

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL046002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/06/2015
NAME OF PROVIDER OR SUPPLIER CARVER MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 208 WASHINGTON ROAD MURFREESBORO, NC 27855		
(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 This report is of a biennial construction survey done by Bob Getchell on May 5, 2015. This facility was first licensed as a FCH serving 5 residents on August 1, 1973. With amendment of the 1978 NCSBC effective February 1, 1983, and the revision of the 1977 Licensure Rules effective April 1, 1984, FCHs were allowed to increase capacity to six (6) ambulatory residents. The facility is currently licensed 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 we are requiring the home to be in compliance with the following: the 1984 Family Care Homes Minimum Standards and Regulations, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, the 1968 Uniform Residential Building Code and the 1978 (Revision 5) North Carolina State Building Code, Section 4C9.1(g)-Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 101	Existing Licensed-No Less than 71 Rules SECTION .0300 - THE BUILDING 10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS 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	C 101		

CONSTRUCTION SECTION
JUN 19 2015
RECEIVED

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature] 6-19-15

TITLE
[Signature]

(X6) DATE

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C 101	Continued From page 1 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; 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 windows that do not meet the requirements for Emergency Escape and Rescue Openings. This would effect the room occupant by not allowing free egress in an emergency. Findings include: a) The sleeping room across from the kitchen has a window that opens into the Laundry Room. 2. Based on observation, the facility was not maintained in accordance with the Rules in effect when the facility increased capacity. Findings include: Exit doors are 32 inches wide. This is not in conformance with the physical plant requirement in the 1984 Family Care Rules that one exit door be 36 inches wide.	C 101	<i>MAY 22, 15 COMPLETED THE SLEEPING RM ACROSS FR THE KITCHEN HAS BEEN CONVERTED TO A FORMAL DINING AREA, THIS RM IS NOT ACCESSIBLE TO OUR CLIENTS</i> <i>JUNE 17, 15 COMPLETED SIDE EXIT DOOR 32" HAS BEEN REPLACED WITH A 36" DOOR, MEETING THE REQRMTS IN THE 1984 FAMILY CARE RULES.</i>	
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,	C 174		

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NAME OF PROVIDER OR SUPPLIER CARVER MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 208 WASHINGTON ROAD MURFREESBORO, NC 27855		
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C 174	Continued From page 2 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. Based on observation, egress from all areas was not maintained in a safe manner by having windows that do not meet the requirements for secondary Exits (emergency escape). This would effect residents in the room by not allowing free egress in an emergency. Findings include: a) The windows in the back right bedroom could not be opened. b) The windows in the middle back bedroom could not be opened c) The windows in the front bedroom could not be opened 2. Based on observation, egress from all areas was not maintained in a safe manner by having bedroom doors that could not close and latch. This would effect all residents by not containing smoke or fire in the fire compartment or room of origin Findings include: a) The middle bedroom corridor door is scrubbing the frame and will not close and latch.	C 174	A: <u>MAY 27, 15 COMPLETED</u> WINDOW REPAIRED AND OPENS & CLOSES CORRECTLY FOR EGRESS. B: <u>MAY 27, 15 COMPLETED</u> WINDOW REPAIRED AND OPENS & CLOSES CORRECTLY FOR EGRESS. C: <u>MAY 27, 15 COMPLETED</u> WINDOW REPAIRED AND OPENS & CLOSES CORRECTLY FOR EGRESS. 2. A: <u>DOOR HINGES WERE REPLACED. DOOR CLOSES AND LATCHES PROPERLY.</u>	
C 175	Heating Sys.-No Unvented or Portable Elec. SECTION .0300 - THE BUILDING	C 175		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CARVER MANOR

208 WASHINGTON ROAD
MURFREESBORO, NC 27855

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C 175	<p>Continued From page 3</p> <p>10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</p> <p>(b) There shall be a central heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. Built-in electric heaters, if used, shall be installed or protected so as to avoid hazards to residents and room furnishings. Unvented fuel burning room heaters and portable electric heaters are prohibited.</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. Based on observation, the building was not maintained in a safe manner by allowing the use of portable electric heaters in the building. This would effect all residents by potentially increasing the risk of fire.</p> <p>Findings include: There are portable electric heaters in the following locations:</p> <p>a) Corridor bathroom near kitchen, b) Adjacent Family Apartment.</p>	C 175	<p><u>MAY 27, 15 COMPLETED</u></p> <p>1. A: ALL PORTABLE HEATERS WERE REMOVED FROM CORRIDOR, BATHROOM, AND ADJACENT FAMILY APARTMENT. HOME CENTRAL & HEATING HVAC SYSTEM WILL HANDLE THE ABSENCE OF PORTABLE HEATING ELEMENTS.</p>	



