

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL070010</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/08/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LILY'S BLESSINGS FAMILY CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1246 WEEKSVILLE RD ELIZ CITY, NC 27909</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>This report is of a biennial construction survey done by Bob Getchell on May 8, 2015.</p> <p>This facility was first licensed or submitted for licensure as a FCH serving 6 ambulatory residents on June 25, 2013. Based on this information we surveyed your home for conformance with the 2005 Rules (10A NCAC 13G) for the Licensing of Family Care Homes, and, the 2012 North Carolina State Building Code, - Section 425.2 - Residential Care Facilities</p> <p>Deficiencies were noted which will require a new plan of correction.</p>	C 000		
C 101	<p>Existing Licensed-No Less than '71 Rules</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS</p> <p>The physical plant requirements for each family care home shall be applied as follows: (2) Except where otherwise specified, existing licensed homes or portions of existing licensed homes shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration; however, in no case shall the requirements for any licensed home, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Family Care Homes", copies of which are available at the Division of Health Service Regulation - Construction Section, 701 Barbour Drive, Raleigh, North Carolina 27603 at no cost;</p>	C 101		

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

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C 101	Continued From page 1  This Rule is not met as evidenced by: 1. Based on observation, egress from all areas was not maintained in a safe manner by having a window in a sleeping room with a sill height greater than 44 inches. This would effect theoccupant in the sleeping room by delaying free egress in an emergency.  Findings include: a. The staff sleeping room on the left exit corridor has a window with a sill height of 57.5 inches.	C 101		
C 117	Have Current San. And Fire Safety Approvals  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.  This Rule is not met as evidenced by: 1. Based on observation, all reports were not available at the time of the survey.  Findings include: The following reports were not available at the time of the survey: a) Fire Marshalls Report	C 117		
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.  This Rule is not met as evidenced by:	C 135		

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C 135	Continued From page 2  1. Based on observation, the facility was not maintained in a safe manner by allowing loose grab bars.  Findings include: The back right toilet has a loose grab bar.	C 135		
C 143	Corridor-Free of Obstructions  SECTION .0300 - THE BUILDING 10A NCAC 13G .0311 CORRIDOR (c) Corridors shall be free of all equipment and other obstructions.  This Rule is not met as evidenced by: 1. Based on observation, egress from all areas was not maintained in a safe manner by having doors that could be locked in the direction of egress. This would effect all residents by not allowing free egress in an emergency.  Findings include: a. The door from the Laundry Room to the left front door, designated as an Exit, has locking hardware. (Removed onsite and replace with pass knob)  b. The Exit corridor from the Laundry Room is blocked by a freezer which restricts the corridor to 2 feet..	C 143		