

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL054065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/02/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ANT MARY'S FAMILY CARE HOME 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>104 W JAMES STREET LA GRANGE, NC 28551</b>
--	--

(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 attempted to conduct a Biennial Follow-up Survey on October 2, 2015 at the above referenced facility. The survey was scheduled for 11:00 AM. The Surveyor arrived at the facility at 10:52 AM and no one was at the facility. The Surveyor attempted to contact the Provider at (919) 344-9903 but there was no answer and the voicemail was full. The Surveyor left at 11:26 AM. This would constitute as a NO SHOW. At 12:15 PM, the Provider did contact the Surveyor to say that the Staff van had broken down and they had not been able to reach the facility. The exterior deficiencies were verified as corrected.  The remaining deficiencies are as follows:	{C 000}		
{C 117}	Have Current San. And Fire Safety Approvals  SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.  This Rule is not met as evidenced by: 1. Based on observation, current reports were not available at the time of the survey.  Findings include: The following reports were not available at the time of the survey: a) Sanitation report, b) Fire Marshalls Report,	{C 117}		

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL054065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/02/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ANT MARY'S FAMILY CARE HOME 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>104 W JAMES STREET LA GRANGE, NC 28551</b>
--	--

(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 136}	Continued From page 1	{C 136}		
{C 136}	<p>Bathroom-Nonskid In Tub/Showers</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (f) Nonskid surfacing or strips must be installed in showers and bath areas.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the tub/shower floor was not maintained in a safe manner by not providing no-skid strips or a textured surface. This would affect all residents by exposing them to a slip hazard.</p> <p>Findings include: The floor in the front tub/shower has no textured surface or no-skid strips.</p>	{C 136}		
{C 152}	<p>Floors</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not maintaining the floor coverings. This would affect all residents by exposing them to trip hazards</p> <p>Findings include: a) The Dining Room/Kitchen tile is damaged, b) Front Right bedroom has a hole in the carpet, c) At the entry to the center corridor a board under the hall carpet makes the surface uneven and creates a tripping hazard.</p>	{C 152}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL054065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/02/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ANT MARY'S FAMILY CARE HOME 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>104 W JAMES STREET LA GRANGE, NC 28551</b>
--	--

(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 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:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing homes.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the bedroom furniture was worn and damaged..</p> <p>Findings include: The bedroom end tables, chest of drawers and other furnishings in the residents bedrooms have the following issues:</p> <p>a) The back left bedroom has a chest of drawers that has a broken drawer,</p> <p>b) The back right bedroom has a chest of drawers that has the finish worn off it,</p> <p>c) The front right bedroom has furniture with the finish worn off it,</p>	{C 153}		
{C 167}	<p>Dining Room Furnishings</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS</p> <p>(d) The dining room shall have the following furnishings:</p> <p>(1) tables and chairs to seat all residents eating in the dining room; and</p> <p>(2) chairs that are sturdy, non-folding, without rollers unless retractable or on front legs only, and designed to minimize tilting.</p>	{C 167}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL054065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/02/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ANT MARY'S FAMILY CARE HOME 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>104 W JAMES STREET LA GRANGE, NC 28551</b>
--	--

(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 167}	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 Dining Room table was not maintained in a safe manner by having two of the four legs unattached.  Findings include: The Dining Room table has two legs missing the attaching hardware.	{C 167}		
{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 electrical system was not maintained in a safe manner by having an electrical outlet incorrectly wired  Findings include: The GFCI outlet in the front bathroom is indicating it is wired with a reversed polarity.  4. Based on observation, the facility was not maintained in a safe manner by having doors that did not close completely and latch in order to contain smoke and fire. This could affect all residents by not containing smoke or fire in the fire compartment or room of origin.	{C 174}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL054065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/02/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ANT MARY'S FAMILY CARE HOME 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>104 W JAMES STREET LA GRANGE, NC 28551</b>
--	--

(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 174}	<p>Continued From page 4</p> <p>The following doors have issues: a) Back left bedroom door scrubs the carpet and won't close and latch,</p> <p>5. The facility was not maintained in a safe manner by having loose plumbing fixtures.</p> <p>Findings include: In the back bathroom/Laundry the toilet is coming loose from the floor.</p> <p>6. Based on observation, the building was not maintained in a safe manner by not maintaining the smoke-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin.</p> <p>Findings include: a) The back right bedroom has a hole in the wall. b) The front right bedroom has a crack in the wall</p>	{C 174}		