Division of Health Service Regulation

AND DI AN OF CORRECTION INDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		FCL012045	B. WING		10/0	4/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PERKINS	S FAMILY CARE		NYSIDE DRI TON, NC 28			
(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 APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Report by Luis Padi	illa				
	Survey on October PM at the above refrecords indicate the March 14, 2016 as (6) ambulatory Resievacuate without ar assistance during a Based on this we are compliance with the 10A NCAC 13G for applicable portions Building Code - Sections At the time of our virequire an acceptate deficiencies listed by	A Section conducted a Biennial 4, 2018 from 2:10 PM to 4:00 ferenced facility. DHSR home was first licensed on a Family Care Home for six idents (able to respond and my physical or verbal fire or other emergency). The requiring the home to be in a following: the 2005 Rules Family Care Homes the of the 2012 North Carolina cition 425.2 - Residential Care sit, we cited deficiencies that the plan of correction; all the elow were discussed with on exit interview. This listed follows:				
C 117	Have Current San.	And Fire Safety Approvals	C 117			
	fire and building saf	02 DESIGN AND Il have current sanitation and fety inspection reports which in the home and available for				
	1.) The rule requires sanitation and fire a	s the home shall have current and building safety inspection be maintained in the home				

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01		SURVEY PLETED	
		FCL012045	B. WING		10/	04/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PERKINS	S FAMILY CARE		INYSIDE DRI ITON, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
C 117	Continued From pa	ge 1	C 117			
	unable to present a	as observed that staff was current Sanitation or Fire This is not compliant with the				
		s to have these documents your plan of corrections.				
C 149	Outside Entrances/	Exits-Handrails At Porches	C 149			
	AND EXITS (f) All steps, porch	THE BUILDING 812 OUTSIDE ENTRANCE les, stoops and ramps shall be rails and guardrails.				
		et as evidenced by: s all steps, porches, stoops provided with handrails and				
	for the back of the	as observed that the handrails nome did not have guardrails nis is not compliant with the				
		s to have the deficiency documentation in the form of leted work.				
C 152	Floors		C 152			
	smooth, non-skid m to be easily cleanat (b) Scatter or thro	amily care home shall be of naterial and so constructed as				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
			, ii 2012211101	•		
		FCL012045	B. WING		10/0	4/2018
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PERKINS	FAMILY CARE		NYSIDE DRI TON, NC 28			
(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 APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 152	Continued From pa	ge 2	C 152			
	This Rule is not me 1.) The rule require not be used:	et as evidenced by: es scatter or throw rugs shall				
	throw rug being use	as observed that there was a ed in the hallway Bathroom of ot compliant with the rule.				
		s to have the deficiency documentation in the form of leted work.				
C 153	Houskeeping And F	Furnishings-Clean, Repaired	C 153			
	FURNISHINGS (a) Each family ca (1) have walls, cei coverings kept clea (2) have no chroni (3) have furniture	15 HOUSEKEEPING AND				
		et as evidenced by: s have walls, ceilings, and ings kept clean and in good				
	Hallway Bathroom t	as observed that the the floors and walls were not kept pair. This is not compliant with				
		s to have the deficiency documentation in the form of leted work.				

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(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ FCL012045 10/04/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2015 SUNNYSIDE DRIVE **PERKINS FAMILY CARE** MORGANTON, NC 28655 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 153 C 153 Continued From page 3 2.) The rule requires have walls, ceilings, and floors or floor coverings kept clean and in good repair: During our visit it was observed that the walls for the Hallway Bathroom were not kept in good repair. This is not compliant with the rule. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work. C 155 C 155 Housekeeping-Free of Obstructions SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND **FURNISHINGS** (a) Each family care home shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards: (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1.) The rule requires the home shall be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; During our visit it was observed that the bath tub for the Hallway Bathroom was dirty. This is not compliant with the rule. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work. C 169 C 169 Fire Safety-Smoke Detectors

