

Attention

Rick Benton

919 732-6592

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL098030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/12/2016
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NAME OF PROVIDER OR SUPPLIER CALLED 2 CARE FCH	STREET ADDRESS, CITY, STATE, ZIP CODE 302 MAIN STREET LUCAMA, NC 27851
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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	Initial Comments Report by Rick Benton DHSR Construction Section conducted a Complaint Survey on February 12, 2016 from 1:30pm to 3:30pm at the above referenced facility. DHSR records indicate the home was first licensed on 10/01/1989 as a Family Care Home for six (6) ambulatory Clients (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 1984 (87 Rev) Family Care Homes Minimum Standards and Regulations, the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1978 (Revision 5) Edition of the North Carolina State Building Code - Section 409.1 (g) - Residential Care Facilities. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000 mt	Unit was repaired	
C 105	Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments,	C 105 mt		

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

TITLE

(X6) DATE

STATE FORM

6889

EXKN21

If continuation sheet 1 of 3

M. E. Lynn

Administrator / Owner 4-1-16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL09B030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 02/12/2016	
NAME OF PROVIDER OR SUPPLIER CALLED 2 CARE FCH		STREET ADDRESS, CITY, STATE, ZIP CODE 302 MAIN STREET LUCAMA, NC 27851		
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C 105	<p>Continued From page 1</p> <p>may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars (\$380.00).</p> <p>(b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home.</p> <p>This Rule is not met as evidenced by: The complaint was substantiated. During the survey, it was noted that no residents were in the home at the time of the survey. The staff person was the only person at the home to assist DHSR-Construction with the survey and she was advised that she could not stay in the home either due to the issues with the heating system. Staff informed me that she had made arrangements to stay someplace else until the unit was repaired. The residents and the staff will not be allowed to return to the home until DHSR-Construction has completed its follow up and its recommendations are submitted to the Adult Care Licensure Section.</p> <p>An observation of the unit reveal that the unit was a gas-pack system. The system was observed being in operation, but the air flow through the vents only yielded cold air. DHSR-Construction was informed that the system would run maybe for about a week or two at the maximum before needing service again. During the survey, the temperature in the home was noted at 47 degrees. The thermostat was set on 90 degrees but the unit would not heat up. The service technician did come to the home during the DHSR-Construction complaint survey. In our conversation with him, he at the time, informed us that he had replaced several components or parts</p>	C 105 <i>MW</i>	<i>2-16-16</i>	

Division of Health Service Regulation

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C 105	<p>Continued From page 2</p> <p>and the only other remedy would involve installing a new heat exchanger. His assessment was that it was cracked, which would render the unit unable to maintain its heating capabilities for only a short span of time. DHSR-Construction was informed by the technician that if the parts were available, the unit could be repaired in a day. The provider and the service technician were both informed on Friday February 12, 2016 that DHSR-Construction would need proof of the repairs such as copies of any receipts or invoices that would verify what was repaired before we conducted an onsite follow up survey.</p> <p>On Monday, February 15, 2016 I received a call from the provider stating that the unit had been repaired and the provider was ready to place them back in the home. We were also informed that the unit was repaired by another service technician, and not the service technician that we had had the conversation with. The provider was informed in the phone conversation that before we could do the follow up survey, the provider must first submit to our office copies of the receipts from the service technician for our review. If we are satisfied with the submitted receipts, we will schedule a follow up survey to verify the repairs onsite and to observe the heating system in operation. When our follow up survey is completed and the unit has been deemed repaired, DHSR-Construction will recommend to the Adult Care Licensure Section that the residents may return to the home.</p> <p>The provider must respond to this Statement of Deficiencies and and with it must submit to our office receipts from the technician as verification of the completed work.</p>	C 105 <i>mt</i>		2-16-16
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[Handwritten Signature] 4-1-16