STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: <b>01</b>			
		FCL054042	B. WING		09/	26/2019
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
HOBBS I	HELPING HANDS		WERHILL ROA N, NC 28501	D		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 000	Initial Comments		C 000			
	Report by Luis Pad	illa				
	12:00 PM at the aborecords indicate the January 4, 1993 as ambulatory Resider evacuate without ar assistance during a Based on this inform home to maintain c the 1992 Family Ca applicable portions 13G for Family Car Revision) North Ca	ber 26, 2019 from 10:10 AM to ove referenced facility. DHSR is home was first licensed on a Family Care Home for five ints (able to respond and hy physical or verbal fire or other emergency.) mation we are requiring the ompliance with the following: ire Homes Rules T10: 42C, of the 2005 Rules 10A NCAC is Homes and the 1991 (1992 rolina State Building Code - eption 1 - Residential Care				
	that require an acce	rr visit, we cited deficiencies eptable plan of correction. All vere 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 140	Storage Areas-Sep	arate, Locked	C 140			
	(b) There shall be	THE BUILDING 10 STORAGE AREAS separate locked areas for ents, bleaches, pesticides,				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>			(X3) DATE SURVEY COMPLETED	
		FCL054042	B. WING		09/	26/2019	
IAME OF F	PROVIDER OR SUPPLIER	<b>I</b>	DDRESS, CITY, ST	TATE, ZIP CODE			
IOBBS I	HELPING HANDS		WERHILL ROA N, NC 28501	D			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
C 140	Continued From pa	age 1	C 140				
		ces which may be hazardous if or handled. Cleaning supplies d while in use.					
	1. At the time of the bleach was being s	et as evidenced by: e survey it was observed that stored under the kitchen sink. ot locked off to residents. This th the rule.					
		s corrected on site. Take e against re-occurrence.					
C 144	Outside Entrances	/Exits-Two Remote Exits	C 144				
	AND EXITS (a) In family care have at least two e exit or exit access constructed to min	312 OUTSIDE ENTRANCE homes, all floor levels shall exits. If there are only two, the doors shall be so located and imize the possibility that both any one fire or other					
	1. At the time of the staff locks the Kitch	et as evidenced by: e survey it was observed that hen during the night, impeding ss to the second exit. This is the rule.					
C 146	Outside Entrances	/Exits-Ramp(s)	C 146				
	AND EXITS	THE BUILDING 312 OUTSIDE ENTRANCE rincipal outside entrance/exit					

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						AME OF F
OBBS I	HELPING HANDS		VERHILL ROA I, NC 28501	ND		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
C 146	Continued From pa	ge 2	C 146			
	accessible by ramp 12 inches of length purposes of this Ru entrance/exit is one residents for vehicu any resident that m with evacuation, the	se shall be at grade level or with a one inch rise for each of the ramp. For the le, a principal outside that is most often used by lar access. If the home has ust have physical assistance home shall have two outside rade level or accessible by a				
	the second portion the 1:12 ratio requir	e survey it was observed that of the front ramp did not meet red for ramps. The ramp had a id only extended 12.5 feet.				
C 147	Outside Entrances/	Exits-Single Hand Motion	C 147			
	AND EXITS (d) All exit door loo by a single hand mo times without keys.	DUTSIDE ENTRANCE cks shall be easily operable, otion, from the inside at all Existing deadbolts or turn le of exit doors shall be				
	front and back door	et as evidenced by: survey it was observed that s of the home are not single s not compliant with the rule.				
C 149	Outside Entrances/	Exits-Handrails At Porches	C 149			
	SECTION .0300 - T	HE BUILDING				

STATE FORM

If continuation sheet 3 of 6

Division	of Health Service Re	egulation			FORM	APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		FCL054042	B. WING		09/2	26/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
HOBBS	HELPING HANDS		VERHILL RC , NC 28501	DAD		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECT	ION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)		COMPLETE DATE
C 149	Continued From pa	ge 3	C 149			
	AND EXITS (f) All steps, porch provided with hand This Rule is not me	et as evidenced by: esurvey it was observed that				
		ad one handrail installed for ot compliant with the rule.				
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				
	floor rugs were beir	et as evidenced by: e survey it was observed that ng used in both the Living and home. This is not compliant				
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 chron (3) have furniture	15 HOUSEKEEPING AND				
	This Rule is not me	et as evidenced by:				
Division of H	lealth Service Regulation		6899 <b>r</b>	2041024	lf a set in set	ation sheet 1 of 6

C

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:         FCL054042			(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER:	A. BUILDING: <b>0</b>	COM	IPLETED	
		B. WING	09	/26/2019		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
HOBBS	HELPING HANDS		VERHILL ROA I, NC 28501	D		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLETI
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	DATE
C 153	Continued From pa	ige 4	C 153			
	the doors for Bedro	e survey it was observed that oms #1 and #3 would not is not compliant with the rule.				
		e survey it was observed that a talled for the door of Bedroom liant with the rule.				
	the kitchen range h	e survey it was observed that ood was very dirty and had a around it. This is not compliant				
C 174	Building Equipment	t Maintained Safe, Operating	C 174			
	EQUIPMENT (a) The building ar mechanical, and plu care home shall be operating condition	B17 BUILDING SERVICE nd all fire safety, electrical, umbing equipment in a family maintained in a safe and				
	the toilet in the corr	et as evidenced by: e survey it was observed that idor bathroom was loose at its ompliant with the rule.				
	mentioned that the	e survey, on site staff ceiling in Bedroom #1 would rain in the area. This is not rule.				
	the Water Heater Ta installed, however i	e survey it was observed that ank had a pressure relief valve t was unable to be verified if it crawl space or to the outside.				

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		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY	
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: <b>01</b>		COMPLETED	
		FCL054042	B. WING		09//	26/2019
AME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
OBBS I	HELPING HANDS		/ERHILL ROA , NC 28501	٨D		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
C 174	Continued From pa	ge 5	C 174			
	Please verify the lood discharges.	cation of where the relief valve				
C 183	Outside Premises-0	Clean, Safe	C 183			
	SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition.					
	the dryer exhaust for	et as evidenced by: e survey it was observed that or the home had a build up of s not compliant with the rule.				

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