Fax Cover Page

To: DHSR Construction Section From: Hudson's Family Care #2

Fax Number: 336 629 3710 Phone Number: 336 629 3710

Pages: 4

Date: 4-17-19

Comments:

Plan of correction for Biennial survey

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	of Health Service Re	egulation	O A H II TIPL	C CONSTRUCTION	(X3) DATE SURVEY
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: 01		COMPLETED	
			B. WING		
	FCL076019				03/28/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE	
			NC HWY 49		
HUDSON	I'S FAMILY CARE #2	ASHEBOI	RO, NC 272		TION
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETE
C 000	Initial Comments		C 000		
	Report by Luis Pac	lilla			
	Survey on March 2 AM at the above re records indicate the April 16, 1993 as a Residents (Who a evacuate without puring a fire or othe we are requiring the with the following: and Regulations for applicable portions Care Homes 10A Rev) North Carolin Section 514.1Excellomes.	n Section conducted a Biennial 28, 2019 from 9:50 AM to 11:10 eferenced facility. DHSR are home was first licensed on a Family Care Home for six (6) are able to respond and ohysical or verbal assistance are emergency). Based on this are home to be in compliance. The 1992 Minimum Standards or Family Care Homes, the softhe 2005 Rules for Family NCAC 13G, and the 1991 (93 ha State Building Code - eption #1 - Residential Care			
	NOTES:				
	that require an ac	our visit, we cited deficiencies ceptable plan of correction. All were discussed with on-site tit interview.			
	once completed p	o correct all listed deficiencies, rovide verification in the form of nvoices, etc. for all work	-		
	The cited deficien	cies are as follows:			
C 15	3 Houskeeping And	Furnishings-Clean, Repaired	C 153		
	FURNISHINGS (a) Each family	0315 HOUSEKEEPING AND care home shall:			
Division of LABORATO	Health Service Regulation RY DIRECTOR'S OR PRO	on VIDER/SUPPLIER REPRESENTATIVE'S SI	GNATURE	TITLE	(X6) DATE
	1, wie	. / 1		Owner Admin.	4-17-19
STATE FO		1300	6869	9EBQ21	if continuation sheet 1 of 3

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Division of Health Service R STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING: 01		T ,	(X3) DATE SURVEY COMPLETED	
		FCL076019	B. WING		03/2	8/2019	
	PROVIDER OR SUPPLIER	STREET A 4028 OL	DDRESS, CITY, D NC HWY 49 DRO, NC 272				
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
C 153	Continued From page 1  (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes.  This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the door for Bedroom 1 was not the correct size for the frame, not allowing the resident privacy. This is not compliant with the rule.		C 153	Door frame has corrected with of word install outside of door privacy. All d been checked	ha Strip	4-11-19 E	
C 174	SECTION .0300 - 10A NCAC 13G .03 EQUIPMENT (a) The building a mechanical, and pleare home shall be operating condition (j) This Rule shall family care homes. This Rule is not many there was an open attic of the home. The triple of the toilet in the start base. This is not care.  3. At the time of the condition of the toilet in the start base. This is not care.	and all fire safety, electrical, lumbing equipment in a family maintained in a safe and a lapply to new and existing et as evidenced by: e survey it was observed that junction box located in the This is not compliant with the e survey it was observed that ff bathroom was loose at its ompliant with the rule.		open junction be covered. In facility will on a regular be base of toilet is has been repaired will be checked basis to ensure not recur. Exhaut fan with the staff bath.	I be checke sis by stat n staffbathre . All toilets on a vegul problem wil	x 11 4-2-1	

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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: A. BUILDING: 01 AND PLAN OF CORRECTION 03/28/2019 B. WING FCL076019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4028 OLD NC HWY 49 **HUDSON'S FAMILY CARE #2** ASHEBORO, NC 27203 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 145 C 145 Continued From page 2 C 145 C 145 Outside Entances/Exits-Handrails 5-10-19 IV. The Building Guardrails will be C. Physical Environment (10 NCAC 42C .2201) added to ramps with 8. Outside Entrances/Exits (10 NCAC 42C .2209) open spaces and handraib f. All steps, porches, stoops and ramps must be will be added to three provided with handrails and guardrails. ramps. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that at the rear of the home were three (3) ramps that were missing handrails. This is not compliant with Guardinails will be added the rule. C145 to beth sides of steps and 2. At the time of the survey it was observed that where parch is above grade in front of home. at the rear and front of the home, the patio is above grade with no hand rails, presenting a trip hazard. This is not compliant with the rule. At the near of home mulch will be added C 911-C 911 G.S 131D 21(1) Declaration of Resident's Rights where patio is abovegradeto make it level with hozard. G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: To be treated with respect, consideration, mulch level will be monitored dignity, and full recognition of his or her by staff to prevent problem individuality and right to privacy. from reocarring. This Rule is not met as evidenced by: Laundry room will be 5-10-19 relocated to another room. 1. At the time of the survey it was observed that the laundry room is located inside the second 0911 bathroom of the home. This is denying the clients right to privacy while either is being used. This is The loundry room will not compliant with the rule. no longer be located de a bathroom