

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>FCL051040 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: 01<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br>03/26/2015 |
|--|---|---|--|

|   |  |
|---|--|
| NAME OF PROVIDER OR SUPPLIER<br><br>PASSIONATE CARE FAMILY CARE | STREET ADDRESS, CITY, STATE, ZIP CODE<br>3181 HWY 70<br>SMITHFIELD, NC 27577 |
|---|--|

| (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 |
|--------------------|--|---------------|---|--------------------|
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|       |   |       |   |  |
|-------|---|-------|---|--|
| C 000 | <p>Initial Comments</p> <p>Report by Suzanna Fay</p> <p>DHSR Construction Section conducted a Biennial Survey on March 26, 2015 from 9:39 a.m. to 10:44 a.m. at the above referenced facility. DHSR records indicate the home was first licensed on April 28, 2010 as a Family Care Home for five 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 2005 Rules 10A NCAC 13G for Family Care Homes and the 2009 North Carolina State Building Code - Section 421.2 - 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 | <p>CONSTRUCTION SECTION</p> <p>MAY 01 2015</p> <p>RECEIVED</p>    |  |
| C 110 | <p>Construction-Basement, Attic</p> <p>SECTION .0300 - THE BUILDING<br/>10A NCAC 13G .0302 DESIGN AND CONSTRUCTION</p> <p>(g) The basement and the attic shall not to be used for storage or sleeping.</p> <p>This Rule is not met as evidenced by:</p> <p>1. At the time of this survey, there were two rolls of carpet stored in the attic. Remove the stored items and provide verification that the items have been removed.</p>  | C 110 | <p><i>The carpet rolls will be removed today 4/24/15 Done</i></p> |  |
| C 117 | <p>Have Current San. And Fire Safety Approvals</p> <p>SECTION .0300 - THE BUILDING</p>  | C 117 |   |  |

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

TITLE

(X6) DATE

*Alison Holder owner*

*4/18/15*

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C 117 Continued From page 1  
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.  
  
This Rule is not met as evidenced by:  
1. At the time of this survey, the administrator could not locate the current Fire and Sanitation Inspections. Provide copies of the most recent fire and sanitation inspection reports to DHSR/Construction with your signed Plan of Corrections and maintain copies at the facility.

C 117

*Wait waiting for a call back from the Bab of them. Should be done by end of the week 4/25/15 Done*

C 135 Bathroom-Hand Grips  
  
SECTION .0300 - THE BUILDING  
10A NCAC 13G .0309 BATHROOM  
(e) Hand grips shall be installed at all commodes, tubs and showers used by the residents.

C 135

*Hand grips for the shower and commodes should be done by 4/25/15 Done*

C 174 Building Equipment Maintained Safe, Operating  
  
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

C 174

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| C 174 | <p>Continued From page 2</p> <p>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:</p> <p>1. At the time of this survey, the smoke detectors in the attic and in the front entrance were chirping indicating a low battery. Install batteries in the detectors. If the detectors continue to chirp, have a qualified person repair or replace the detectors. Provide documentation of the repairs.</p> <p>2. During this survey, it was observed that the tub unit in the hall bath had been replaced. The base at the wing wall and the wall below the window had been removed and not been replaced. The base of the shower did not have trim or caulking to keep moisture from getting under the vinyl floor. Have a qualified person complete the repairs by installing trim or caulking along the base of the shower and finishing the base along the side walls. Provide documentation of the repairs.</p> | C 174 | <p>All Smoke Detectors Should Be in working in next 30 days<br/>Have 5/19/15</p> <p>Shower will be done by 5/19/15</p> |  |
|-------|---|-------|--|--|

# Inspection Notice

County of Johnston

Inspection Department

3151

919-989-5060

- New
- Existing
- Building
- HTG. & A/C
- Electrical
- Mobile Home
- Plumbing
- Energy

Owner Passionate Care Family Care Home

Address 3181 US 70 Hwy 40

An Inspection was Made 4/27/15

Fire Inspection

The Following Conditions Need Correcting:

① Need to repair perimeter protection

in front hall

② Need to remove multiple Adze cuts

in egress

\* Call when ready for reinspection

919-427-3536

Inspector Trig Barry

**Do Not Remove This Notice**

Inspection of Residential Care Facility

NC Department of Environmental and Natural Resources  
Division of Environmental Health  
**INSPECTION OF  
RESIDENTIAL CARE FACILITY**  
(For facilities, as defined, with  
not more than 22 residents)

Demerit Score: 13  
Date of Insp/Chg: 04/22/2015  
Status Code: A

Health Department: JOHNSTON  
Current Facility ID: 04051430258  
Old Facility ID:

|              |  |  |   |
|--------------|--|--|---|
| Water Supply | <input checked="" type="checkbox"/> Community    | <input type="checkbox"/> Non-Transient Non-Community | Water sample taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|              | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Non-Public Water Supply     | <input checked="" type="checkbox"/> Inspection  |
| Wastewater   | <input type="checkbox"/> Community               | <input checked="" type="checkbox"/> On-Site System   | <input type="checkbox"/> Visit  |
|              |  |  | <input type="checkbox"/> Re-Inspection  |

