PRINTED: 12/18/2014
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
	FCL017009	A. BUILDING: 01 B. WING _____	11/14/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRY CARE HOME	2446 CHERRY GROVE ROAD YANCEYVILLE, NC 27379

(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 Suzanna Fay DHSR Construction Section conducted a Biennial Survey on November 14, 2014 at the above referenced facility. DHSR records indicate the home was first licensed on July 28, 1977 as a Family Care Home for five Residents with up to three non-ambulatory Residents (unable 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 1977 Family Care Homes Minimum and Desired Standards and Regulations, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1968 North Carolina State Building Code - Residential (One & Two Family Dwelling) - Section 24. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000	CONSTRUCTION SECTION DEC 30 2014 RECEIVED	
C 117	Have Current San. And Fire Safety Approvals 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. This Rule is not met as evidenced by: 1. The staff could not locate the current Fire and Sanitation Inspections. Provide copies of the most recent fire and sanitation inspection reports to DHSR/Construction Section with the signed	C 117	will be provided 1/15	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER'S OR PROVIDER REPRESENTATIVE'S SIGNATURE — TITLE: Owner — (X6) DATE: 12/30/14

STATE FORM 6899 1L8N21 If continuation sheet 1 of 7

Att S. Fay

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C 117	Continued From page 1 Plan of Corrections. Maintain copies of the yearly inspections at the facility.	C 117		
C 148	Outside Entrances/Exits-Free of Obstructions SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (e) All entrances/exits shall be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency. This Rule is not met as evidenced by: 1. There are two windows in the large back left corner bedroom. The right hand window has an air conditioning unit that blocks emergency exiting. The left side window was blocked by the Resident's bed. Rearrange the furniture to allow the left window to be accessed for emergency exiting.	C 148	will be rearranged	1/13/15
C 152	Floors 10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. The dining room floor is damaged near the corridor to the bedrooms. Contract a qualified vendor to properly patch or replace the flooring in the dining room. Provide documentation of the repairs.	C 152	will be repaired	1/13/15
C 174	Building Equipment Maintained Safe, Operating	C 174		

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	FCL017009	A. BUILDING: 01 B. WING	11/14/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRY CARE HOME	2448 CHERRY GROVE ROAD YANCEYVILLE, NC 27379

(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 2 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. The fire alarm should be inspected annually. The staff could not locate the most current inspection. Provide a copy of the last annual inspection to our offices with the signed Plan of Corrections.	C 174	has been inspected will send report in	1/13/15
	2. Staff stated that the pump was not working and the washing machine could not be used. Contract a licensed plumber to repair the pump. Provide documentation for the repairs.		will be repaired	1/13/15
	3. When the water was run in the hall bath adjacent to dining, the water pressure was low and the flow was "spitting," possibly due to the broken pump. Contract a licensed plumber to fix the problem.		will be repaired	1/13/15
	4. The light is out over the bathroom vanity. A table lamp has been plugged into a wall socket for light. The lamp is neither safe nor does it provide sufficient light for bathing and dressing. Replace the bulb in the light fixture and if the fixture is not working, contract a licensed electrician to replace the light. Remove the lamp from the bathroom. Provide documentation of the repairs.		light will be fixed	1/13/15
	5. The closet doors in the front corner bedroom are broken. Contract a qualified vendor to repair		will be repaired	1/13/15

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C 174	Continued From page 3 or replace the doors. Provide verification of the repairs. 6. There is a wood burning stove in use in the staff area. The stove has guards around the stove, but the carpet all around the stove has holes which appear to be burn holes. Contract a qualified vendor to install a hearth for the stove of sufficient size and depth to protect the surrounding floors from being burned. Provide documentation of the repairs. 7. The grab bar on the toilet in the back bathroom is loose. Secure the grab bar. 8. The wax seal around the toilet base in the back bathroom has come loose. Contract a licensed plumber to remove the old wax seal and reseal the toilet. Provide documentation of the repairs. 9. A section of the flashing is coming off the exterior trim at the roof edge outside of the back right bedroom. Contract a qualified vendor to secure the flashing. 10. There are some substantial cracks in the masonry along the front right corner and below the window of the storage room. Contract a qualified professional to verify that the structure is secure and make any necessary repairs. Provide documentation of the report and repairs.	C 174	will be installed 1/3/15 will be secured 1/3/15 will be repaired 1/13/15 will be repaired 1/13/15 will be verified 1/13/15	
C 108	Construction-Steps C. The Home 2. Construction - must meet the residential building code requirements of North Carolina Insurance Department and be	C 108		

