

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL031012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/23/2015
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NAME OF PROVIDER OR SUPPLIER BETHEL CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1051 FIRETOWER ROAD ROSE HILL, NC 28458
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(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	<p>Initial Comments</p> <p>Report by Tommy Clifton</p> <p>DHSR Construction Section conducted a Biennial Survey on January 23, 2015 at the above referenced facility. DHSR records indicate the home was first licensed on November 06, 1996 as a Family Care Home for six Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1992 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1996 North Carolina State Building Code - Section 419.2 - Residential Care Facilities.</p> <p>At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:</p>	C 000		
C 117	<p>Have Current San. And Fire Safety Approvals</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: There is not a copy of the approved fire inspection report at the home. Provide our office a copy of the approved fire inspection report.</p>	C 117		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 168	Continued From page 1	C 168		
C 168	<p>Fire Extinguishers</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home: (1) one five pound or larger (net charge) "A-B-C" type centrally located; (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and (3) any other location as determined by the code enforcement official.</p> <p>This Rule is not met as evidenced by: The fire extinguisher at the end of the hall has been discharged. Have a fire extinguisher company recharge the fire extinguisher. Provide our office a copy of the receipt when the work is completed.</p>	C 168		
C 170	<p>Fire Safety-Any Other City Ordinances</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (c) Any fire safety requirements required by city ordinances or county building inspectors shall be met.</p> <p>This Rule is not met as evidenced by: The emergency exit sign over the door at the end of the hall does not work. Have a licensed electrician repair or replace the emergency exit sign. Provide our office a copy of the receipt when the work is completed.</p>	C 170		

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C 174	Continued From page 2	C 174		
C 174	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</p> <p>(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.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by: The clothes dryer does not have the non-combustible duct from the dryer to the wall. Have a qualified person install a non-combustible duct from the dryer to the wall. Provide our office a copy of the receipt when the work is completed.</p>	C 174		