

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL057002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MINTZ FAMILY CARE HOME #2	STREET ADDRESS, CITY, STATE, ZIP CODE 300 MILLER ROAD MARSHALL, NC 28753
--	--

(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 Glenn Hoppin</p> <p>DHSR Construction Section conducted a Biennial Survey on June 15, 2016 from 9:00am until 11:00am, at the above referenced facility. DHSR records indicate the home was first licensed on May 01, 1980 as a Family Care Home for six (6) Ambulatory Residents (able 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 1977 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2005 Rules for Family Care Homes 10A NCAC 13G, and the 1978 North Carolina State Building Code - Section 409.1 (g) - Residential Care Homes.</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 117	<p>Have Current San. And Fire Safety Approvals</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: Interviews with the staff revealed that the facility did not have current fire and sanitation reports on site at the time of the survey. Provide the DHSR Construction Section with copies of current approved fire and sanitation reports.</p>	C 117		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL057002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MINTZ FAMILY CARE HOME #2	STREET ADDRESS, CITY, STATE, ZIP CODE 300 MILLER ROAD MARSHALL, NC 28753
--	--

(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 153	Continued From page 1	C 153		
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: Observations revealed that the entire facility is very dirty. The walls, ceilings, floors, and furniture were very soiled and dirty. Clean the entire facility. Provide photo documentation to the DHSR Construction Section when this item is completed.</p>	C 153		
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 wander alarms were not working. Have a qualified technician repair or replace the wander alarms. Provide copies of invoices or receipts to the DHSR Construction Section when this item is completed.</p>	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL057002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MINTZ FAMILY CARE HOME #2	STREET ADDRESS, CITY, STATE, ZIP CODE 300 MILLER ROAD MARSHALL, NC 28753
--	--

(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	<p>Continued From page 2</p> <p>2. Observations revealed that the gutters are clogged with pine straw. Clean the gutters. Provide photo documentation to the DHSR Construction Section when this is completed.</p> <p>3. Observations revealed that the faucet sprayer is damaged in the kitchen. Have a qualified technician repair or replace the sprayer. Provide copies of receipts and photo documentation to the DHSR Construction Section when this item is completed.</p> <p>4. Observations revealed that the cabinets are damaged and missing drawers Have a qualified technician repair or replace the cabinets. Provide copies of receipts or workorders to the DHSR Construction Section when this item is completed.</p> <p>5. Observations revealed that the window in client bedroom number 3 is blocked by an air conditioner. Have a qualified technician remove the window unit so the window can be used for emergency egress in the event of a fire or emergency. Building the unit into the wall would be an acceptable solution. Provide photo documentation to the DHSR Construction Section when this is complete.</p> <p>6. Observations revealed that the front door casing has been damaged by a wood pecker.. Have a qualified technician repair or replace the damaged door casing. . Provide photo documentation to the DHSR Construction Section when this is completed.</p> <p>7. Observations revealed that the fire extinguishers do not have a current inspection tag. Have a qualified technician inspect the fire extinguishers. Provide copies of the inspection</p>	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL057002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MINTZ FAMILY CARE HOME #2	STREET ADDRESS, CITY, STATE, ZIP CODE 300 MILLER ROAD MARSHALL, NC 28753
--	--

(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	<p>Continued From page 3</p> <p>tag to the DHSR Construction Section when this is complete.</p> <p>8. Observations revealed that the night lights do not work. Have a qualified technician repair or replace the night lights. Provide copies of receipts or invoices to the DHSR Construction Section when this is completed.</p> <p>9. Observations revealed that the bathroom floor on the right side of the facility has tile damage. Have a qualified technician repair or replace the floor. Provide photo documentation and copies of receipts or workorders to the DHSR Construction Section when this is completed.</p> <p>10. Observations revealed that the call system does not work. Have a qualified technician repair or replace the call system. Provide copies of work orders to the DHSR Construction Section when this is completed.</p> <p>11. Observations revealed that there is a heavy lint build up behind the dryer. Clean all lint and laundry from behind the dryer. Provide photo documentation to the DHSR Construction Section when this item is complete.</p> <p>12. Observations revealed that the fascia is warped and rotting under some of the gutters and on the gable ends of the building. have a qualified technician repair and paint the fascia as necessary. Provide copies of work orders and photo documentation to the DHSR Construction section when this is completed.</p> <p>13 Observations revealed that the bathtub on the right side of the facility has a damaged tub surround. Have a qualified technician repair or replace the tub surround Provide photo</p>	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL057002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MINTZ FAMILY CARE HOME #2	STREET ADDRESS, CITY, STATE, ZIP CODE 300 MILLER ROAD MARSHALL, NC 28753
--	--

(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 4 documentation to the DHSR Construction Section when this is completed. 14. Observations revealed that the kitchen range hood is missing the grease filter. Replace the missing grease filter. Provide copies of receipts and photo documentation to the DHSR Construction Section when this is complete.	C 174		