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
		FCL012045	B. WING		10/0	4/2018
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1	0.10
PERKINS	S FAMILY CARE		NYSIDE DRI TON, NC 28			
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 169	SECTION .0300 - T 10A NCAC 13G .03 DISASTER PLAN (b) The building sl detectors as require Building Code and connected to a ded located in the attic a detectors shall be in provided with batter Note: Smoke detecting interconnected by the Rule permits the	THE BUILDING B16 FIRE SAFETY AND Hall be provided with smoke ed by the North Carolina State U.L. listed heat detectors icated sounding device and basement. These interconnected and be ry backup. tors are required to be his Rule. The application of the heat detectors to be a smoke detectors, but does	C 169			
	1. The rule requires connected to a ded located in the attic and During our visit it with the Heat Detector in dedicated sounding with the rule. Verify that the devices ounding device; parts	U.L. listed heat detectors icated sounding device				
C 172	DISASTER PLAN (e) There shall be fire evacuation plan		C 172			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
		FCL012045	B. WING		10/0	4/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
PERKINS	S FAMILY CARE		NYSIDE DRI TON, NC 28			
(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)	LD BE	(X5) COMPLETE DATE
C 172	furnished to the conservices annually, date and time of the present, and a shor rehearsal involved. This Rule is not med. This Rule is not med. The rule require rehearsals of the fir Records of rehears copies furnished to social services annual During our visit it was were not being perful PM and 7 AM. Trule. Make arrangement corrected; provide ophotos for all compositions for all c	unty department of social The records shall include the e rehearsals, staff members it description of what the et as evidenced by: s there shall be at least four re evacuation plan each year. als shall be maintained and the county department of ually: as observed that fire drills formed between the hours of his is not compliant with the es to have the deficiency documentation in the form of leted work. It Maintained Safe, Operating THE BUILDING STAT BUILDING SERVICE and all fire safety, electrical, umbing equipment in a family maintained in a safe and exapply to new and existing	C 172			
	1.) The rule require	s all electrical equipment in a hall be maintained in a safe				

