

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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 COMP	(X3) DATE SURVEY COMPLETED	
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C 144	Continued From pa	ge 5	C 144				
	requires the facility good repair;	to have furniture clean and in					
		listed above provide ompleted work in the form of ots, invoices, etc.					
	All deficiencies liste on-site staff during	ed above were discussed with the exit interview.					

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