

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUPREME FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1120 BENNING STREET DURHAM, NC 27703
---	--

(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 Suzanna Fay</p> <p>DHSR Construction Section conducted a Biennial Survey on January 8, 2016 from 3:33 PM to 5:15 PM at the above referenced facility. DHSR records indicate the home was first licensed on March 17, 2015 as a Family Care Home for five 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 2005 Rules 10A NCAC 13G for Family Care Homes and the 2012 North Carolina State Building Code - Section 425.2 - Residential Care Homes.</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 105	<p>Initial Licensure-Meet NCSBC</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION</p> <p>(a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North</p>	C 105		

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: FCL032142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUPREME FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1120 BENNING STREET DURHAM, NC 27703
---	--

(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 105	<p>Continued From page 1</p> <p>Carolina 27603 at a cost of three hundred eighty dollars (\$380.00).</p> <p>(b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the hot water heater pressure relief valve was not piped. Have a qualified technician provide discharge from the pressure relief valve through full sized piping that terminates less than 6 inches above the adjacent floor surface. The piping must be of acceptable material. Provide documentation of the correction in the form of photos, receipts or work orders.</p>	C 105		
C 137	<p>Bathroom-Mechanical Ventilation</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM</p> <p>(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.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the bathroom off of Bedroom 2 did not have mechanical ventilation. Have a qualified technician install a mechanical exhaust per the current NCSBC requirements. Provide documentation of the correction in the form of photos, permits, inspections or work orders.</p>	C 137		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUPREME FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1120 BENNING STREET DURHAM, NC 27703
---	--

(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 147	Continued From page 2	C 147		
C 147	<p>Outside Entrances/Exits-Single Hand Motion</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS</p> <p>(d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled.</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that the front door hardware and the kitchen exit hardware were not single action. Have a qualified technician replace the door hardware with single action hardware. Provide documentation of the correction in the form of receipts or work orders.</p>	C 147		
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. (j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by: 1. At the time of this survey, the facility has a monitored fire alarm system with smoke detectors in every room of the facility and in the corridors outside the bedrooms. All of the smoke detectors appeared to be working properly but the alarm was not transmitting to the monitoring</p>	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SUPREME FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1120 BENNING STREET DURHAM, NC 27703
---	--

(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 3</p> <p>company. The fire alarm panel was indicating a "communication failure." Have a technician service the fire alarm system. Provide documentation of the correction in the form of receipts or work orders.</p> <p>2. Observations revealed that the facility had pull stations located at each exit. Also observed were fire strobes located in all of the common areas and in the Utility room. The strobes did not go off with the fire alarm system which indicates that they are tied to the pull stations. Interview with Staff revealed that the pull stations were no longer in service and she did not have a key to reset the alarms. There are no requirements for the pull stations and strobes per the Family Care Home Rules. Consult with the local Building Officials for their requirements and if they are not required, consult with the officials as to the proper means of disabling the devices. Provide documentation of the correction in the form of inspections, receipts or work orders.</p> <p>3. Observations revealed that the finish on the exterior gable trim was flaking and peeling. Also observed that the bottom left corner of the trim on the right face of the facility was showing signs of damage. Have a qualified technician repair the damaged wood and finishes. Provide documentation of the correction in the form of photos, receipts or work orders.</p>	C 174		