



OLIN VILLAGE
GRAYSON CREEK OF WELCOME
KATELAND FAMILY CARE
WESTANNA FAMILY CARE

To: Anthony Brinson

Fax #: (919) 733-6592

From: EVELYN McCubbins

Please Call 336-752-2751 if you have any questions concerning this fax.

Numbers of pages including this page: 7

Comments: _____

Please call if you have any questions
- Evelyn



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL029003	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER KATELAND FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 294 OLD HIGHWAY 109 LEXINGTON, NC 27292
--	---

(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 Suzanna Fay</p> <p>DHSR Construction Section conducted a Biennial Survey on April 14, 2016 from 12:11 PM to 1:28 PM at the above referenced facility. DHSR records indicate the home was first licensed on January 2, 1986 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 1984 Family Care Homes Minimum Standards and Regulations, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1978 (Revision 5) North Carolina State Building Code - Section 409.1 (g) - 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		
C 174	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</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: 1. Observations revealed that the kitchen counter to the right of the sink was scratched and had several spots where the laminate was worn</p>	C 174		

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

Ewelp M. Culotta

TITLE

Admin

(X6) DATE

6-22-16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL029003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/14/2016
NAME OF PROVIDER OR SUPPLIER KATELAND FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 294 OLD HIGHWAY 109 LEXINGTON, NC 27292		
(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 through. Have a qualified technician repair or replace the kitchen laminate. Provide documentation of the repairs in the form of photos, receipts or work orders. 2. Observations revealed that the globe was missing from the exterior light at the kitchen exit. Install a globe. Provide documentation of the repairs in the form of a photo or receipt.	C 174	Kitchen laminate will be replaced. Documentation will be forwarded. Globe will be replaced. Documentation will be forwarded.	7/15/16 7/15/16
C 177	Building Service Equipment-Hot Water SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. Water temperature taken at the time of this survey was 96 degrees Fahrenheit at the kitchen sink and 98 degrees at the hall bath. Adjust the thermostat on the hot water heater to be between 100 and 116 degrees. Test the water temperature three times a day for three days. Record your findings on the Hot Water Temp Log left at the facility. Return the log with your signed Plan of Corrections.	C 177		
C 120	Storage Area IV. The Building	C 120	- Log book set up in facility and recorded weekly Log attached to Plan of Correction as requested	4/17/16

EM 6/22/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL029003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING	(X3) DATE SURVEY COMPLETED 04/14/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER KATELAND FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 294 OLD HIGHWAY 109 LEXINGTON, NC 27292
--	---

(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 120	<p>Continued From page 2</p> <p>D. Physical Environment</p> <p>6. Storage Area (10 NCAC 42C .2207)</p> <p>a. Storage areas must be adequate in size and number for storage of clean linens; soiled linens; food and food service supplies; and household supplies and equipment.</p> <p>b. There must be separate locked area(s) for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed some cleaning agents under the unlocked kitchen sink. Store all dangerous if ingested cleaning agents in a locked cabinet or storage closet. The unsafe items were removed at the time of the survey and, therefore, no response is required for this citation.</p>	C 120	<p>All cleaning supplies kept in locked cabinet. Kitchen door also has a lock - It is kept locked at all times supervisor in NOT in there.</p>	4/14/16

em 4/22/16

KATELAND FAMILY CARE

Refrigerator Temp Log

Location: Kitchen Sink 2015

*** Refrigerator temp should be approximately 40degrees F at all times ***

Date:	Temp:	Initials:	Date:	Temp:	Initials:	Date:	Temp:	Initials:
7-24-15	110°	AL	4-28	111°	AL			
8-3	111°	AL	5-8	111°	AL			
8-13	110°	AL	5-9	111°	AL			
8-20	110°	AL	5-18	110°	AL			
8-27	108°	AL	5-24	111°	AL			
9-3	108°	AL	6-6	111°	AL			
9-15	108°	AL	6-13	111°	AL			
9-23-5	109°	AL	6-20	111°	AL			
10-2	110°	AL						
10-23	110°	AL						
11-12	109°	AL						
11-23	110°	AL						
12-7	110°	AL						
12-15	109°	AL						
12-22	109°	AL						
1-5-16	109°	AL						
1-20-16	109°	AL						
2-8-16	110°	AL						
2-17	110°	AL						
3-1	110°	AL						
3-13	109°	AL						
3-20	109°	AL						
4-14	103.8	AL						
4-15	110°	AL						

Need thermometer
New thermometer

KATELAND FAMILY CARE

Refrigerator Temp Log

Location: Hall Bathroom Sink 2015

*** Refrigerator temp should be approximately 40degrees F at all times ***

Date:	Temp:	Initials:	Date:	Temp:	Initials:	Date:	Temp:	Initials:
7-24-15	105°	AL	4-28	110°	AL			
8-3-15	104°	AL	5-3	111°	AL			
8-13-15	105°	AL	5-9	110°	AL			
8-20	105°	AL	5-18	110°	AL			
8-26	105°	AL	5-24	110°	AL			
9-3	105°	AL	6-6	110°	AL			
9-15	105°	AL	6-13	110°	AL			
9-23	104°	AL	6-30	110°	AL			
10-2	105°	AL						
10-23	105°	AL						
11-12	105°	AL						
11-23	105°	AL						
12-7	105°	AL						
12-15	105°	AL						
12-22	105°	AL						
1-5-16	104°	AL						
1-20	104°	AL						
2-8	105°	AL						
2-17	105°	AL						
3-1	105°	AL						
3-13	105°	AL						
3-30	105°	AL						
4-15	110°							
4-21	110°	AL						

New thermometer