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PRINTED: 01/21/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL057001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 01/08/2016
NAME OF PROVIDER OR SUPPLIER MINTZ FAMILY CARE HOME #1		STREET ADDRESS, CITY, STATE, ZIP CODE 302 MILLER ROAD MARSHALL, NC 28753		
(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 Glenn Hopkin DHSR Construction Section conducted a Complaint Survey on December 08, 2015 from 12:00pm until 1:00pm at the above referenced facility. DHSR records indicate the home was first licensed on February 13, 1980 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). Sometime after January 01, 1984 the capacity was increased to six Ambulatory Residents. Based on this information we are requiring the home to maintain compliance with the following: the 1984 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2006 Rules 10A NCAC 13G for Family Care Homes, and the 1978 (Rev 5) North Carolina State Building Code - Section 409.1(g) - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
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.	C 174		

CONSTRUCTION SECTION
APR 08 2016
RECEIVED

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Boyd Mintz

TITLE

Administrator

(X6) DATE

4/7/16

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCL067001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 01/08/2016
NAME OF PROVIDER OR SUPPLIER MINTZ FAMILY CARE HOME #1		STREET ADDRESS, CITY, STATE, ZIP CODE 302 MILLER ROAD MARSHALL, NC 28763		
(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	Continued From page 1 This Rule is not met as evidenced by: Observations revealed that the electric baseboard heater in the double occupancy bedroom has been torn away from the wall damaging the wall and leaving exposed electrical wiring. Have a qualified technician repair the wall and repair or replace the electric space heater. Provide receipts and photo documentation to the DHSR Construction section when this is complete.	C 174	C174 The Wall was repaired. The baseboard heater was anchored to the wall with four screws. The heater is now secure to the wall.	1/12/16