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C 106	Continued From page 4 a one family type residence as follows: g. Steps must be protected by handrails. This Rule is not met as evidenced by: 1. There are steps leading from the kitchen to the staff area where the second means of egress is located. The steps do not have handrails. Contract a qualified vendor to install handrails along both sides of the steps. Provide verification of the repairs.	C 106	Hand rail is there verification has been sent before will send again	1/13/15
C 114	Bathroom C. The Home 3. Arrangement and Size of rooms f. Bathroom (1) Located as conveniently as possible to the bedrooms. (2) In existing buildings one full bathroom for eight or less persons including family living in. (3) In buildings to be constructed one full bathroom for five or less persons including family living in. (4) Entrance cannot be through a kitchen, another person 's bedroom or bathroom. (5) Hand grips must be installed at all commodes, tubs and showers. (6) Floors must have non-slippery waterproof covering. (7) All bathroom doors must be 2 ' 8 " wide minimum. (8) Well lighted, heated and ventilated. This Rule is not met as evidenced by: 1. There is not a grab bar at the hall toilet adjacent to the dining room. Contract a qualified vendor to install a grab bar. Provide documentation of the correction.	C 114	will be installed	1/13/15

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	FCL017009	A. BUILDING: 01 B. WING _____	11/14/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 115	Storage Areas C. The Home 3. Arrangement and Size of rooms g. Storage Areas: Adequate in size and number for storage of clean linens, dirty linens, cleaning materials, household supplies, food, and equipment. A separate locked area for storing poisons, chemicals or other potentially harmful products (cleaning fluids, disinfectants, etc.). This Rule is not met as evidenced by: 1. At the time of this survey, cleaning supplies were sitting out by the staff room steps. All cleaning supplies should be kept in secured storage. The staff immediately moved the cleaning supplies to the laundry room where other supplies were kept. The laundry room was not locked at the time of this survey. Maintain a locked supply area for all cleaning supplies.	C 115	Locked area will be provided	1/13/15
C 126	Smoke and heat detectors C. The Home 5. Fire Safety Requirements: b. Provide automatic single station U.L. products of combustion type smoke detectors as determined by the Division of Facility Services and U.L. approved heat detectors in the attic and basement. All units must be operated by house current. This Rule is not met as evidenced by: 1. The heat detector in the attic is an old gas type which does not appear to in working order. Contract a licensed electrician to install heat detector(s) in the attic to provide sufficient coverage and that meet the extreme temperature ranges in the attic spaces. The heat detector	C 126	The heat detector detector is to the correct one it was installed by a Licensed Electrician. Documentation will be provided	1/13/15

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	FCL017008	A. BUILDING: 01 B. WING	11/14/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRY CARE HOME	2446 CHERRY GROVE ROAD YANCEYVILLE, NC 27379

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C 128	Continued From page 6 must be wired to the house current and have a separate sounding device. Provide documentation of the installation.	C 128		
C 129	Heating System C. The Home 6. Other: a. An approved central heating system (space heaters and portable heaters are not allowed. See definitions, page 6) and sufficient to maintain 75 degrees F. (24 degrees c.) under winter design conditions. This Rule is not met as evidenced by: 1. There is a portable space heater in the large back left corner bedroom. Portable space heaters are not allowed in Family Care Homes. Remove the heater immediately. 2. The Resident using the back corner bedroom stated that the space heater was being used because his room was cold. If the room is not able to maintain the desired temperature, contract a licensed mechanical contractor to make the necessary repairs to provide adequate heat for this room. Pull all necessary permits to perform the work. Provide documentation for the repairs.	C 129	Will be removed 1/31/15 Heat is sufficient Resident's just always cold. System has been checked. 1/31/15	

CASWELL COUNTY INSPECTION DEPARTMENT

JOB: Terry Care Home

DATE/TIME: 8-6-13

After having made an inspection of the above job, I find it to be in violation of the CODE SECTION(S) listed below.

