

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL001132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/19/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CHAM-NET FAMILY CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1010 RICHMOND AVENUE BURLINGTON, NC 27217</b>
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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 Paul Dixon</p> <p>DHSR Construction Section conducted a Biennial Survey on March 19, 2015 from 10:45 AM to 12:10 PM at the above referenced facility. DHSR records indicate the home was first licensed on November 15, 1996 as a Family Care Home for six (6) ambulatory 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, the 1996 North Carolina State Building Code - Section 419.2 - Residential Care Homes.</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 183	<p>Outside Premises-Clean, Safe</p> <p>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.</p> <p>This Rule is not met as evidenced by: The vinyl siding on the front and right side of the home is badly mildewed. Have the siding pressure washed to remove the mildew. Proof of completed work must be provided by way of receipts, invoices, photographs, etc. Forward proof of completed work with you plan of correction.</p>	C 183		

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