

ANT MARY'S FAMILY CARE INC.

P.O. BOX 516

LA GRANGE, N.C. 28551

104 W. James Street

3713 Herring Road

This fax contains confidential information. If received in error, please destroy or notify our office immediately

Number of pages (including cover sheet) 9

Faxed to MR. Rick Burton

Fax # 919-733-6592

Sent By Eula Conyers

Fax # 252-566-2878

Date 2/8/16 Time _____ AM _____ PM _____

Urgent For Review Please Reply

Comments _____

IF THE FOLLOWING PAGES ARE NOT LEGIBLE OR IF YOU ARE NOT RECEIVING ALL OF THESE PAGES BEING SENT, PLEASE CALL 252-566-5998.

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N.C. Department of Environment and Natural Resources
Division of Environmental Health

Demerit Score: 9
Date of Insp/Chg 6-2-15
Status Code: A

Health Department Lenoir
Current Facility ID _____
Old Facility ID _____

Inspection of Residential Care Facility

(For facilities, as defined, with
not more than 12 residents)

Water Supply: Community Non-Transient Non-Community
 Transient Non-Community Non-Public Water Supply

Wastewater System: Community On-Site System

Water sample taken today? Yes No
 Inspection Name Change
 Re-Inspection Verification of Closure
 Visit Status Change

Name of Establishment: Our Mary's Family Care #1
Location Address: 104 W. James St.

Permittee: Eula Britt, Congress
Number of Residents: 6
Mailing Addr. _____

City: La Grange State: NC Zip: 28551 City: _____ State: _____ Zip: _____

Classification: Approved (20 or less demerits, and no 6-point demerits) Disapproved (More than 40 demerits or failure to improve provisional classification)
 Provisional (More than 20, but 40 or less demerits, or a 6-point demerit)

Demerits	COMMENTS
1. WATER SUPPLY: Public supply; private supply approved 6 (.1611)	
2. LIQUID WASTES: Sewage and other liquid wastes disposed of by approved method 6 (.1613)	
3. FOOD SUPPLIES AND PROTECTION: Supplies: All food clean, wholesome, no spoilage 6 (.1619) <u>Refrigerator 44-45</u> Protection: Adequate during storage, preparation and serving, potentially hazardous food 45°F or below, or 140°F or above 5; all refrigerators with thermometers 2; pork, ground beef products, poultry and stuffings, etc., thoroughly cooked; meat and poultry salad, potato salad, etc., handled as required, no re-serving of portions once served to an individual 4; food containers stored above floor and protected from contamination 2; pets and other animals not allowed where food is prepared or stored, nor in serving area (unless caged or otherwise restricted) 4 (.1620)	
4. FOOD SERVICE UTENSILS AND EQUIPMENT: Food service utensils and equipment in good repair and kept clean 2; eating and drinking utensils clean to sight and touch, cleaned after each use; approved facilities 4; clean utensils properly stored 2; substances containing poisonous material not used for cleaning or polishing eating or cooking utensils 6; disposable items properly stored and handled, used only once 2 (.1618)	4
5. FOOD SERVICE PERSONS: Clean clothes, hands, and work habits 4 (.1621)	
6. DRINKING WATER FACILITIES: ICE HANDLING: Common drinking cups not used 4; ice, if provided, handled and dispensed in a sanitary manner 2 (.1612)	Kitchen under 100°F Bathroom 113°, 112°
7. HOT AND COLD WATER: Adequate hot and cold water piped to points of use 4 (.1611)	
8. TOILET: HANDWASHING: LAUNDRY AND BATHING FACILITIES: Toilet, lavatory and bathing facilities adequate 4; fixtures in good repair and kept clean 2; soap and towels provided 2 (.1610)	2 ⑧ Keep paper towels at ALL lavatories
9. BEDS: LINEN: FURNITURE: All furniture, mattresses, linen, drapes, blinds and similar items in good repair and clean 2; bed linen changed as required 2; clean and soiled linens properly stored and handled 2 (.1617)	
10. STORAGE: MISCELLANEOUS: Rooms or areas provided for storage of clothes, personal effects, luggage, supplies and equipment kept clean 2; medications, cleaning supplies, pesticides and other hazardous products properly stored as required 4 (.1616)	
11. FLOORS: In good repair 1; kept clean 2 (.1607)	1 2 ⑪ Kitchen floor in bad repair
12. WALLS AND CEILINGS: In good repair 1; kept clean 2 (.1608)	
13. LIGHTING AND VENTILATION: Windows and fixtures in good repair 1; kept clean 2 (.1609)	⑫ Cobwebs on wall/ceiling in bedroom next to laundry
14. VERMIN CONTROL: PREMISES: Outside openings effectively screened or otherwise protected against entrance of flying insects, and flying insects absent 4; effective control of rodents and other vermin 4; approved pesticides properly used 4; premises neat, clean, drained and free of litter and vermin harborages and breeding areas 2 (.1615)	
15. SOLID WASTES: Garbage in standard containers, properly covered and stored, approved disposal 4; containers, storage area kept clean 2; dry rubbish in suitable receptacles, approved storage and disposal 2 (.1614)	

