

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 09/24/2015
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NAME OF PROVIDER OR SUPPLIER HUMPHREY FAMILY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 6245 BURTON CHAPEL ROAD MEBANE, NC 27302
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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 and Glenn Hoppin DHSR Construction Section conducted a Biennial Follow-up Survey on September 24, 2015 from 10:00 AM to 10:30 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 000}		
{C 137}	Bathroom-Mechanical Ventilation SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (g) The bathrooms shall be lighted to provide 30 foot candles of light at floor level and have mechanical ventilation at the rate of two cubic feet per minute for each square foot of floor area. These vents shall be vented directly to the outdoors. This Rule is not met as evidenced by: 1. Based on observation, the mechanical exhaust was not maintained operating. Findings include: The exhaust fan in the back middle bathroom is not working. 9/24/2015 - RF/GH: At the time of the follow-up survey the exhaust fan in the back middle bathroom was not operable. Repair or replace unit. Provide documentation to this office that the work has been completed with an invoice, photograph or work order.	{C 137}		

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

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{C 174}	Continued From page 1	{C 174}		
{C 174}	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</p> <p>(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.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by:</p> <p>3. b) The ramp to the bathroom is not protected by handrail the entire length. Install end bracket to secure handrail. Provide documentation to this office that work has been completed with an invoice, photograph or work order.</p> <p>9/24/2015 - RF/GH: Handrail along the ramp to the bathroom is missing an end bracket. Install another bracket to secure handrail. Provide documentation to this office that work has been completed with an invoice, photograph or work order.</p> <p>5. Based on observation, the electrical components were not maintained operable.</p> <p>Findings include: There are three emergency lights in the corridor with dead batteries</p> <p>9/24/2015 - RF/GH: At the time of the follow-up survey the corridor emergency lights were not annually operable. Replace batteries. Provide documentation to this office that the work has been completed with an invoice, photograph or work order.</p>	{C 174}		

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