

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL051040	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 06/05/2015
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NAME OF PROVIDER OR SUPPLIER PASSIONATE CARE FAMILY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3181 HWY 70 SMITHFIELD, NC 27577
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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}	Initial Comments Report by Suzanna Fay DHSR Construction Section conducted a Biennial Follow-up Survey on June 5, 2015 from 11:10 AM to 11:39 AM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required. The remaining deficiencies are as follows:	{C 000}		
{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 care home shall be maintained in a safe and operating condition. (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 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. 6/5/15: SF-At the time of this survey, the attic heat detector was chirping. The attic detector is a 135 degree detector which can create nuisance alarms and high heat temperatures in the summer months can drain batteries. The Provider may want to consider a 190 degree or higher heat detector wired into the house current with a separate sounding device.	{C 174}		

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

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{C 174}	Continued From page 1 At the time of this survey, the smoke detector in the hall had been removed from its base. Install a smoke detector in the hall, wired to the house current. Provide documentation of the repairs.	{C 174}		