Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
			A. BUILDING.	VI				
		FCL076019	B. WING		03/2	8/2019		
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE				
HUDSON	HUDSON'S FAMILY CARE #2 4028 OLD NC HWY 49 ASHEBORO, NC 27203							
(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)	D BE	(X5) COMPLETE DATE		
C 000	Initial Comments		C 000					
	Report by Luis Pad	illa						
	Survey on March 26 AM at the above rerecords indicate the April 16, 1993 as a Residents (Who are evacuate without plduring a fire or other we are requiring the with the following: I and Regulations for applicable portions Care Homes 10A N Rev) North Carolina	n Section conducted a Biennial 8, 2019 from 9:50 AM to 11:10 ferenced facility. DHSR e home was first licensed on Family Care Home for six (6) a able to respond and hysical or verbal assistance er emergency). Based on this a home to be in compliance the 1992 Minimum Standards or Family Care Homes, the of the 2005 Rules for Family ICAC 13G, and the 1991 (93 a State Building Code - ption #1 - Residential Care						
	NOTES:							
	that require an acce	ur visit, we cited deficiencies eptable plan of correction. All were discussed with on-site interview.						
	once completed pro	correct all listed deficiencies, ovide verification in the form of voices, etc. for all work						
	The cited deficienci	es are as follows:						
C 153	Houskeeping And F	Furnishings-Clean, Repaired	C 153					
	SECTION .0300 - T 10A NCAC 13G .03 FURNISHINGS	15 HOUSEKEEPING AND						

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		TE SURVEY MPLETED	
		FCL076019	B. WING		03/28	8/2019	
	PROVIDER OR SUPPLIER	4028 OLD	DDRESS, CITY, STATE, ZIP CODE D NC HWY 49 DRO, NC 27203				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE	
C 153	(1) have walls, cei coverings kept clea (2) have no chroni (3) have furniture (e) This Rule shall homes. This Rule is not me 1. At the time of the the door for Bedroo for the frame, not a This is not complian	lings, and floors or floor n and in good repair; c unpleasant odors; clean and in good repair; apply to new and existing et as evidenced by: e survey it was observed that m 1 was not the correct size llowing the resident privacy.	C 153				
C 174	SECTION .0300 - T 10A NCAC 13G .03 EQUIPMENT (a) The building ar mechanical, and plu care home shall be operating condition. (j) This Rule shall family care homes. This Rule is not me 1. At the time of the there was an open attic of the home. T rule. 2. At the time of the the toilet in the staff base. This is not co	THE BUILDING 17 BUILDING SERVICE and all fire safety, electrical, ambing equipment in a family maintained in a safe and apply to new and existing et as evidenced by: e survey it was observed that function box located in the his is not compliant with the survey it was observed that bathroom was loose at its mpliant with the rule.	C 174				

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9EBQ21 If continuation sheet 2 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			3) DATE SURVEY COMPLETED	
			D WING				
		FCL076019	B. WING		03/2	8/2019	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
HUDSON	I'S FAMILY CARE #2		NC HWY 49 RO, NC 2720				
(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 145	Continued From page 2		C 145				
C 145	Outside Entances/Exits-Handrails		C 145				
	8. Outside Entrand .2209)	onment (10 NCAC 42C .2201) ces/Exits (10 NCAC 42C es, stoops and ramps must be rails and guardrails.					
	at the rear of the ho	et as evidenced by: e survey it was observed that ome were three (3) ramps that rails. This is not compliant with					
	at the rear and fron above grade with n	e survey it was observed that t of the home, the patio is o hand rails. presenting a trip compliant with the rule.					
C 911	G.S 131D 21(1) De	claration of Resident's Rights	C 911				
	Every resident shal (1) To be treated wi	laration of Resident's Rights I have the following rights: th respect, consideration, ognition of his or her ht to privacy.					
	the laundry room is bathroom of the ho	e survey it was observed that located inside the second me. This is denying the clients e either is being used. This is					

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