

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL070010 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____ | (X3) DATE SURVEY COMPLETED 05/08/2015 |
|--|---|---|--|

NAME OF PROVIDER OR SUPPLIER: LILY'S BLESSINGS FAMILY CARE HOME
STREET ADDRESS, CITY, STATE, ZIP CODE: 1246 WEEKSVILLE RD ELIZ CITY, NC 27909

| (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 | <p>CONSTRUCTION SECTION JUN 15 2015 RECEIVED</p> | |
| 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 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 | | |

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

TITLE

(X6) DATE

Yvonne Williams / Christa Williams

Administrative Director

6/14/15

Division of Health Service Regulation

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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 the occupant 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 | Deficiency corrected - A stabilized step was installed to bring the height up to code as suggested by inspector. | 6/4/15 |
| 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 | Deficiency corrected - Fire Marshall Report completed + copy attached | 5/30/15 |
| 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 | | |

Division of Health Service Regulation

STATE FORM

Clinton Williams
Juanne B. Williams Administrator/CO Owner 6/14/15

2BH921

If continuation sheet 2 of 3

Division of Health Service Regulation

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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 | Deficiency Corrected - while inspector was on site - loose grab bar was tightened | 5/8/15 |
| 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 | Deficiency Corrected - while inspector was on site - Locking hardware was removed and was replaced with pass knob Deficiency Corrected - Freezer was removed from corridor - area is now empty and completely clear. | 5/8/15 6/4/15 |

Clinton Williams
Yvonne B. Williams, Administrator/Co-Owner

FIRE INSPECTION SAFETY REPORT
(Group R-3 - Single Family Residential Care Homes & Facilities)

NAME OF FACILITY Lily's Blessings Family Care PERSON IN CHARGE Yvonne Williams
 STREET ADDRESS 1246 Wuxksville Rd, Elizabeth City, NC 27909 PHONE # (252) 330-8030

CHECK YES or NO AS TO THE CONDITIONS IN THE HOME RELATING TO THE INSPECTION

- | | YES | NO | N/A |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 1. Does the occupant utilize <i>listed</i> extension cords? These cords shall not be substituted for permanent wiring and must be used only for portable appliances. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is a working, mounted fire extinguisher(s), rated 2-A: 10-B: C or larger, readily available in the residence? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does a fire evacuation plan remain posted continually in a prominent location, and is visible to all residents and guests? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the home have a working telephone which functions without use of electrical power and are emergency numbers posted within sight of the telephone? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is there a working smoke alarm in the residence complying with the following? (CHECK ONLY ONE) | | | |
| • Houses licensed prior to 1976 must have a battery or electric smoke alarm installed outside every sleeping area. | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Houses licensed 1976 – June 30, 1999, electric smoke alarms shall be placed outside sleeping areas as required by the code in effect at construction time. | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Houses licensed after June 30, 1999 must have smoke alarms in every sleeping room, outside bedrooms and other areas, interconnected as required in the N.C. Building Code. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 6. Are double key dead bolts installed on any required egress doors? (If YES, these must be removed or changed out to a thumb latch.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 7. Do doors and windows in rooms used for sleeping open properly with little effort? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 8. Are all hallways, doorways, entrances, ramps, steps, and corridors unobstructed, free of storage and readily accessible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 9. Are address numbers posted in a prominent exterior location and are they visible and legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 10. If provided, the Fire Alarm System and/or Sprinkler System must be maintained, tested and inspected on annual basis by qualified and approved service personnel. Provide documentation. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11. Designate Primary Heat Source <u>HVAC</u> Secondary Heat Source (if applicable) _____ | | | |
| 12. List any substandard components or hazards found which were not addressed above or which would require additional inspections: _____ | | | |

DATE of INSPECTION 5-20-2015 STATUS: Approved Not Approved

FIRE INSPECTOR: (Signature) Thomas Brooks (Printed Name) Thomas Brooks

PHONE NUMBER 252-338-1144 INSPECTION DEPT. Perquimans County

LICENSEE'S (Signature) Yvonne B. Williams (Printed Name & Title) Co-owner / Administrator

If Initial Licensure application must include the following information:

NC State Building Code (Code Section) _____ (Code Classification) _____

DHSR Inspector Name and Title _____ Phone No. _____

Any item marked NO on this form will not necessarily result in non-approval of this home depending on the various applicable Licensure Regulations. However, any form marked Not Approved will result in non-approval until the items marked are corrected and verified approved by the local Official.