

Division of Health Service Regulation			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FC 011199	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/26/2015

NAME OF PROVIDER OR SUPPLIER JOANN'S FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 245 ANCHOR DRIVE ALEXANDER, NC 28701
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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
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C 000 Initial Comments

Report of Biennial Construction Survey by Frank Strickland on 06/26/2015:

This facility was first licensed on 09/30/1994 as a Family Care Home. The facility is currently licensed for a capacity of five (5) ambulatory residents (who are able to evacuate without physical or verbal assistance during an emergency). Based on this information, the facility is required to meet the 1991 Rules for family care homes minimum desired standards regulations, the applicable portions of the 2005 Regulations for family care homes and the 1991 Edition of the North Carolina State Building Code Section 514.1-Residential Care Facility.

There were deficiencies cited at the time of this survey and a Plan of Correction is required.

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:
1-Based on observation, the facility has exit doors that do not operate by a single motion. This will effect all residents and staff in the event of a life-safety emergency.

Findings on 0/26/2015
The side exit door does not have single motion

C 000

C 174

CONSTRUCTION SECTION
JUL 31 2015
RECEIVED

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>JoAnn Reese</i>	TITLE <i>Dwight</i>	(X8) DATE 7/30/2015
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCLD11199	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 06/26/2015
NAME OF PROVIDER OR SUPPLIER JOANN'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 245 ANCHOR DRIVE ALEXANDER, NC 28701		
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C 174	Continued From page 1 door hardware that is the accessible ramp entrance..	C 174	Removed Dead Bolt on side exit door, this door is now single motion door	7/10/2015