

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2016
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NAME OF PROVIDER OR SUPPLIER MAGGIE'S HELPING HANDS	STREET ADDRESS, CITY, STATE, ZIP CODE 1011 PARK AVE DURHAM, NC 27701
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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	<p>Initial Comments</p> <p>Report by Glenn Hoppin</p> <p>DHSR Construction Section conducted a Biennial Survey on February 09, 2016 from 8:30 AM to 10:00 AM at the above referenced facility. DHSR records indicate the home was first licensed on October 1, 2013 as a Family Care Home for four 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 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, 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. Observations revealed that the breaker panel is missing a cover screw causing the cover to improperly cover the breaker panel. Have a qualified technician replace the missing screw in the breaker panel. Provide photo documentation to the DHSR Construction section when this is</p>	C 174		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 174	<p>Continued From page 1 complete.</p> <p>2. Observations revealed that the hall bathroom faucet is continuously dripping. Have a qualified technician repair or replace the faucet. Provide copies of invoices to the DHSR Construction Section when this is repaired.</p> <p>3. Observations revealed that a light switch in the master bathroom is broken. Have a qualified technician repair or replace the light switch. Provide copies of invoices to the DHSR Construction section when this is repaired.</p> <p>4. Observations revealed that a picket on the rear steps has been chewed by an animal. Have a qualified technician repair or replace the damaged picket.</p> <p>5. Observations revealed that the paint is fading and peeling on the exterior window trim. Have a qualified technician repaint the window trim. Provide photo documentation to the DHSR Construction Section when this is complete.</p>	C 174		