

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL009008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/18/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OAK GROVE FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 553 SASAFRAS ROAD BLADENBORO, NC 28320
--	--

(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 conducted a Biennial Follow-up Survey on September 18, 2015 from 11:04 AM to 11:30 AM 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 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:
2. At the time of this survey, the smoke detector on the Resident hall nearest the living room was not interconnected to the other smoke detectors in the facility. Have a qualified person repair or replace the smoke detector so that when any one detector is activated, all of the detectors sound. Provide documentation of the repairs.
9/18/15: SF-At the time of this survey, the hall smoke detector was not interconnected. Have a qualified technician repair or replace the smoke detector. Provide documentation of the repairs in the form of copies of receipts or work orders.
3. At the time of this survey, the smoke detectors

(C 000)
CONSTRUCTION SECTION
OCT 14 2015
RECEIVED
① Installed New ~~Smoke Detectors~~
Smoke detectors, IN ALL Rooms,
② When one goes off they all go off at the same time.

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: FCL008008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/18/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OAK GROVE FAMILY CARE HOME

583 SABAFRAS ROAD
BLADENBORO, NC 28320

(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 1</p> <p>in Bedroom #1 and in Bedroom #4 were not interconnected to the other smoke detectors in the facility. Have a qualified person repair or replace the smoke detector so that when any one detector is activated, all of the detectors sound. Provide documentation of the repairs.</p> <p>9/18/15: SF-At the time of this survey, the smoke detector in Bedroom #1 was working properly. The detector in Bedroom #4 was still not interconnected. Have a qualified technician repair or replace the smoke detector. Provide documentation of the repairs in the form of copies of receipts or work orders.</p>	(C 174)	<p><i>They all are interconnected with each other in every room.</i></p> <p><i>Completion</i> <i>10-8-15</i> <i>T. Ward</i></p>	