

Division of Health Service Regulation

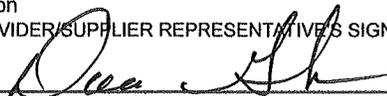
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL016019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/18/2016
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NAME OF PROVIDER OR SUPPLIER SEA COAST FCH	STREET ADDRESS, CITY, STATE, ZIP CODE 107 GRAHAM ROAD BEAUFORT, NC 28516
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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	<p>Initial Comments</p> <p>Report by Suzanna Fay</p> <p>DHSR Construction Section conducted a Biennial Survey on March 18, 2016 from 11:00 AM to 12:08 PM at the above referenced facility. DHSR records indicate the home was first licensed on December 18, 1991 as a Family Care Home for six 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 1991 Family Care Homes Minimum Standards and Regulations, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1991 North Carolina State Building Code - Section 513.1, Exception 1 - Residential Care Facilities.</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	<p style="text-align: center;">CONSTRUCTION SECTION</p> <p style="text-align: center;">APR 25 2016</p> <p style="text-align: center;">RECEIVED</p>	
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 flaps for the dryer back flow preventor had broken off. Have a qualified technician repair or replace the back</p>	C 174		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Admin.

(X6) DATE

4-20-16

Division of Health Service Regulation

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C 174	Continued From page 1 flow preventor. Provide documentation of the repairs in the form of photos, receipts or work orders. 2. Observations revealed that the exterior GFCI outlet outside of Bedroom #2 did not have a protective cover. Install a protective cover. Provide documentation of the repairs in the form of photos or receipts.	C 174	See INV. # 1 See INV. # 2	
C 143	Outside Exits-Locks Single Hand Motion IV. The Building C. Physical Environment (10 NCAC 42C .2201) 8. Outside Entrances/Exits (10 NCAC 42C .2209) d. All exit doors locks must be easily operable, by a single hand motion, from the inside at all times without keys. (This limits each door to one locking device which meets the criteria set forth in this standard.) This Rule is not met as evidenced by: 1. Observations revealed that the storm door at the living room exit had a deadbolt latch. Have a qualified technician remove or disable the deadbolt. Provide documentation of the repairs in the form of photos, receipts or work orders.	C 143	See INV. # 1	
C 151	Outside Premises-Walkways Illuminated IV. The Building C. Physical Environment (10 NCAC 42C .2201)	C 151	See INV. # 1	

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C 151	<p>Continued From page 2</p> <p>11. Outside Premises (10 NCAC 42C .2215) c. Outdoor walkways and drives must be illuminated by no less than five foot candle of light at ground level.</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that the light at the back porch was out. Install a bulb and make sure the light is working to provide a well lit exit. Provide documentation of the repairs in the form of photos or receipts.</p>	C 151	<p>See INV. # 3</p> <p>Included in packet</p>	
C 163	<p>Fire Safety-Fire Rehearsals</p> <p>IV. The Building E. Fire Safety Requirements (10 NCAC 42C .2213) 6. There must be at least four rehearsals of the fire and disaster plan each year. Records of rehearsals are to be maintained and copies furnished to the county department of social services annually. The records must include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved.</p> <p>This Rule is not met as evidenced by: 1. Review of records revealed that the Owner was unable to locate the fire and disaster drill logs. Provide a copy of the last twelve months of fire and disaster drills to DHSR/Construction Section with your signed Plan of Corrections.</p>	C 163		

1

21st Century Builders Inc.

228 Copeland Rd.

Beaufort NC 28516

252-838-1069

4-19-16

CONSTRUCTION SECTION

APR 25 2016

RECEIVED

Seacoast Family Care

107 Graham Ln

Beaufort NC 28516

Replaced dryer vent

Made all locks on storm doors inoperable

Total due

100.00

4

21st Century Builders Inc.

