

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2018
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NAME OF PROVIDER OR SUPPLIER MOHER FAMILY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 206 FRIENDLY ROAD BURLINGTON, NC 27216
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	<p>Initial Comments</p> <p>Report by Greg Williams</p> <p>DHSR Construction Section conducted a Biennial Survey on November 7, 2018 from 10:15 AM to 11:30 AM at the above referenced facility. DHSR records indicate the home was first licensed on July 22, 2005 as a Family Care Home for five (5) ambulatory Residents (who are able to respond and evacuate without physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: The 1992 Minimum Standards and Regulations for Family Care Homes, the 2005 Rules for Family Care Homes 10A NCAC 13G, and the applicable portions of the 2002 North Carolina State Building Code - Section 421.2 - Residential Care Homes.</p> <p>Notes: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site staff during the exit interview. 2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc, for all work performed.</p>	C 000		
C 174	<p>Building Equipment Maintained Safe, Operating</p> <p>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</p>	C 174		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 174	<p>Continued From page 1</p> <p>family care homes.</p> <p>This Rule is not met as evidenced by:</p> <p>1.) At the time of the survey it was observed that the toilet was loose at the floor in the Residents Bathroom (back left). This is not compliant with the rule.</p> <p>2.) At the time of the survey it was observed that the sink was loose from the wall in the Residents Bathroom (back left). This is not compliant with the rule.</p> <p>3.) At the time of the survey it was observed that there was a section of exterior siding that had come loose at the rear porch. This is not compliant with the rule.</p> <p>4.) At the time of the survey it was observed that there was a missing guard rail board missing off the front ramp. This is not compliant with the rule.</p>	C 174		