HERTFORD COUNTY BUILDING INSPECTIONS
307 W TRYON ST
WINTON NC 27986

June 18, 2015

Naomi Boone
208 Washington Road
Murfreesboro, NC 27855

RE: Carver Manor FID #920184
-Corrective Actions that will need a building permit

Ms. Boone,

We have received a copy of the North Carolina Department of Health and Human Services Division of Health Service Regulation Report with the results of their Survey they did on May 6, 2015. The Chief Code Enforcement officer Ruth Bek has reviewed the corrective actions and concluded that some actions will require you to obtain a building permit from the Hertford County Inspections Department. Please feel free to give our office a call if you have any questions. We will explain further if you would give the inspector a call and she will go through the actions that will require a building permit with us. Our office hours are Monday-Friday 8:30-5:00 and we do close from 1:00-2:00 for lunch. You can call us at 358-7813 or 7814. Have a great day.

Thanks in regards,
Joanna Bradley
Permit- Technician



Hertford County

PO Box 424
Winton, North Carolina 27986
PH. 252-358-7814
FAX. 252-358-1241

BUILDING PERMIT: Building

Permit Number: P15-370

Issue Date: 06/22/2015

Project Address:
208 Washington Rd
Murfreesboro, NC 27855

Property Owner:

WillieBoone

208 Washington Rd
Murfreesboro NC 27855
252-398-4468

Construction: Replace 32" door with 36 " door

Bedrooms:

Square Footage:

Bathrooms:

No. of Stories:

Flood Zone:

Total Construction Cost: 300

Special Conditions: Separate permits are required for electrical, plumbing, HVAC/R and Signs. This permit becomes null and void if work or authorized construction is not commenced within 6 months, or if work is suspended or abandoned for a period of 12 months at any time after work has commenced.

I hereby certify that I have read and examined this permit and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of this permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or the performance of construction.

Date: 06/22/2015

Permit Fee: \$40.00

Print Name: _____

Sign: *Willie Boone*

Building Official: *Ruth M Beck-Jub*

Paid: \$40.00

Receipt Number: ck # 5578

PIS-370

Residential Building Permit Application
One and Two Family Dwellings
Hertford County Code Enforcement
Building Inspections

COPIES OF CONTRACTS/SCOPE OF WORK REQUIRED

Project Address 208 Wisk Rd ^{Murkesboro} Town Murkesboro
Customer Name Willie O. Boone Parcel # 5108-54-1663
Customer E-mail _____ Phone # (82) 398-4468 Value of Work 300.00

Builder Willie O. Boone & Son Phone # (82) 398-4468
Address 208 Wisk Rd City Murkesboro State NC ZIP 27855
Builder's E-Mail _____ License # ** _____ Classification _____

Property Owner Willie O. Boone Phone # (82) 398-4468
Address 208 Wisk Rd City Murkesboro State NC Zip 27855
Description of Proposed Work 36" door in place of 32" door

Type of Building: New Existing Addition N/A
Type of Construction: Stick Built Modular On Frame Off Frame Metal
Property Use: Single Family Two Family Townhouse
Building Area: Basement (sf): _____ Heated (sf): _____ Unheated (sf): _____
1st Floor (sf): 1 Heated (sf): Yes Unheated (sf): _____
2nd Floor (sf): _____ Heated (sf): _____ Unheated (sf): _____
Decks/Porches/Patios: Unheated (sf): _____
Accessory Structures: Heated (sf): _____ Unheated (sf): _____
Total Area (sf): 16 X 8 Heated (sf): _____ Unheated (sf): _____

Building Height: _____ Feet # of Stories: _____ # Bedrooms: 6 # Baths: 3 1/2
Utilities Approvals: Public Private Health Department Permit # _____
Zoning Approval: County Town N/A _____ Application # _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Owner/Builder Signature Willie O. Boone Date 6-22-15

*Proof of Ownership or Owner's Agency is required to obtain permits.
**Please submit a copy of your North Carolina Contractor's License along with this permit application. For parcel numbers go to <http://maps2.roktech.net/hertfordags/#>. This page must accompany plans submitted for review.