1) Needs 5lb extinguisher in Kitchen
2) Need cover for vent. for Freezer
3) Window Paint Shut
4) Need to Know Kitchen was treated with Fire retardt
5) Check Heater elected in Attic
6) Need to check Alarm System
7) House out of order

Please correct and phone again.
(336) 894-9731

FIRE AND BUILDING SAFETY INSPECTION REPORT
NORTH CAROLINA STATE DEPARTMENT OF HUMAN RESOURCES

Residential Care Facilities for as Many as Six and Less than Ten Individuals
Chapter V, Section 520 of the North Carolina Building Code

Name of facility Terry Carter Home Name of Person in Charge La Wanda Kay

Street Address 2446 Cherry Corner Rd City Yanceyville NC Zip 27379 Telephone 336 421-3146

Type of construction V Number of stories 1 Fire rating of walls and partitions 20 min

Fire rating of ceilings 20 min square feet per floor 1600 How many floors are used 1

Type of heating system gas pack Location outside Number of U/L approved fire extinguishers yes

Location of fire extinguishers kitchen and Hall Properly charged yes

U/L approved smoke detection devices ____ Evacuation plan: Yes (✓) No ( ) Manual fire alarm: Yes (✓) No ( )

Dead end corridors greater than 20 feet: Yes ( ) No (✓) Are stairs properly enclosed N/A Are doors locked from the inside yes How: twist lock Can windows be opened without tools Yes ( ) No ( )

Does the facility have two approved exits from each floor ____ Condition of basement ____

Use ____ Condition of attic ____ Use ____

Building approved for licensing: Fully ( ) Conditionally (✓) Not Acceptable ( )

TYPES OF HAZARDS (PLEASE CIRCLE THOSE WHICH APPLY)

Heating
1. Defective furnace
2. Defective flue
3. Defective smoke pipe
4. Unsatisfactory storage of ashes
5. Portable heaters used

Electrical
6. Defective fixtures
7. Defective wiring
8. Defective fuses
9. Defective lighting in stairways and halls

Exits
10. Halls blocked
11. Exits blocked
12. Unsatisfactory fire exits
13. Storage on escapes
14. Inadequate exit lighting

Miscellaneous
15. Rubbish and trash
16. Unsatisfactory fire extinguishers
17. Improper storage and use of flammable materials
18. Defective water heater
19. Storage of mower and garden tractor
20. Unsupervised smoking of residents

Location of hazards found: need 5lb extinguisher in kitchen Window

Recommendations to correct and/or provide greater safety: don't open

If the facility does not meet all requirements outlined in Chapter V, Section 520 of the North Carolina Building Code, what changes are necessary to bring the facility into full compliance? ____

(If additional space is needed, please use back.)

Inspector Woodrow Pat Bowe Title Building and Fire

Address 144 Main St. P.O. Box 1406 Yanceyville NC Date of Inspection 8-6-13

Fill in in triplicate. One copy should be given to the person in charge of the facility or home. One copy should be retained by the county department of social services. For children's facilities, send the third copy to the N.C. State Division of Social Services; and, for adult facilities, send to the N.C. State Division of Facility Services.)

DSS-1451 (Rev. 1/78)
Family Services

FIRE CODE INSPECTOR
694-9731

12/30/2014 01:44 3364215871 From:CASWELL COUNTY PLANNING
BURLINGTON CARE CENT 13366945547 08/06/2014 08:10 #975 P.004/004 PAGE 10/15

FIRE PREVENTION DIVISION
COUNTY OF CASWELL

PERMIT

No. 1409

8-6-13
Date

TO WHOM IT MAY CONCERN: By virtue of the North Carolina State Building Code; Volume V — Fire Prevention

Jerry Care Home (Name of Concern) 2496 Cherry Grove Rd yanceyville NC (Address) conducting a Group A-3 Residential Care (Business) having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Code can be observed, authority is hereby given and the PERMIT is GRANTED for

THIS PERMIT IS VALID UNTIL 8-6-14

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

Woodrow Bigelow
Fire Inspector

INSPECTION AND TESTING FORM

DATE: 5/29/14
TIME:

SERVICE ORGANIZATION
Name: Piedmont Protective Services
Address: 1047 Hwy 150 Clemmons
Representative: Rob Eglinger
License No.:
Telephone: 336 306-9090

PROPERTY NAME (USER)
Name: Terry Home Care
Address: 2446 Cherry Grove Rd
Owner Contact:
Telephone: 336 421-3196

MONITORING ENTITY
Contact: LPS
Telephone: 1800 586-8781
Monitoring Account Ref. No.:

APPROVING AGENCY
Contact:
Telephone:

TYPE TRANSMISSION
- ☐ McCulloh
- ☐ Multiplex
- ☐ Digital
- ☐ Reverse Polarity
- ☐ RF
- ☐ Other (Specify)

SERVICE
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Semiannually
- ☒ Annually
- ☐ Other (Specify)

Control Unit Manufacturer: Notifier
Model No.: NFW-32FB
Circuit Styles: Y
Number of Circuits: 8
Software Rev.:
Last Date System Had Any Service Performed:
Last Date that Any Software or Configuration Was Revised:

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Manual Fire Alarm Boxes
5	Y	Ion Detectors
		Photo Detectors
		Duct Detectors
2	Y	Heat Detectors
		Waterflow Switches
		Supervisory Switches
		Other (Specify):

Alarm verification feature is disabled ____ enabled ____.