Rept Received by: Doris Johnson TOTAL DEMERIT SCORE 9
Inspection by: Barbara Sutton PEHS ID.# 1100 Comment Sheet Attached Yes No

Purpose: General Statute 130A-235 requires the Commission for Health Services to adopt rules governing the sanitation of institutions. 15A NCAC 18A .1605 specifies the contents of an inspection form to record the results of inspections made of residential care facilities. This form is to be used in making inspections of residential care facilities. Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and three copies for: 1. Original to the person in charge. 2. One copy for the supervising agency (or more as requested). 3. Copy for the local health department. Disposition: Please refer to Records Retention and Disposition Schedule 8.B.6., for County/District Health Departments which is published by the North Carolina Division of Archives & History. Additional forms may be ordered from: Division of Environmental Health, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL054065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/03/2015
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NAME OF PROVIDER OR SUPPLIER ANT MARY'S FAMILY CARE HOME 1	STREET ADDRESS, CITY, STATE, ZIP CODE 104 W JAMES STREET LA GRANGE, NC 28551
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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
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{C 000} Initial Comments

Report by Rick Benton & Robin Fay

DHSR-Construction Section conducted a follow-up survey on December 3, 2015 from 1:00pm to 2:00pm at the above referenced facility. Several deficiencies remain from the October 2, 2015 Biennial follow-up survey. There are also new deficiencies that will have to be addressed. The remaining deficiencies and the new listed deficiencies will require another Plan of Correction. They are as follows:

{C 117} Have Current San. And Fire Safety Approvals

SECTION .0300 - THE BUILDING
10A NCAC 13G .0302 DESIGN AND CONSTRUCTION
(n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.

This Rule is not met as evidenced by:
1. Based on observation, current reports were not available at the time of the survey.

Findings include:
The following reports were not available at the time of the survey:
a) Sanitation report,

*RB/RF - 12/3/15 - This deficiency is partially corrected. The provider submitted a copy of the sanitation report to DHSR-Construction while onsite. The sanitation inspection was conducted on May 26, 2015. The report had twenty-five (25) demerits which resulted in a Provisional Sanitation Report. This is unacceptable. The provider must follow the recommendations of the

{C 000} 6117 Section 0300 - The BUILDING
10A NCAC 13G .0302 Design and Construction
The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.

{C 117} Inspection done on 6/2/15
on the home with 9 demerits

(C 136)
Bathroom - non-skid in tub/shower
10A NCAC 13G 0309 12/9/15
Bathroom
(f) NONSKID Surfacings or strips must be installed in showers and bath areas

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Fula Conner</i>	TITLE <i>Administrator</i>	(X6) DATE <i>2/2/16</i>
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{C 117}	Continued From page 1 local sanitarian and must request another inspection immediately. The results of the inspection must be submitted to our office for our records.	{C 117}	{C 153}	
{C 136}	Bathroom-Nonskid In Tub/Showers SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (f) Nonskid surfacing or strips must be installed in showers and bath areas. This Rule is not met as evidenced by: 1. Based on observation, the tub/shower floor was not maintained in a safe manner by not providing no-skid strips or a textured surface. This would affect all residents by exposing them to a slip hazard. Findings include: The floor in the front tub/shower has no textured surface or no-skid strips. *RB/RF - 12/3/15 - This deficiency remains uncorrected. The provide must contact a qualified technician to make the necessary corrections to the floor in front of the shower. Provide to our office a copy of the receipt from the technician for verification of the completed work.	{C 136}	House Keeping and furnishings - Clean, Repaired Section 0300 - The Building 10A NCAC 13G .0315 House Keeping and Furnishing (a) Each family care home shall: (1) have walls, ceilings, and floors or floor covering kept clean and in good repair (2) have no chronic unpleasant odor (3) have furniture clean and in good repair (e) This Rule shall apply to new and existing homes The back left bedroom has a chest of drawer that has a broken drawer A new chest was purchased	
{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;	{C 153}		

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{C 153} Continued From page 2

(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 bedroom furniture was worn and damaged..

Findings include:
The bedroom end tables, chest of drawers and other furnishings in the residents bedrooms have the following issues:
a) The back left bedroom has a chest of drawers that has a broken drawer,

*RB/RF - 12/3/15 - This deficiency is partially corrected. The bedroom chest of drawers has not been replaced and is being used by the resident. Arrange to have an undamaged chest of drawers placed in the residents bedroom for the residents use. Provide to our office any documentation such a receipt for purchase that verifies the completed work.

