

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL017030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/01/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>JONES FAMILY HOME # 4</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>278 E MAIN STREET YANCEYVILLE, NC 27379</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	<p>Initial Comments</p> <p>Report by Glenn Hoppin</p> <p>DHSR Construction Section conducted a Complaint survey on October 01, 2015 from 10:00AM to 10:30AM at the above referenced facility. DHSR records indicate the home was first licensed on August 31, 1992 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). Based on this information we are requiring the home to maintain compliance with the following: the 1992 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1991 (92 Rev) North Carolina State Building Code - Section 514.1 exception 1- Residential Care Facilities.</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 117	<p>Have Current San. And Fire Safety Approvals</p> <p>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.</p> <p>This Rule is not met as evidenced by: Observations revealed that the facility received a failing sanitation grade of 37 demerits. Correct all demerits and have the facility reinspected. Provide the DHSR Construction section with an</p>	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>FCL017030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/01/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>JONES FAMILY HOME # 4</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>278 E MAIN STREET YANCEYVILLE, NC 27379</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 117	Continued From page 1 approved sanitation report.	C 117		