

PRINTED: 06/05/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL008032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/07/2015
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NAME OF PROVIDER OR SUPPLIER CHERRY'S FAMILY CARE HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 106 HARMON STREET AULANDER, NC 27805
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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	<p>Initial Comments</p> <p>This report is of a biennial construction survey done by Bob Getchell on May 7, 2015.</p> <p>This facility was first licensed as a Family Care home serving six (6) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency) on 03/03/1994. Based on this we are requiring the home to be in compliance with the following: the 1993 and the applicable portions of the 2005 "Rules 10A NCAC 13G for the Licensing of Family Care Homes", and, the 1991 North Carolina State Building Code Volume I with 1994 revisions - Section 514.1 - Residential Care Facility.</p> <p>At the time of our visit, we cited deficiencies that require an acceptable plan of correction they are as follows:</p>	C 000		
C 153	<p>Houskeeping And Furnishings-Clean, Repaired</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes.</p> <p>This Rule is not met as evidenced by: Based on observation, the building was not maintained in a good repair.</p> <p>Findings include: a. The front right bedroom door is dragging on</p>	C 153	<p>10A NCAC 13G. 0315</p> <p>The Administrator has made sure that all repairs have been fixed on June 11, 2015. The Administrator and staff will make sure to monitor the conditions of the closet doors and rotten floor. The cushion for the chair has been replaced. Daily cleaning will be implemented to prevent damaged floors and doors.</p>	

CONSTRUCTION SECTION
JUL 06 2015
RECEIVED

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>Calandra Cherry</i>	Administrator	7-3-2015

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NAME OF PROVIDER OR SUPPLIER CHERRY'S FAMILY CARE HOME #3		STREET ADDRESS, CITY, STATE, ZIP CODE 106 HARMON STREET AULANDER, NC 27805	
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C 153	Continued From page 1 the carpet, b) front right bedroom closet door off track, c) middle bedroom back closet has floor rotten, d) In the Living Room one of the chairs is missing the bottom cushion and the top cushion cover.	C 153	
C 155	Housekeeping-Free of Obstructions SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1. Based on observation, the building floor tile was not maintained in a safe manner. This would effect all residents by presenting a possible trip hazard. Findings include: There are damaged floor tiles in the following locations: a) front foyer, b) Dining Room, c) Kitchen, d) Staff Bedroom.	C 155	10A NCAC 13G.0315 The Administrator has ordered tile to replace broken tiles through out the facility. The tiles should be in by July 6, 2015. Tiles will be put into place to prevent any hazardous falls. Administrator and staff will keep a check on tiles to prevent future damage.
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	C 174	

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CHERRY'S FAMILY CARE HOME #3

106 HARMON STREET
AULANDER, NC 27805

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C 174	Continued From page 2 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, the building baseboard heating equipment was not maintained in a safe manner. This would effect all residents by exposing them to a burn or trip hazard Findings include: There are baseboard heaters with loose or missing covers in the following locations: a) front foyer, b) back bathroom, c) staff bedroom	C 174	DA NCAC 13G. 0317 All baseboard heaters have been replaced June 15, 2015. The Administrator and staff will monitor the condition of the baseboard heaters and its operating condition. Quarterly equipment monitoring will be conducted to prevent any future damages to the heaters.	