

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL098030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/09/2015
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NAME OF PROVIDER OR SUPPLIER
CALLED 2 CARE FCH

STREET ADDRESS, CITY, STATE, ZIP CODE
**302 MAIN STREET
LUCAMA, NC 27851**

(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

This report by Chris Sluder is of a biennial construction survey done by Bob Getchell on July 9, 2015.

This facility was first licensed as a Family Care Home for six (6) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency) on October 1, 1989. Based on this we are requiring the home to be in compliance with the 1984 (1987 Revision) and the applicable portions of the 2005 Rules 10A NCAC 13G for the Licensing of Family Care Homes, and, the 1978 (Revision 5) North Carolina State Building Code - Section 409.1 (g) - Residential Care Facilities.

Deficiencies were noted which will require a new plan of correction.

C 030

CONSTRUCTION SECTION
SEP 03 2015
RECEIVED

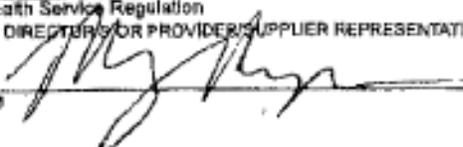
C 101

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

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



TITLE
Administrative

(X5) DATE
8-24-15

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C 101	Continued From page 1 Barbour Drive, Raleigh, North Carolina 27803 at no cost; This Rule is not met as evidenced by: 1. Based on observation, the Staff sleeping room did not have an emergency escape and rescue opening as required by the Building Code in effect when the facility was first licensed. Findings include: a) The Staffed room on the second floor has a window with an opening that is 16 x 11 inches. This is not in conformance with the minimum 432 square-inch opening.	C 101	Spoken with Mr. Strickland several times. Waiting on response from Frank Strickland owner of Facility is in non-compliance with charging and allowing me to charge the state that it's been that way for years and she resolved this issue when she first opened the home and she was told that it was operable and given the OK to operate as a family care home, window is located in SIC quarters		
C 147	Outside Entrances/Exits-Single Hand Motion SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled. This Rule is not met as evidenced by: 1. Based on observation, the right rear exit door was not operable by a single-hand motion. Findings include: There is a latch bolt installed on the exit door. (Latch bolt was immediately removed during the survey)	C 147			
C 148	Outside Entrances/Exits-Handrails At Porches SECTION .0300 - THE BUILDING	C 149			

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C 149	Continued From page 2 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 staff exit porch was not maintained safe. Findings include: a. The right handrail has a broken support.	C 149	Handrail has been repaired. <i>met 8/20/15</i>	
C 152	Floors 10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Based on observation, the floors were not maintained safe. Findings include: The right bedroom has frayed carpet at the door presenting a trip hazard.	C 152	<i>met 8/20/15</i> Carpet has been repaired	
C 153	Houskeeping And Furnishings-Clean, Repaired SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (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;	C 153		

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C 153	Continued From page 3 (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1. Based on observation, the furnishings were not maintained in good condition. <i>Done</i> Findings include: The back right bedroom has a worn chest of drawers.	C 153 <i>mt 8/20/15</i>	<i>Chester Drawer was removed.</i>	
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 building fire protection equipment was not being maintained in an operating condition. This would affect all residents by not detecting smoke, activating the fire alarm, and directing residents from the building. Findings include: a) The heat detector is connected to a fire panel that has been disconnected from power. b) The pull stations are connected to a fire panel that has been disconnected from power. c) There is currently not a smoke detector on east floor that is interconnected. d) The fire panel did not send a signal to a	C 174 <i>mt 8/20/15</i>	<i>Alarm monitoring system is back in operation, which includes heat detector</i>	

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PRINTED: 08/04/2015
FORM APPROVED

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C 174	<p>Continued From page 4</p> <p>monitoring company as it has been disconnected from power.</p> <p>2. Based on observation, the plumbing fixtures were not maintained in a safe manner because a toilet is coming loose from the floor. This would affect all residents using the hall toilet by exposing them to leaks from a broken wax seal.</p> <p>_____</p> <p>_____</p> <p>Continuation of rule C101 page 2 of 5</p> <p>Bedroom moved across the hallway with full size window with door leading to exterior door thru a direct exit to the outside.</p>	C 174	<p>Mlt</p> <p>8/22/15</p> <p>Toilet was fixed & repaired</p>	

