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Division of Health Service Regulation

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED						
		FCL045111	B. WING		09/2	5/2024					
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE							
254 KENDRICK COURT											
JUST IN TIME FAMILY CARE UNIT 2 FLAT ROCK, NC 28731											
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	SHOULD BE COMPLETE						
C 000	C 000 Initial Comments										
	Report by Kelly Myers										
	Survey on Septemb 12:25 PM at the above records indicate the July 25, 1997 as a Residents with up to non-ambulatory (who respond without any during a fire or other information we are compliance with the Family Care Homes Standards and Regiportions of the 2005 Homes 10A NCAC	a Section conducted a Biennial per 25, 2024 from 12:00 PM to ove referenced facility. DHSR whome was first licensed on Family Care Home for six (6) to three (3) of whom may be no are unable to evacuate and y physical or verbal assistance or emergency). Based on this requiring the home to maintain a following: the 1992 "Rules for a Minimum and Desired ulations", the applicable of Rules for Family Care 13G, and the 1996 North ling Code - Section 419.3 - Care Facilities.									
	that require an acce	or 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 169	Fire Safety-Smoke	Detectors	C 169								
	DISASTER PLAN	THE BUILDING 16 FIRE SAFETY AND nall be provided with smoke									

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

(X6) DATE TITLE

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY				
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING: 01		COMPLETED			
		FCL045111	B. WING		09/2	5/2024			
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, STATE, ZIP CODE						
JUST IN	TIME FAMILY CARE U	INIT 2	RICK COURT						
FLAT ROCK, NC 28731									
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	OULD BE COMPLETE				
C 169	Continued From page 1		C 169						
	Building Code and connected to a ded located in the attic a detectors shall be in provided with batter Note: Smoke detectinterconnected by the Rule permits the interconnected with not require it. This Rule is not me 1. At the time of the the ceiling fan padd inches to the smoke and dining room(Outcompliant with the reto remove or replace.	tors are required to be his Rule. The application of e heat detectors to be smoke detectors, but does et as evidenced by: e survey it was observed that le blade was closer than 36 e detector in the living room utside bedrooms). This is not rule. Take the necessary steps the ceiling with a light fixture ke detector so that it is 36							
C 174	Building Equipment	Maintained Safe, Operating	C 174						
	EQUIPMENT (a) The building armechanical, and plucare home shall be operating condition. (j) This Rule shall family care homes.	nd all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing							
	there was an active	et as evidenced by: survey it was observed that wasp nest under the ramp s not compliant with the rule.							

Division of Health Service Regulation

STATE FORM 6899 CK0O21 If continuation sheet 2 of 3

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING FCL045111 09/25/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 254 KENDRICK COURT **JUST IN TIME FAMILY CARE UNIT 2** FLAT ROCK, NC 28731 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 CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) C 174 Continued From page 2 C 174 Take the necessary steps to remove the wasp nest. 2. At the time of the survey it was observed that there was a stain on the living room ceiling from the HVAC safety switch failing which was repaired. The is not compliant with the rule. Take the necessary steps to paint the stain on the ceiling. C 177 Building Service Equipment-Hot Water C 177 SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE **EQUIPMENT** (d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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 water temperature was 98 degrees Fahrenheit which does not fall within the required temperature range. This is not compliant with the rule. Take the necessary steps to adjust the water heater so that the temperature is maintained between 100-116 degrees Fahrenheit.

Division of Health Service Regulation STATE FORM

CK0O21 If continuation sheet 3 of 3