(NFPA Inspection and Testing, 1 of 4)

FIGURE 10.6.2.5 Example of an Inspection and Testing Form.

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Bells
2	Y	Horns
		Chimes
		Strobes
		Speakers
		Other (Specify):

No. of alarm notification appliance circuits: 1
Are circuits monitored for integrity? ☑ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other:

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see *NFPA 72, Table 8.6.3*):
Quantity 1 Style(s) Y

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 2
Overcurrent Protection: Type CB Amps 20
Location (of Primary Supply Panelboard):
Disconnecting Means Location:

(b) Secondary (Standby):
12VDC x2 Storage Battery: Amp-Hr. Rating 7
Calculated capacity to operate system, in hours: ✓ 24 60
Engine-driven generator dedicated to fire alarm system:
Location of fuel storage:

TYPE BATTERY

☐ Dry Cell
☐ Nickel-Cadmium
☑ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify):

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
_____ Emergency system described in NFPA 70, Article 700
_____ Legally required standby described in NFPA 70, Article 701
_____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

FIGURE 10.6.2.3 *Continued*

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	☑	☐		
Building Occupants	☑	☐		
Building Management	☐	☐		
Other (Specify)	☐	☐		
AHJ Notified of Any Impairments	☐	☐		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	☐	☐	
Interface Equipment	☐	☐	
Lamps/LEDS	☐	☐	
Fuses	☐	☐	
Primary Power Supply	☐	☐	
Trouble Signals	☐	☐	
Disconnect Switches	☐	☐	
Ground-Fault Monitoring	☐	☐	

SECONDARY POWER TYPE	Visual	Functional	Comments
Battery Condition	☐		
Load Voltage		☐	
Discharge Test		☐	
Charger Test		☐	
Specific Gravity		☐	
TRANSIENT SUPPRESSORS	☐		
REMOTE ANNUNCIATORS	☐	☐	
NOTIFICATION APPLIANCES			
Audible	☐	☐	
Visible	☐	☐	
Speakers	☐	☐	
Voice Clarity		☐	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
All	Photo	☑	☐			☐	☐
Kitchen	Heat	☐	☐			☐	☐
		☑	☑			☑	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

Comments: _____

(NFPA Inspection and Testing, 3 of 4)

FIGURE 10.6.2.3 *Continued*

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	☑	☑	
Phone Jacks	☐	☑	
Off-Hook Indicator	☐	☐	
Amplifier(s)	☐	☐	
Tone Generator(s)	☐	☐	
Call-in Signal	☐	☑	
System Performance	☐	☑	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
SPECIAL HAZARD SYSTEMS			
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	☑	☐		
Alarm Restoration	☑	☐		
Trouble Signal	☑	☐		
Supervisory Signal	☑	☐		
Supervisory Restoration	☑	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	☑	☐		
Monitoring Agency	☑	☐		
Building Occupants	☑	☐		
Other (Specify)	☐	☐		

The following did not operate correctly: _____

System restored to normal operation: Date: 5/20/14 Time: 11:30

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Bob Edinger Date: 5/20/14 Time: 11:30

Signature: Bob Edinger

Name of Owner or Representative: Kathy Burket

Date: 5/20/14 Time: 11:30

Signature: Kathy Burket

(NFPA Inspection and Testing, 4 of 4)

FIGURE 10.6.2.3 *Continued*

Department of Health and Human Services
Division of Public Health
Environmental Health Section

Inspection of Residential Care Facility

(For facilities, as defined, with not more than 12 residents)

Demerit Score: 17
Date of Insp/Chg: 8/12/14
Status Code: A

Health Department: Caswell Co.
Current Facility ID: 030174300 12
Old Facility ID:

Water Supply: ☐ Community ☐ Transient Non-Community ☐ Non-Transient Non-Community ☒ Non-Public Water Supply
Wastewater System: ☐ Community ☐ On-Site System

Water sample taken today? ☒ Yes ☐ No
☒ Inspection ☐ Re-Inspection ☐ Visit ☐ Name Change ☐ Verification of Closure ☐ Status Change

Name of Establishment: Terry Family Care
Location Address: 2446 Cherry Grove Rd
City: Yanceyville State: NC Zip: 27379

Permittee: Calhoda Ray
Number of Residents: 6
Mailing Addr.
City: State: Zip:

