

PRINTED: 06/22/2016  
FORM APPROVED

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL016013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  06/28/2016
NAME OF PROVIDER OR SUPPLIER  WADIN CREEK FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 834 HIGHWAY 101 BEAUFORT, NC 28516		
(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 28, 2015.  This facility was first Licensed as a FCH for six ambulatory residents who are able to react and respond without physical or verbal assistance during an emergency on June 28, 1989. Based on this we are requiring the facility to meet the 1984 (1987 Revision) and the applicable portions of the 2005 Rules 10A NCAC 13G for the Licensing of Family Care Homes, the 1988 North Carolina Uniform Residential Building Code, and, the 1978 (Revision 9) North Carolina State Building Code, Section 409.1(g) - Residential Care Facilities.  Deficiencies were noted which will require a new plan of correction.	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 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	C 101		

CONSTRUCTION SECTION  
JUL 06 2015  
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Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Mildred K. Harris**Administrative*

6-30-15

## Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER  WADIN CREEK FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 834 HIGHWAY 101 BEAUFORT, NC 28516		
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C 101	Continued From page 1 Barbour Drive, Raleigh, North Carolina 27603 at no cost;  This Rule is not met as evidenced by: 1. Based on observation, the building fire alarm system was not installed in accordance with the Rules in effect when first licensed  Findings include: There is no smoke detector installed in the Staff Living Room which is in the immediate vicinity outside the staff sleeping rooms.	C 101	A Smoke detector will be installed by H+H Electric in the Staff living Room, which is in the immediate vicinity outside the Staff sleeping rooms. This is the Plan of Action.	8-22-15
C 149	Outside Entrances/Exits-Handrails At Porches  SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (f) All steps, porches, stoops and ramps shall be provided with handrails and guardrails.  This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe manner by having handrails that were missing.  Findings include: <del>The left side of the front porch, a designated Exit,</del> has no handrail.	C 149	Plan of Action will be to put a handrail on the left side of front Porch at the designated exit. Work will be done by Ronnie Murray	8-22-15
C 171	Fire Safety- Evacuation Plan  SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (d) A written fire evacuation plan (including a diagrammed drawing) which has the approval of the local code enforcement official shall be prepared in large print and posted in a central	C 171	Plan of Action is to get a new fire evacuation Plan, which is the diagrammed drawing & will be posted in a central location for each area in large print,	8-22-15

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C 171	Continued From page 2 location on each floor. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff.  This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe manner by having outdated evacuation plans posted.  Findings include: The Evacuation Plans posted do not accurately reflect the current layout of the facility.	C 171	Showing the correct diagram of all staff rooms.	8-22-15
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: 2. Based on observation, the facility building components were not maintained by having rotten exterior wood trim.  Findings include: The plywood soffit is rotten in places.	C 174	Plan of Action will be to replace all exterior wood trim & the plywood soffit that is rotten, by Ronnie Murray	8-22-15