

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL017021</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/11/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SHOMARI FAMILY CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3879 HODGES DAIRY ROAD YANCEYVILLE, NC 27379</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
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C 000	<p>Initial Comments</p> <p>Report by Glenn Hoppin</p> <p>DHSR Construction Section conducted a Biennial Survey on February 11, 2016 from 10:00am until 11:30am at the above referenced facility. DHSR records indicate the home was first licensed on April 06, 1994 as a Family Care Home for six (6) Residents with up to three (3) non ambulatory residents (unable to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: The 1992 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2005 Rules for Family Care Homes 10A NCAC 13G, and the 1991 North Carolina State Building Code - Section 514.2 - 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 14 2016</p> <p style="text-align: center;">RECEIVED</p>	
C 123	<p>Bathroom-Hand Grips</p> <p>T10: 42C .2206 BATHROOM (f) Hand grips must be installed at all commodes, tubs and showers on the floor level used by the residents.</p> <p>This Rule is not met as evidenced by: Observations revealed that the hall bath on the right is missing a handgrip on the tub. Have a qualified technician install a handgrip in the tub. Provide photo documentation to the DHSR Construction Section when this is complete.</p>	C 123		<p style="text-align: center;"><i>Completed see attached Photo</i></p>

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

*Gunn L Long*

TITLE

*owner*

(X6) DATE

*4-10-16*

FCL-017021

Shomari Family Care

Annie L Long

336-694-6482

4-10-16 complete