Name of Establishment: Passionate Care Family Care Home  
Location Address: 3181 Hwy 70 Bypass

Permittee: Passionate Care Family Care Home  
Number of Residents: 6  
Mailing Addr: 200 West Ash Street Suite 107

City: Smithfield State: NC Zip: 27577

City: Goldsboro State: NC Zip: 27530-3657

Approved (20 or less demerits, and no 6-point deductions)  
 Provisional (3, less than 20, but 40 or less demerits, or 4 6-point demerits)

Family Foster Home (Only items 1 and 2 apply)  
 Disapproved (More than 40 demerits or failure to improve provisional classification)

- 1 WATER SUPPLY: Public supply; private supply approved 6 ( )
- 2 LIQUID WASTES: Sewage and other liquid wastes disposed of by approved method 6 ( )
- 3 FOOD SUPPLIES AND PROTECTION: Supplies: All food clean, wholesome, no spoilage 6; Protection: Adequate during storage, preparation and serving, potentially hazardous food 45° F or below, or 140° F or above 5; all refrigerators with thermometers 2; pork, ground beef products, poultry and stuffings, etc., thoroughly cooked; meat and poultry salad, potato salad, etc., handled as required, no re-serving of portions once served to an individual 4; food containers stored above floor and protected from contamination (2); pets and other animals not allowed where food is prepared or stored, nor in serving area (unless caged or otherwise restricted) 4 ( )
- 4 FOOD SERVICE UTENSILS AND EQUIPMENT: Food service utensils and equipment in good repair and kept clean 4; eating and drinking utensils clean to sight and touch, cleaned after each use; approved facilities 4; clean utensils properly stored 2; substances containing poisonous material not used for cleaning or polishing eating or cooking utensils 6; disposable items properly stored and handled, used only once 2 ( )
- 5 FOOD SERVICE PERSONS: Clean clothes, hands, and work habits 4 ( )
- 6 DRINKING WATER FACILITIES: ICE HANDLING: Common drinking cups not used 4; ice, if provided, handled and dispensed in a sanitary manner 2 ( )
- 7 HOT AND COLD WATER: Adequate hot and cold water piped to points of use 4 ( )
- 8 TOILET; HANDWASHING; LAUNDRY AND BATHING FACILITIES: Toilet, lavatory and bathing facilities adequate 4; fixtures in good repair and kept clean 2; soap and towels provided 2 ( )
- 9 BEDS; LINEN; FURNITURE: All furniture, mattresses, linen, drapes, blinds and similar items in good repair and clean 2; bed linen changed as required 2; clean and soiled linens properly stored and handled 2 ( )
- 10 STORAGE; MISCELLANEOUS: Rooms or areas provided for storage of clothes, personal effects, luggage, supplies and equipment kept clean 2; medications, cleaning supplies, pesticides and other hazardous products properly stored as required 4 ( )
- 11 FLOORS: In good repair (1); kept clean 2 ( )
- 12 WALLS AND CEILINGS: In good repair 1; kept clean 2 ( )
- 13 LIGHTING AND VENTILATION: Windows and fixtures in good repair 1; kept clean 2 ( )
- 14 VERMIN CONTROL: PREMISES: Outside openings effectively screened or otherwise protected against entrance of flying insects, and flying insects absent 4; effective control of rodents and other vermin (4); approved pesticides properly used 4; premises neat, clean, drained and free of litter and vermin harborage and breeding areas 2 ( )
- 15 SOLID WASTES: Garbage in standard containers, properly covered and stored, approved disposal containers, storage area kept clean 2; dry rubbish in suitable receptacles, approved storage and disposal 2 ( )

| Demerits | COMMENTS   |
|----------|--|
| 6        | 2. Sewage is standing on top of the ground in two different places. Septic system repair is required on this septic system.  |
| 2        | 3. Pot was stored below the kitchen sink, when storing any food containers do not store below dish sinks or hand sink, water may leak and contaminate the equipment. |
| 0        | 4. General cleaning of kitchen cabinets are needed to remove the pets droppings.   |
| 0        | 9. Replace worn bed spreads as needed.   |
| 0        | 11. Repair wall that is bad repair behind curtain.   |
| 0        | 14. Mice and roach droppings were seen in the cabinets, improve pest control.  |

TOTAL DEMERIT SCORE 13

Inspection By: Dana Bennett-Person

*Dana Bennett-Person*  
1594

EHS ID#: 1594

Report received by: *[Signature]*

ENR 2004 (Revised 11/01)  
Residential Health Services Section (Form 1194)