{C 153}

for the back left bedroom. This chest unlike the other one has a mirror to it.

(C174) 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.

(i) This rule shall apply to new and existing family care homes

9/30/15

12/9/15

{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:
1. Based on observation, the building electrical

{C 174}

(i) This rule shall apply to new and existing family care homes

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{C 174}	<p>Continued From page 3</p> <p>system was not maintained in a safe manner by having an electrical outlet incorrectly wired</p> <p>Findings include: The GFCI outlet in the front bathroom is indicating it is wired with a reversed polarity.</p> <p>*RB/RF - 12/3/15 - This deficiency remains uncorrected. The electrical outlet remains wired with a reversed polarity. The provide must contact a qualified technician to make the necessary repairs to the outlet. Provide to our office a copy of the receipt from the technician for verification of the completed work.</p> <p>NEW DEFICIENCIES</p> <p>1) During the survey, a broken window pane was in the kitchen window. Contact a qualified technician to make the necessary repairs to the window. Provide to our office a copy of the receipt from the technician for verification of the completed work.</p> <p>2) During the survey, a damaged window shutter was observed on the front left window. Contact a qualified technician to make the necessary repairs to the window shutter. Provide to our office a copy of the receipt from the technician for verification of the completed work.</p> <p>3) During the survey, it was observed that the crawl space was covered by a piece of plywood that was being supported by another section of wood with concrete blocks holding it in place. Contact a qualified technician to make the necessary repairs to the crawl space door. Provide to our office a copy of the receipt from the technician for verification of the completed work.</p>	{C 174}	<p>The buildings electrical system was not maintain in a safe manner by having an electrical outlet incorrectly wired.</p> <p>New Deficiencies</p> <p>(1) Broken window has been Replaced</p> <p>(2) Damaged window shutter was repaired</p> <p>(3) Crawl space covers was repaired</p> <p>(4) Floor tile beside the toilet in Rear bathroom/laundry room was repaired</p>	<p>12/9/15</p> <p>12/9/15</p> <p>11/2/16</p> <p>2/8/16</p>
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{C 174} Continued From page 4

{C 174}

4) During the survey, it was observed that the floor tile beside the toilet in the rear bathroom/laundry room was curled up and had become detached from the floor. Contact a qualified technician to make the necessary repairs to the floor tile. Provide to our office a copy of the receipt from the technician for verification of the completed work.

(5) The ceilings in the Rear left bathroom/laundry room was repaired. 12/9/15

5) During the survey, it was observed that the ceiling in the toilet in the rear bathroom/laundry room had several ceiling stains at or near the light fixture. Contact a qualified technician to make the necessary repairs to the ceiling. Provide to our office a copy of the receipt from the technician for verification of the completed work.

(6) The Kitchen Cabinet door was reinstalled and hinges replaced. 12/9/15

6) During the survey, it was observed that the kitchen cabinet did not have a door installed on it due to damaged hinges and the shelves supports were also damaged. Contact a qualified technician to make the necessary repairs to the cabinet. Provide to our office a copy of the receipt from the technician for verification of the completed work.

(7) The bedroom wall in bedroom #1 was cleaned. 12/8/16

7) During the survey, it was observed that the walls in bedroom 1 has stains that remain from dead bedbugs when the home was exterminated. Arrange for someone to clean and sanitize the walls in bedroom 1. Provide to our office a picture of the cleaned wall for verification of the completed work.

(8) A new attic door was installed and old steps discarded. 12/9/15

8) During the survey, it was observed that the attic pulldown steps broke apart when DHSR-Construction surveyors tried to access the attic space. Contact a qualified technician to make the necessary repairs to the attic access

(9) the gutter down-spout was repaired. 2/8/16

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{C 174}

Continued From page 5

steps. Provide to our office a copy of the receipt from the technician for verification of the completed work.

9) During the survey, it was observed that a section of the gutter downspout was missing. Contact a qualified technician to make the necessary repairs to the downspout. Provide to our office a copy of the receipt from the technician for verification of the completed work.

10) During the survey, it was observed that a moldy shower suction mat was being used in the rear bathroom/laundry room. Arrange for someone to remove this mat and have a new mat placed in the shower. Provide to our office a receipt for the purchase of the new mat for verification of the completed work.

11) During the survey, it was observed that the fire extinguishers had expired dates. Contact a qualified technician to make the necessary upgrades to the the fire extinguishers. Provide to our office a copy of the receipt from the technician for verification of the completed work.

{C 174}

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(10) moldy suction mat was discarded and new non skid strips was installed 12/9/15

w
(11) The fire extinguishers were checked by a qualified technician 12/15