

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL041069</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/24/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LIGGINS FAMILY CARE - BLAIR-KHAZAN CEN'</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2007 BLAIR-KHAZAN DRIVE GREENSBORO, NC 27405</b>
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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 Greg Williams and Randy Julian</p> <p>DHSR Construction Section conducted a Biennial Survey on February 24, 2016 from 1:00 PM to 2:30 PM at the above referenced facility. DHSR records indicate the home was first licensed on February 18, 2010 as a Family Care Home for (2) two 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 2009 North Carolina State Building Code - Residential (One &amp; Two Family Dwelling) - Section R101.2.</p> <p>At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:</p> <p>*Note - Currently has one non ambulatory child (under the age of 6) living at the facility.</p> <p>Home is licensed for a maximum of two (2), You currently have a census of one (1) resident and one (1) child. In 1998 D.O.I. made a declaration that any children under the age of six (6) will be incorporated into the resident mix therefore as long as child resides in the home and is under the age of six (6) you are limited to a maximum capacity of one (1) resident.</p>	C 000		
C 174	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</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</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.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>1. At the time of the survey it was observed that the smoke detector in the Master Bedroom was chirping indicating a low battery. Have the battery replaced and provide documentation to our office in the form of photos, receipts, or work order.</li> <li>2. At the time of the survey it was observed that the kitchen sink faucet handle was broken. Have a qualified technician repair or replace and provide documentation to this office in the form of photos, receipts, or work order.</li> <li>3. At the time of the survey it was observed that the back splash on the Kitchen countertop needed caulking. Have the back splash caulked by a qualified technician and provide documentation to this office in the form of photos, receipts, or work order.</li> <li>4. At the time of the survey it was observed that flooring in the hall bathroom was discolored from what appeared to be water damage. Have a qualified technician repair/replace flooring in hall bathroom. Provide documentation to this office in the form of photos and service order when complete.</li> <li>5. At the time of the survey it was observed that the gutter downspout is broken on the front left side of the house. Have the gutter repaired or replaced by a qualified technician and provide documentation to this office in the form of photos,</li> </ol>	C 174		

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C 174	Continued From page 2  receipts, or work order.  6. At the time of the survey it was observed that there was clutter below the deck. Have area cleaned up and provide documentation to this office by the form of photos when complete.  7. At the time of the survey it was observed that vinyl siding was discolored from mildew. Have a qualified person clean siding. Provide documentation to this office in the form of photos, service order when completed.  8. At the time of the survey it was observed that the crawl space door appeared to be deteriorated. Have a qualified person repair/replace and paint crawl space door. Provide documentation to this office in the form of photos and service order when complete.	C 174		
C 175	Heating Sys.-No Unvented or Portable Elec.  SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (b) There shall be a central heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. Built-in electric heaters, if used, shall be installed or protected so as to avoid hazards to residents and room furnishings. Unvented fuel burning room heaters and portable electric heaters are prohibited. (j) This Rule shall apply to new and existing family care homes.  This Rule is not met as evidenced by: 1. At the time of the survey it was observed there was a portable electric heater in the master	C 175		

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C 175	Continued From page 3  bedroom and the spare bedroom. Portable heaters are not allowed in Family Care Homes. Have the heaters removed from the facility and provide documentation to this office.	C 175		