Division of Health Service Regulation

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
		FCL009030	B. WING		10/1	0/2019	
	NAME OF PROVIDER OR SUPPLIER TURNER'S FAMILY CARE HOME # 1 STREET ADDRESS, CITY, STATE, ZIP CODE 2105 NC 410 HWY BLADENBORO, NC 28320						
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	OULD BE COMPLETE		
C 000	0 Initial Comments		C 000				
	Survey on October 9:50 AM at the above records indicate the December 8 2016 at (6) ambulatory Resevacuate without ar assistance during a Based on this we are compliance with the 10A NCAC 13G for applicable portions Building Code - Section 1:50 AM Section	Section conducted a Biennial 10, 2019 from 8:25 AM to we referenced facility. DHSR home was first licensed on as a Family Care Home for six idents (able to respond and my physical or verbal fire or other emergency). The requiring the home to be in a following: the 2005 Rules Family Care Homes and the of the 2012 North Carolina ction 425.2 Residential Care					
	that require an accedeficiencies listed wastaff during the exit 2.) Take actions to conce completed pro	correct all listed deficiencies, ovide verification in the form of voices, etc. for all work					
C 142		THE BUILDING 11 CORRIDOR be lighted with night lights adle power at the floor.	C 142				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ FCL009030 10/10/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2105 NC 410 HWY **TURNER'S FAMILY CARE HOME #1** BLADENBORO, NC 28320 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 142 C 142 Continued From page 1 At the time of the survey it was observed that there was not a night light in the corridor. This is not compliant with the rule. Take the necessary steps to install a night light. C 171 Fire Safety- Evacuation Plan C 171 SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND **DISASTER PLAN** (d) A written fire evacuation plan (including a diagrammed drawing) which has the approval of the local code enforcement official shall be prepared in large print and posted in a central location on each floor. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. This Rule is not met as evidenced by: At the time of the survey it was observed that the evacuation plans were not oriented on the walls correctly. This is not compliant with the rule. Take the necessary steps to orient the plans correctly. C 174 Building Equipment Maintained Safe, Operating C 174 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 family care homes. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the fire drills were not being performed on the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		FCL009030	B. WING		10/1	0/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
TURNER'S FAMILY CARE HOME # 1 2105 NC 410 HWY BLADENBORO, NC 28320						
(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 APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
C 174	Continued From page 2		C 174			
		ot compliant with the rule. v steps to perform fire drills on ter.				
	performed. The res evacuate until prom compliant with the r	e survey a live fire drill was idents did not respond and apted by the staff. This is not rule. Take the necessary steps is to respond and evacuate to taff intervening.				
	the storm doors on single motion unloc compliant with the r	e survey it was observed that the front and rear did not have king devices. This is not rule. Take the necessary steps ion unlocking device or disable				
	there were burned on the house. This	e survey it was observed that out bulbs in multiple locations is not compliant with the rule. It steps to replace the bulbs as				
	there multigang plu locations throughou compliant with the r	e survey it was observed that gs being used in several at the house. This is not rule. Take the necessary steps gang plugs and use a proper eeded.				
	the GFCI outlet to to loose in the wall.	e survey it was observed that he left of the kitchen sink was e time of the survey. No red.				
	the air filter was dirt	e survey it was observed that ty. This is not compliant with ecessary steps to replace the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	(X3) DATE SURVEY COMPLETED					
FCL009030	B. WING		10/1	0/2019			
NAME OF PROVIDER OR SUPPLIER STREET AD	DRESS, CITY, ST	TATE, ZIP CODE					
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air filter. 8. At the time of the survey it was observed that the doors to bedroom 2 and bedroom 4 would not latch properly. This is not compliant with the rule. Take the necessary steps to repair the doors so they latch properly. 9. At the time of the survey it was observed that the toilet in the hallway bathroom was loose at its base. This is not compliant with the rule. Take the necessary steps to secure the toilet. 10. At the time of the survey it was observed that the escutcheon plate at the shower head in the hallway bathroom was loose from the wall. This is not compliant with the rule. Take the necessary steps to secure the escutcheon plate to the wall to seal the hole. 11. At the time of the survey it was observed that there was wood panelling used as wall covering in multiple locations in the house. This is not compliant with the rule. Take the necessary steps to treat the panelling with a fire retardent material capable of providing a minimum of a Class C finish or provide the necessary documentation of any prior treatment. 12. At the time of the survey it was observed that there were multiple open junction boxes and exposed wires in the attic spaces. This is not compliant with the rule. Take the necessary steps to cover the boxes and wires appropriately. 13. At the time of the survey it was observed that there was not a heat detector in the small attic spaces on the left and right of the house. This is not compliant with the rule. Take the necessary steps to add the proper heat detectors in these							

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(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ FCL009030 10/10/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2105 NC 410 HWY **TURNER'S FAMILY CARE HOME #1** BLADENBORO, NC 28320 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 174 Continued From page 4 C 174 areas. *Heat detectors should be rated for a temperature of 174 degrees or above and be wired on a dedicated circuit. This includes the existing heat detector. 14. At the time of the survey it was observed that there was an extension cord being used to power the light in the attic. This is not compliant with the rule. Take the necessary steps to plug the light directly into a receptacle or hardwire a light. C 183 C 183 Outside Premises-Clean, Safe 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. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the transitions of the front and rear ramps from the grade to the ramp were not smooth and were causing a trip hazard. This is not compliant with the rule. Take the necessary steps to smooth the transitions out. 2. At the time of the survey it was observed that the handrails for the ramps were loose and unsecure. This is not compliant with the rule. Take the necessary steps to secure the rails. 3. At the time of the survey it was observed that the handrail at the rear ramp had broken and missing wood. This is not compliant with the rule. Take the necessary steps to repair the rail. 4. At the time of the survey it was observed that

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED	
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NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
TURNER	'S FAMILY CARE HO	ME # 1 2105 NC 4				
240.15	CLIMANA DV CTA		BORO, NC 2		DNI .	0/5)
(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 APPROF	D BE	(X5) COMPLETE DATE
C 183	Continued From pa	ge 5	C 183			
	and the existing rail compliant with the r to add a handrail to and secure the exist. 5. At the time of the the grade at the bottom.	survey it was observed that tom of the front ramp and at				
	causing a potential compliant with the r to bring the grade u	as not even with the walks trip hazard. This is not ule. Take the necessary steps p even with the walks.				
	6. At the time of the survey it was observed that the dryer exhaust vent was clogged. This is not compliant with the rule. Take the necessary steps to clean out the vent.					
	there was missing s the door to access t	survey it was observed that siding at the rear porch above the water heater. This is not ule. Take the necessary steps ng siding.				
	the gutters were clo	survey it was observed that oged with leaves and debris. It with the rule. Take the clean out the gutters.				
	the vinyl siding was	survey it was observed that dirty and mildewed. This is he rule. Take the necessary the house.				
	the rear building that open and unsecure	e survey it was observed that at is under construction was d. This is not compliant with ecessary steps to keep the				

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