Classification:
☒ Approved (20 or less demerits, and no 6-point demerits)
☐ Provisional (More than 20, but 40 or less demerits, or a 6-point demerit)
☐ Disapproved (More than 40 demerits or failure to improve provisional classification)

	Demerits	COMMENTS
1. WATER SUPPLY: Public supply; private supply approved 6 (.1611)		
2. LIQUID WASTES: Sewage and other liquid wastes disposed of by approved method 6 (.1613)		
3. FOOD SUPPLIES AND PROTECTION: **Supplies:** All food clean, wholesome, no spoilage 6 (.1619) **Protection:** Adequate during storage, preparation and serving, potentially hazardous food 45°F or below, or 140°F or above 5; all refrigerators with thermometers 2; pork, ground beef products, poultry and stuffings, etc., thoroughly cooked; meat and poultry salad, potato salad, etc., handled as required, no re-serving of portions once served to an individual 4; food containers stored above floor and protected from contamination 2; pets and other animals not allowed where food is prepared or stored, nor in serving area (unless caged or otherwise restricted) 4 (.1620)		
4. FOOD SERVICE UTENSILS AND EQUIPMENT: Food service utensils and equipment in good repair and kept clean 4; eating and drinking utensils clean to sight and touch, cleaned after each use; approved facilities 4; clean utensils properly stored 2; **substances containing poisonous material not used for cleaning or polishing eating or cooking utensils 6**; disposable items properly stored and handled, used only once 2 (.1618)	(4)	(4) Some utensils + equipment in bad repair
5. FOOD SERVICE PERSONS: Clean clothes, hands, and work habits 4 (.1621)		
6. DRINKING WATER FACILITIES: ICE HANDLING: Common drinking cups not used 4; ice, if provided, handled and dispensed in a sanitary manner 2 (.1612)		
7. HOT AND COLD WATER: Adequate hot and cold water piped to points of use 4 (.1611)		
8. TOILET: HANDWASHING: LAUNDRY AND BATHING FACILITIES: Toilet, lavatory and bathing facilities adequate 4; fixtures in good repair and kept clean 2; soap and towels provided 2 (.1610)	(8)	(8) Fixtures needs cleaning in bathrooms; sink needs caulking to wall. No towels, soap or toilet paper provided.
9. BEDS: LINEN: FURNITURE: All furniture, mattresses, linen, drapes, blinds and similar items in good repair and clean 2; bed linen changed as required 2; clean and soiled linens properly stored and handled 2 (.1617)	(9)	(9) Furniture is worn + dirty.
10. STORAGE: MISCELLANEOUS: Rooms or areas provided for storage of clothes, personal effects, luggage, supplies and equipment kept clean 2; medications, cleaning supplies, pesticides and other hazardous products properly stored as required 4 (.1616)	(10)	(10) Medication stored in refrigerator accessible to residents
11. FLOORS: In good repair 1; kept clean 2 (.1607)	(11)	(11) Floors need cleaning + repair.
12. WALLS AND CEILINGS: In good repair 1; kept clean 2 (.1606)		
13. LIGHTING AND VENTILATION: Windows and fixtures in good repair 1; kept clean 2 (.1609)		
14. VERMIN CONTROL: PREMISES: Outside openings effectively screened or otherwise protected against entrance of flying insects, and flying insects absent 4; effective control of rodents and other vermin 4; approved pesticides properly used 4; premises neat, clean, drained and free of litter and vermin harborages and breeding areas 2 (.1615)		
15. SOLID WASTES: Garbage in standard containers, properly covered and stored, approved disposal 4; containers, storage area kept clean 2; dry rubbish in suitable receptacles, approved storage and disposal 2 (.1614)		

Rapt Received by: Cynthia Young
Inspection by: [illegible] EHS EHS I.D.# 23113
TOTAL DEMERIT SCORE 17
Comment Sheet Attached ☐ Yes ☒ No

Purpose: General Statute 130A-235 requires the Commission for Public Health to adopt rules governing the sanitation of institutions. 15A NCAC 18A .1605 specifies the contents of an inspection form to record the results of inspections made of residential care facilities. This form is to be used in making inspections of residential care facilities. Preparation: Local environmental health specialist shall complete the form every time they conduct an inspection. Prepare an original and three copies for: 1. Original to the person in charge. 2. One copy for the supervising agency (or more as requested). 3. Copy for the local health department. Disposition: Please refer to Records Retention and Disposition Schedule S.R.S., for County/District Health Departments which is published by the North Carolina Division of Archives & History. Additional forms may be ordered from: Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00).

DHS 1099 (Revised 9/12)