

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092189	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 10/02/2015
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NAME OF PROVIDER OR SUPPLIER JACKSON FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 221 EAST BARBEE STREET ZEBULON, NC 27597
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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 Robin Fay DHSR Construction Section conducted a Biennial Follow-up Survey on October 2, 2015 12:00 PM to 12:45 PM 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 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; (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. Findings include: a) Back left bedroom has worn furniture missing handles on drawers. 10/2/2015 - RF: At the time of the follow-up survey this deficiency was not corrected. Provide photographs or supporting documentation to this office of the repairs.	{C 153}		
{C 168}	Fire Extinguishers	{C 168}		

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

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{C 168}	<p>Continued From page 1</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home: (1) one five pound or larger (net charge) "A-B-C" type centrally located; (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and (3) any other location as determined by the code enforcement official.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the building fire protection equipment was not maintained in a safe manner. This would affect all residents by not having fire protection equipment operable for use in an emergency.</p> <p>Findings include: The inspection tags on the fire extinguishers indicate that required monthly checks are not being performed per NFPA 10.</p> <p>10/2/2015 - RF: At the time of the follow-up survey the fire extinguishers had an out-dated tag. Have the fire extinguishers checked and provide document to this office of the the correction.</p>	{C 168}		
{C 174}	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical,</p>	{C 174}		

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{C 174}	<p>Continued From page 2</p> <p>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.</p> <p>This Rule is not met as evidenced by: Findings include: The GFCI outlet behind the microwave is indicating a reversed polarity in the wiring.</p> <p>10/2/2015 - RF: At the time of the follow-up survey this items remains uncorrected. Provide documentation and photographs of the corrections.</p>	{C 174}		