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DIVISION	of Health Service Re	guiation	1			1
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01	COMP	LETED
		FCL012045	B. WING		10/0	4/2018
		1 02012040			10/0	4/2010
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DEDVING	FAMILY CARE	2015 SUN	NYSIDE DRI	VE		
FERRING	FAMILI CARE	MORGAN	TON, NC 28	655		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX	•	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
				DEI IOIENOT)		
C 174	Continued From pa	ge 6	C 174			
	During our visit it wa	as observed that there was a				
		or the receptacle in both the				
		and in Bedroom #2. This is not				
	compliant with the r					
	Make arrangements	s to have the deficiency				
	<u> </u>	documentation in the form of				
	photos for all comp					
	•					
	2.) The rule require	s the building equipment in a				
	family care home sl	hall be maintained in a safe				
	and operating cond	ition:				
	During our visit it w	as observed that the door				
		#2 was installed incorrectly				
		the hallway. This is not				
	compliant with the r					
	compliant martine i	a.e.				
	Make arrangements	s to have the deficiency				
		documentation in the form of				
	photos for all comp					
	3.) The rule require	s the building equipment in a				
	family care home sl	hall be maintained in a safe				
	and operating cond	ition:				
		as observed that the door for				
	the back entrance	door was damaged and not				
	close properly. This	is not compliant with the rule.				
		s to have the deficiency				
		documentation in the form of				
	photos for all comp	leted work.				
	1) The mile meaning	o all plumbing occioment in				
		s all plumbing equipment in a				
		hall be maintained in a safe				
	and operating cond	IUOTI:				
	During our vioit it w	as observed that the water				
		as observed that the water e basement of the home was				
	neater located in the	e basement of the nome was				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		FCL012045	B. WING		10/0	4/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PERKIN	S FAMILY CARE		NYSIDE DRI TON, NC 28			
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 174	Continued From pa	ge 7	C 174			
	not piped to the out with the rule.	side. This is not compliant				
		s to have the deficiency documentation in the form of leted work.				
C 177	Building Service Ed	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)	tank shall be of such size to the supply of hot water to the and laundry. The hot water ixtures used by residents shall minimum of 100 degrees For I shall not exceed 116 degrees apply to new and existing				
	1.) The rule require at all fixtures used maintained at a mir	et as evidenced by: s The hot water temperature by residents shall be nimum of 100 degrees F (38 all not exceed 116 degrees F				
	Water temperature	as observed that the Hot for the home reached 121 not compliant with the rule.				
	a Hot Water Temper make the necessar water temperature completed, staff is	n was issued on site along with erature Log. Staff is required to y adjustments to have the within compliance. Once required to take three hree different times for three				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
			,	•		
		FCL012045	B. WING		10/0	4/2018
NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
PERKINS	S FAMILY CARE		NYSIDE DRI TON, NC 28			
(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 APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 177	Continued From pa	ge 8	C 177			
		n the Hot Water Temperature n along with your plan of				
C 180	Building Service Eq	uipment-Call System	C 180			
	EQUIPMENT (f) Where the bed located in a separa bedrooms, an elect shall be provided control bedroom to the live resident call system can be activated with on until deactivated activator shall be whis bed.	THE BUILDING 17 BUILDING SERVICE room of the live-in staff is te area from residents' rically operated call system onnecting each resident -in staff bedroom. The n activator shall be such that it th a single action and remain by staff. The call system ithin reach of resident lying on apply to new and existing				
	live-in staff is locate residents' bedroom system shall be pro resident bedroom to The resident call sy that it can be activaremain on until dea system activator sh lying on his bed:	et as evidenced by: s where the bedroom of the ed in a separate area from s, an electrically operated call evided connecting each to the live-in staff bedroom. The stem activator shall be such ted with a single action and ctivated by staff. The call all be within reach of resident as observed that the call				
	system in place did Staff members are	not meet the intent of the rule. able to turn off the device at r then by the residents bed.				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
		FCL012045	B. WING		10/0	4/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
PERKINS	S FAMILY CARE		NYSIDE DRI			
(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 SHOULD CROSS-REFERENCED TO THE APPROPROFICE OF THE APPROPROPROPROPROPROPROPROPROPROPROPROPRO	D BE	(X5) COMPLETE DATE
C 180	corrected; provide of	ge 9 s to have the deficiency documentation in the form of s for all completed work.	C 180			
C 183	(a) The outside gr family care homes and safe condition. This Rule is not me 1.) The rule require and existing family maintained in a clear device of the hon located in its vicinity of wood sticking up at the door. This is Make arrangements corrected; provide of photos for all comp 2.) The rule require and existing family maintained in a clear device of the photos for all comp	THE BUILDING 118 OUTSIDE PREMISES ounds of new and existing shall be maintained in a clean et as evidenced by: s the outside grounds of new care homes shall be an and safe condition: as observed that the left ne had several trip hazards y. There were several pieces around the garden and a step not compliant with the rule. s to have the deficiency documentation in the form of leted work. s the outside grounds of new care homes shall be an and safe condition: as observed that there was a nd the dryer. This is not	C 183			
		s to have the deficiency documentation in the form of leted work.				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
		FCL012045	B. WING		10/04/	2018
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PERKINS	S FAMILY CARE		NYSIDE DRI			
	TAME! OAKE	MORGAN	TON, NC 28	655		
(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 APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 183	Continued From pa	ge 10	C 183			
	and existing family	s the outside grounds of new care homes shall be an and safe condition:				
	Exit door had some	as observed that the the Staff rot located along the exterior ompliant with the rule.				
	Make arrangements to have the deficiency corrected; ensure that all rot along the exterior of the home is accounted for. Once completed provide documentation in the form of photos for all completed work.					
	and existing family	s the outside grounds of new care homes shall be an and safe condition:				
	downspout on the le	as observed that the eft side of the home was not tompliant with the rule.				
		s to have the deficiency documentation in the form of leted work.				

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