

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/18/2016
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NAME OF PROVIDER OR SUPPLIER CORBETT'S FAMILY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 362 HUDSON ROAD MILTON, NC 27305
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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 Paul Dixon</p> <p>DHSR Construction Section conducted a Biennial Survey on March 18, 2016 from 8:55 AM to 10:10 AM at the above referenced facility. DHSR records indicate the home was first licensed on October 9, 1978 as a Family Care Home for four (4) 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 1977 Licensure Rules for the Licensing of Family Care Homes-Minimum Standards and Regulations, the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1968 (w/1978 amend) North Carolina State Residential Building Code - Volume I-B.</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 153	<p>Houskeeping And Furnishings-Clean, Repaired</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Each family care home shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing homes.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations during the survey showed that in the front center bedroom, there was an area of</p>	C 153		

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

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C 153	Continued From page 1 ceiling texture that was peeling off. Have the textured ceiling repaired and painted to match surroundings. Provide the DHSR Construction section with copies of all invoices, photographs and any other supporting documentation concerning this repair. 2. Observations during the survey showed that in the hall bathroom, the molding between the vinyl flooring and the tub has deteriorated. Have the molding replaced. Provide the DHSR Construction section with copies of all invoices, photographs and any other supporting documentation concerning this repair.	C 153		
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: Observations during the survey showed that the Kitchen range hood fan was not working. Have a qualified technician repair or replace the range hood. Provide the DHSR Construction section with copies of all receipts, photographs and any other supporting documentation concerning this repair.	C 174		