228 Copeland Rd.

Beaufort NC 28516

252-838-1069

4-19-16

Shoreline Family Care

105 Graham Ln.

Beaufort NC 28516

Replaced smoke Detector in #6 bedroom

Installed smoke detector in utility room

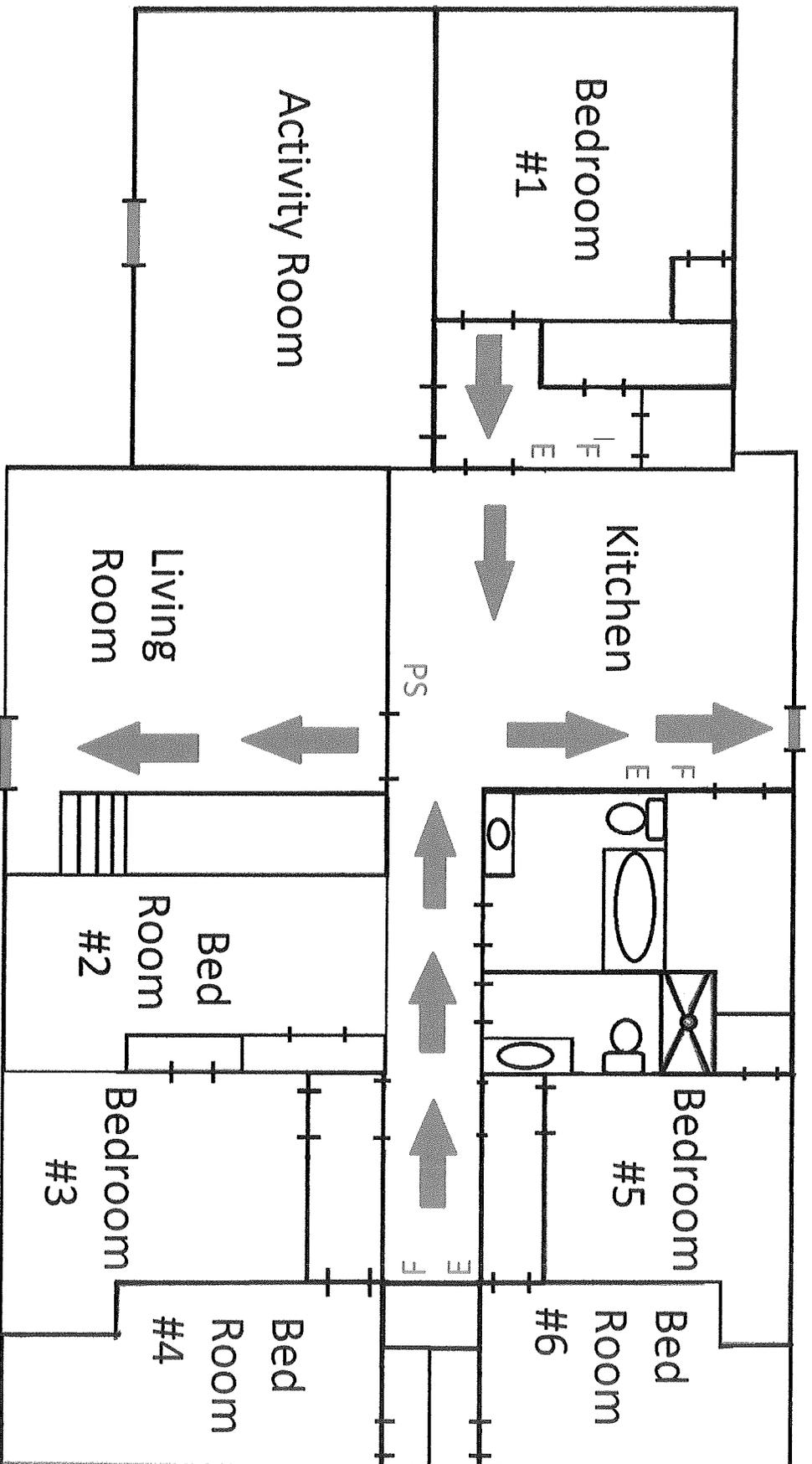
Installed missing shingles on back of house

