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Message: *Comprehensive Health Plan*  
*Enclosed*

Number of pages including this cover page: *5*

Fax: \_\_\_\_\_  
 Voice: \_\_\_\_\_

From: *Stephenson Felt - Gilda Roberts*

Fax: *919-733-6592* Voice: \_\_\_\_\_

To: *Maeg Williams*

Date: *10/25/2018*

Telefax Cover Sheet

Ahoskie Public Library  
 210 East Church Street  
 Ahoskie, North Carolina 27910  
 252-332-5500  
 Fax 252-332-6435

STATE FORM  
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
 TITLE  
 (X3) DATE  
 RT0Y21  
 If continuation sheet 1 of 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: 01	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
STEPHENSON FAMILY CARE HOME		316 EAST RICHARD STREET AHOSKIE, NC 27910		
(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) DATE COMPLETE
C 000	Initial Comments Report by Greg Williams DHSR Construction Section conducted a Biennial Survey on September 28, 2018 from 9:00 AM to 10:30 AM at the above referenced facility. DHSR records indicate the home was first licensed on November 23, 2009 as a Family Care Home for five (5) ambulatory Residents (who are able to evacuate and respond without any physical or verbal assistance during a fire or other emergency.) Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules (10A NCAC 13G) for Family Care Homes and the 2009 North Carolina State Building Code - Section 421.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
C 116	SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (m) The building shall meet sanitation requirements as determined by the North Carolina Department of Environment and Natural Resources; Division of Environmental Health. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the facility has a bed bug infestation. The facility is in violation of sanitation regulations in accordance with DENR Form 2094 Section 14 VERMIN CONTROL/PREMISES: Outside openings effectively screened or otherwise protected against entrance of flying insects, and	C 116	The facility used Vaughan's Pest Control to exterminate for bed bugs on lollis and also on lollis. The exterminator will return to the facility to inspect to make sure	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>FCL046021</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>	(X3) DATE SURVEY COMPLETED <b>09/28/2018</b>
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
<b>STEPHENSON FAMILY CARE HOME</b>		<b>316 EAST RICHARD STREET AHOSSKIE, NC 27910</b>		

(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)
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C 116	Continued From page 1 flying insects absent; effective control of rodents and other vermin; approved pesticides properly used; premises neat, clean, drained and free of litter and vermin harborage and breeding areas. The rule requires the building to meet sanitation requirements as determined by the North Carolina Department of Environment and Natural Resources; Division of Environmental Health.	C 116	that there are no bugs remaining. The facility shall ensure that the outside openings will be properly screened and rodents from entering. 11/3/2018
C 117	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING CONSTRUCTION 10A NCAC 13G .0302 DESIGN AND	C 117	The facility has had a fire inspection done on October 4, 2018 by the Ahooskie Fire Department (report enclosed) The facility will have sanitation inspection completed by 11/15/18
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING EQUIPMENT 10A NCAC 13G .0317 BUILDING SERVICE	C 174	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. (f) This Rule shall apply to new and existing family care homes.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		FCL046021	
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING: 01	
NAME OF PROVIDER OR SUPPLIER		B. WING	
STREET ADDRESS, CITY, STATE, ZIP CODE		(X3) DATE SURVEY COMPLETED	
STEPHENSON FAMILY CARE HOME		09/28/2018	
316 EAST RICHARD STREET			
AHOSKIE, NC 27910			

(X4) ID TAG PREFIX	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)
C 174	Continued From page 2	C 174	

This Rule is not met as evidenced by:

- At the time of the survey it was observed that the Exhaust hood in the kitchen was not working when tested and needs to be repaired or replaced. This rule requires the mechanical equipment to be maintained in a safe and operating condition.
- At the time of the survey it was observed that the glass oven door had been broken out and needs to be repaired or replaced. This rule requires the mechanical equipment to be maintained in a safe and operating condition.

\* For all deficiencies listed above provide documentation of completed work in the form of photographs, receipts, invoices, etc.

All deficiencies listed above were discussed with on-site staff during the exit interview.

The facility shall ensure that the oven door will be repaired or replaced by - 11/30/2018.

The facility shall ensure that the Exhaust hood in the kitchen is repaired or replaced and in good working order, by - 11/30/18

0899

RT0Y21

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**Ahoskie Fire Department  
FIRE PREVENTION BUREAU  
P. O. Box 767 Ahoskie, NC 27910  
(252) 332-3322  
-INSPECTION REPORT-**

Date: 10/14/2018

Home

Business: Stephenson Family Care  
Phone #: 370-8664

Fiscal Address: 316 E Richard

Mailing Address:

Manager/Occupant: Gilda Robertson

Property Owner:

(If Occupant renting or leasing)

Emergency Contacts: (At least three if possible)

Name: Gilda Robertson Phone #: 370-8666

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Occupancy Classification: (Circle One)

- Assembly
- Factory Industrial Hazardous
- Mercantile
- Business Residential
- Storage
- Educational
- Institutional
- High Rise
- Churches

This occupancy has been inspected pursuant to the North Carolina State Fire Code. As a result of this inspection, the following conditions or violations have been found:

CODE VIOLATIONS:

N/A Violations

You are required to have these conditions or violations corrected within \_\_\_\_\_ days. If not completed within that time, you may be fined up to \$200.00. Please notify the fire Prevention Bureau in writing upon completion so the files on this matter may be closed.

Inspector (Signature): \_\_\_\_\_

Occupant (Signature): \_\_\_\_\_

Gilda Robertson