

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001144	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 09/03/2015
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NAME OF PROVIDER OR SUPPLIER B AND N FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 301 HOMEWOOD AVENUE 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 Suzanna Fay DHSR Construction Section conducted a Biennial Follow-up Survey on September 3, 2015 from 10:05 AM to 10:25 AM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required. The remaining deficiencies are as follows:	{C 000}		
{C 183}	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. This Rule is not met as evidenced by: 1. On the right side of the front porch, there is a section of soffit missing above the entry ramp. Have the missing section of soffit replaced. Proof of completed work must be provided by way of receipts, invoices, photographs, etc. Forward proof of completed work with you plan of correction. 7/9/15: SF-At the time of this survey, the missing section of soffit was laying on the porch. Observations revealed that the fascia trim was completely rotted off and there was no longer an attachment for the soffit panel or for the gutter which was loose. Have a qualified person replace the damaged fascia trim and reattach the soffit panel and the gutter. Provide documentation of the repairs through photos or copies of receipts or work orders.	{C 183}		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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{C 183}	Continued From page 1 9/3/15: SF-At the time of this follow up survey, the soffit and trim have not been repaired. Have a qualified person replace the damaged fascia trim and reattach the soffit panel and the gutter. Provide documentation of the repairs through photos or copies of receipts or work orders.	{C 183}		