

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL001114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 05/06/2015
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NAME OF PROVIDER OR SUPPLIER  MERCIFUL HANDS	STREET ADDRESS, CITY, STATE, ZIP CODE 1313 ELRADO STREET BURLINGTON, NC 27217
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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 Paul Dixon  A Biennial Follow-Up Survey was conducted on May 5, 2015 from 9:15 AM to 9:50 AM. Not all previously cited deficiencies have been corrected; therefore further action is required.	(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: 3. The outlet at the front porch does not have a protective cover. Contract a licensed electrician to install a cover.  05/05/2015-PD: Based on observations during the Follow-Up Survey, the protective cover is still missing. Contact a qualified technician to install a weather-proof cover on the outlet. Proof of completed work must be provided by way of receipts, invoices, photographs, etc. Forward proof of completed work with you plan of correction.  10. The exterior outlet at the back of the facility did not have power and would not reset. Contract a qualified technician to repair or replace this outlet. Provide documentation of the repairs.  05/05/2015-PD: Based on observations during	(C 174)	<p>CONSTRUCTION SECTION JUN 12 2015 RECEIVED</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Harnetta Enoch</i>	TITLE Administrator	(X6) DATE 6/1/15
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(C 174)	Continued From page 1 the Follow-Up Survey, the outlet is still without power. Contract a qualified technician to repair or replace this outlet. Provide documentation of the repairs. Proof of completed work must be provided by way of receipts, invoices, photographs, etc. Forward proof of completed work with you plan of correction.	(C 174)	I will ASSURE that A protective COVER is PLACED OVER OUTLET ON TERT patch AND THAT EXTERIOR OUTLET IN the back of facility HAS POWER	7/15/15
(C 138)	Outside Entrances/Exits-Single Hand Motion  T10: 42C .2209 OUTSIDE ENTRANCES AND EXITS (d) All exit doors locks must be easily operable, by a single hand motion, from the inside at all times without keys.  This Rule is not met as evidenced by: 1. The front door hardware is not single action. Contract a qualified vendor to replace the hardware with single action hardware. Provide documentation of the repairs.  05/05/2015-PD: Based on observations during the Follow-Up Survey, the door is still not single action hardware. Contract a qualified vendor to replace the hardware with single action hardware. Provide documentation of the repairs.	(C 138)	I will ASSURE that FRONT door hardware HAS SINGLE ACTION	7/15/15