Made all locks on storm doors inoperable

Total due

225.00

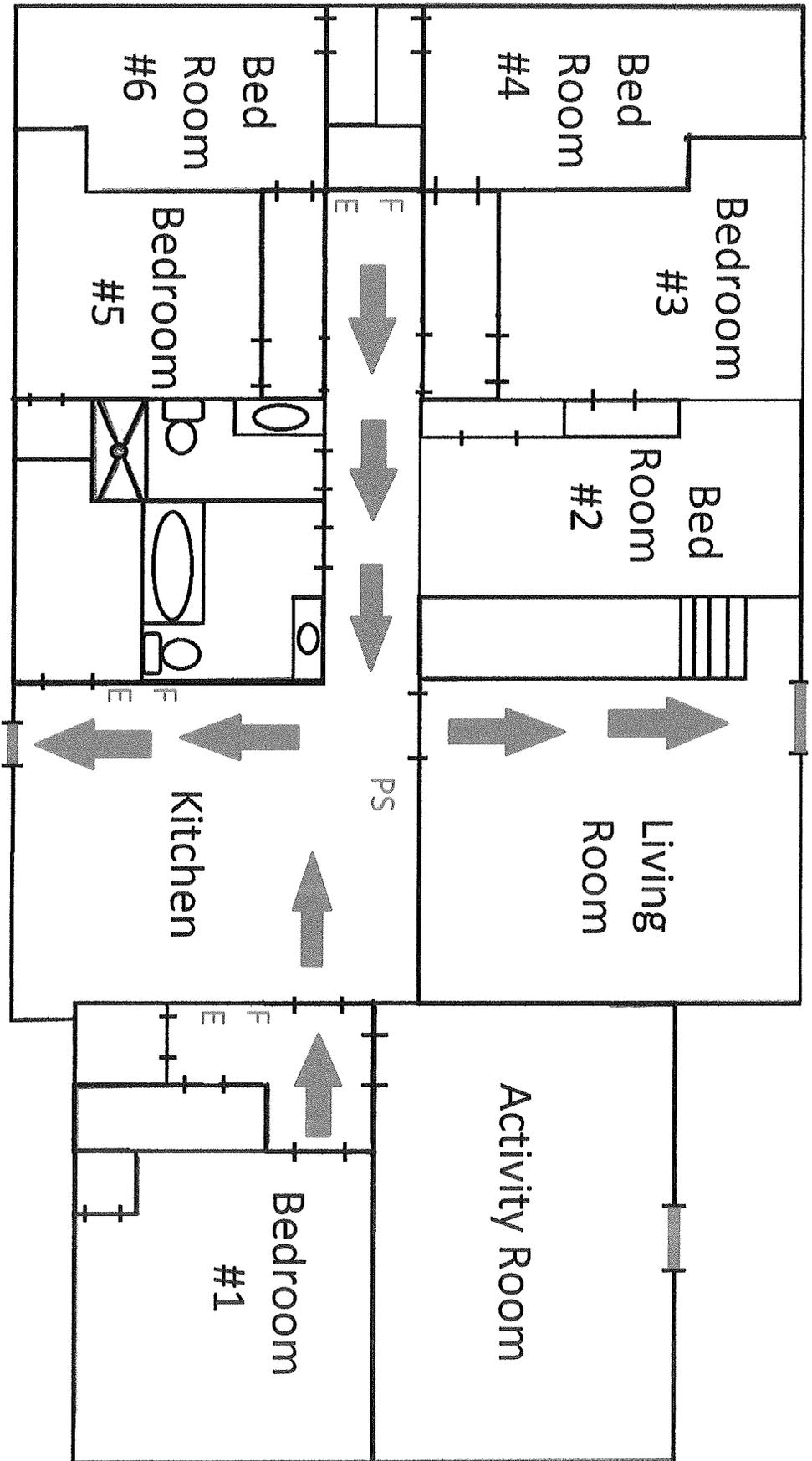
Sea Coast Family Care Home Evacuation Plan



FE - Fire Extinguisher
PS - Pull Station

Rally Point Front Yard

Rally Point Front Yard



FE - Fire Extinguisher

PS - Pull Station

Sea Coast Family Care Home
Evacuation Plan

Graham's Senior Living Homes

Fire Drill Report

Name of Home Sea Coast Family Care

Address of Home 107 Graham Ln

Date of Drill 1-27-15

Time of Drill 1:00 AM PM

Person conducting the drill Dean Graham

Type of notification used Pull Fire Alarm

Number of resident's evacuated 3

Special conditions simulated getting all residents out of house

Weather conditions at time of drill Sunny, cold, windy

Staff Present Dean Graham, Jody Garner Dale Johnson

Time to complete Drill 3.5 min

Description of the drill Pulled fire alarm Dean went and got all ambulatory residents out Jody & Dale assisted Harvey out

Changes that should be made We had one resident in Bathroom that went to his Bedroom discussed with him he had to go outside

Signature of staff on duty Dale Johnson Jody B D

Administrator Dean

Graham's Senior Living Homes

Fire Drill Report

Name of Home Seacoast Family Care

Address of Home 107 Graham Ln.

Date of Drill 7-6-15

Time of Drill 8:35 AM PM

Person conducting the drill Dean Graham

Type of notification used Fire Alarm

Number of resident's evacuated 6

Special conditions simulated none

Weather conditions at time of drill Dusk, Clear

Staff Present Dale Johnson, Jason Howell

Time to complete Drill 3:45 sec

Description of the drill Pull Fire alarm everyone went outside
4 went out front
2 went out Back

Changes that should be made Told everyone to meet at front

Signature of staff on duty Jason Howell Dale Johnson

Administrator Dean Graham

Graham's Senior Living Homes

Fire Drill Report

Name of Home Seacoast Family Care
Address of Home 107 Graham Ln
Date of Drill 8-20-15
Time of Drill 7:00 AM PM
Person conducting the drill Dean Graham
Type of notification used Pulled Fair Alarm
Number of resident's evacuated 5
Special conditions simulated None

Weather conditions at time of drill normal

Staff Present Dean Graham

Time to complete Drill 5 min

Description of the drill Pulled Fire alarm all Residents went to Front yard

Changes that should be made _____

Signature of staff on duty _____

Administrator Dean Graham

Graham's Senior Living Homes

Fire Drill Report

Name of Home Seacoast Family Care

Address of Home 107 Graham Ln

Date of Drill 12-1-15

Time of Drill 3:45 AM PM

Person conducting the drill Dean Graham

Type of notification used smoke Detector

Number of resident's evacuated 5

Special conditions simulated None

Weather conditions at time of drill Sunny clear

Staff

Present Dean Graham Dale Johnson

Time to complete Drill 6 1/2 min

Description of the

drill Pushed smoke alarm
Every one went outside and meet in the
Front yard.

Changes that should be
made _____

Signature of staff on duty Dale Johnson

Administrator Dean Graham