TO: Rick Benton

PRINTED: 04/14/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL071006	A. BUILDING: 01 B. WING _____	02/19/2016

NAME OF PROVIDER OR SUPPLIER: **KARON'S FAMILY CARE HOME**

STREET ADDRESS, CITY, STATE, ZIP CODE: **570 OAK TREE ROAD WILLARD, NC 28478**

(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	Initial Comments Report by Rick Benton DHSR Construction Section conducted a Biennial Survey on February 19, 2016 from 1:15pm to 2:30pm at the above referenced facility. DHSR records indicate the home was first licensed on May 18, 1995 as a Family Care Home for six (6) Residents ambulatory (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 1992 "Family Care Homes T:10 42C", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1991(1995 rev) North Carolina State Building Code - Section 514.1 Exception 1 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
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: 1) During a survey of the kitchen, the following deficiency was observed: a) The kitchen faucet was rusted and corroded. Contact a qualified technician to install a new	C 174	All items completed on 4-21-16.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Adm (X6) DATE: 4-21-16

STATE FORM 6899 IQU821 If continuation sheet 1 of 2

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Apr 28 16 12:32p Karon 910-285-6969 p.1

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C 174	Continued From page 1 kitchen faucet. Provide to our office all supporting documents that will verify the completed work.	C 174		

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