STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL080024					(X3) DATE SURVEY COMPLETED	
		B. WING		11/27/2023		
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, STATE, ZIP CODE			
LIBBY FA	AMILY CARE HOME		ODLEAF-BAR			
			AND, NC 2701		0000000000	
(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 T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
C 000	Initial Comments		C 000			
	Report by Kelly Mye	ers				
	Survey on Novemb 2:05 PM at the above records indicate the October 22, 2007 at three (3) ambulator and evacuate witho assistance during at Based on this inform home to maintain of the 2005 Rules 104 Homes and the 200	a Section conducted a Biennia er 27, 2023 from 1:10 PM to ve referenced facility. DHSR e home was first licensed on s a Family Care Home for y Residents (able to respond ut any physical or verbal fire or other emergency.) mation we are requiring the ompliance with the following: NCAC 13G for Family Care 22 North Carolina State sidential (One & Two Dwelling)				
	NOTES:					
	that require an acce	r 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 169	Fire Safety-Smoke	Detectors	C 169			
	DISASTER PLAN (b) The building sh detectors as require	THE BUILDING 16 FIRE SAFETY AND nall be provided with smoke ed by the North Carolina State U.L. listed heat detectors				

STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: <b>0</b>			E SURVEY PLETED	
		FCL080024	B. WING		11/	27/2023
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST	TATE. ZIP CODE	1 102	
IBBY FA	AMILY CARE HOME	4035 WO	ODLEAF-BAR AND, NC 2701	BER ROAD		
(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 ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
C 169	Continued From pa	age 1	C 169			
	located in the attic detectors shall be i provided with batte Note: Smoke detec interconnected by t the Rule permits th	licated sounding device and basement. These nterconnected and be ry backup. ctors are required to be this Rule. The application of he heat detectors to be n smoke detectors, but does				
	1. At the time of the access to the attice presence of a heat compliant with the to confirm and veri in the attice that is heat device or is connected device. Provide do or an invoice as producted or and the rate of the text of tex of text of text of text of text of text of tex of text of	et as evidenced by: he survey it was observed that was very limited to confirm the detector. This is not rule. Take the necessary steps fy that there is a heat detector ard wired and sounds at the cted to another sounding boumentation such as pictures oof of the presence of a heat tting. The heat detector must 94 degrees fixed temperature e to rise.				
C 172	Fire Safety-Four R		C 172			
	DISASTER PLAN (e) There shall be fire evacuation plan rehearsals shall be furnished to the co services annually. date and time of th	316 FIRE SAFETY AND a at least four rehearsals of the n each year. Records of maintained and copies unty department of social The records shall include the e rehearsals, staff members rt description of what the				

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		FCL080024	B. WING		11/	27/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	·	
.IBBY F/	AMILY CARE HOME		ODLEAF-BAR			
0(4) 15			AND, NC 2701		CORRECTION	
(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 AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 172	Continued From page	ge 2	C 172			
	performed. At the t on-site. The one re evacuated when the resident remained in compliant with the r to train the residents the sound of the sm that requires physic assistance may nee facility to better accord 2. At the time of the there is a client that drill rehearsals. This rule. Take the nece respond to the sour any time that one is this home is for amil-	et as evidenced by: e survey a live fire drill was ime one (1) resident was sident did not respond or e alarm was sounded. The n her bedroom. This is not ule. Take the necessary steps to respond or evacuate at noke alarms and any resident al or verbal prompting and or ed to be relocated to another commodate their needs. survey it was observed that requires prompting during fire is is not compliant with the essary steps to train clients to nd of a smoke detector alarm activated. The license for bulatory clients which means to evacuate without verbal or in the event of a fire	9			
C 174	Building Equipment SECTION .0300 - T	Maintained Safe, Operating HE BUILDING	C 174			
	10A NCAC 13G .03 EQUIPMENT (a) The building ar mechanical, and plu	17 BUILDING SERVICE and all fire safety, electrical, umbing equipment in a family maintained in a safe and				
	operating condition. (j) This Rule shall family care homes.	apply to new and existing				
	This Rule is not me 1. At the time of the	et as evidenced by: survey it was observed that				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: <b>01</b>		COMPLETED	
		FCL080024	B. WING		11/2	27/2023
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
IBBY F	AMILY CARE HOME		ODLEAF-BAR AND, NC 2701	-		
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C 174	Continued From pa	ge 3	C 174			
	latch. This is not co the necessary steps adjust it so that it w	nob is loose and it doesn't ompliant with the rule. Take s to secure the doorknob and ill latch and allow for privacy. e survey it was observed that				
	bedroom #2 has a missing electrical cover just inside the door. This is not compliant with the rule. Take the necessary steps to install the electrical cover to prevent the potential for electrical shock.					
	there is a broken re under the right side to cause electrical s	e survey it was observed that eceptacle cover in the closet window that has the potential shock. This is not compliant the necessary steps to receptacle cover.				
	the light globe is mi	e survey it was observed that ssing at the closet light fixture ke the necessary steps to				
	there is a triple plug countertop to the rig is not compliant wit	e survey it was observed that g adapter at the kitchen ght that is not UL rated. This h the rule. Take the necessary e adapter that is not UL rated.	,			
	the rangehood fan spinning. This is no	e survey it was observed that was locked up and not ot compliant with the rule. a steps repair or replace the				
	the front bathroom faucet aerator and	e survey it was observed that by bedroom #1 is missing the has a loose doorknob. This is he rule. Take the necessary				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>0</b>	2) MULTIPLE CONSTRUCTION BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	•		
IBBY F	AMILY CARE HOME		ODLEAF-BAR AND, NC 2701	-			
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C 174	Continued From pa	ge 4	C 174				
	steps to repair the f	aucet and loose doorknob.					
	the front bathroom the base. This is no Take the necessary	e survey it was observed that by bedroom #1 has is loose at ot compliant with the rule. y steps to secure the toilet at leaks that could be a slip					
	there are multiple h trim and shutters. rule. Take the nece	e survey is was observed that oles in the vinyl siding, corner This is not compliant with the essary step to repair or replace siding, corner trim and					
	was a eye hook on not compliant with t steps to remove the	the survey it was observed that the front storm door. This is he rule. Take the necessary e eye hook as it has the egress in the event of an					
	there are two windo that are rotting. Th	e survey it was observed that w sills and trim on the left side is is not compliant with the essary steps to repair or windowsill and trim.	3				
	there is unfinished of closet area. This is	te survey it was observed that drywall in bedroom #3 in the not compliant with the rule. r steps to repair the unfinished					
	damaged pickets at not compliant with t	te survey there were several t the back deck/ramp. This is he rule. Take the necessary place the damaged pickets.					

ivision	of Health Service Re	egulation	•		·	
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: 0	1		/
		FCL080024	B. WING		11/2	27/2023
AME OF F	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
IBBY FA	MILY CARE HOME		ODLEAF-BAR			
			AND, NC 2701			
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 174	Continued From pa	ge 5	C 174			
	the electrical wires heater are not prop compliant with the r to properly secure t exposed wires. 15. At the time of th there was a torn sto door. This is not co the necessary steps	he survey it was observed that at the top of the electric water erly secured. This is not rule. Take the necessary steps the wires so that there are no he survey it was observed that form door screen at the back ompliant with the rule. Take is to replace or repair the torn the stores from entering the home.				
	ealth Service Regulation					