STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL040006	A. BUILDING: **01** B. WING _____	C **01/27/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIE'S FAMILY CARE HOME	**1025 POPE FARM ROAD STANTONSBURG, NC 27883**

(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 Glenn Hoppin DHSR Construction Section conducted a complaint Survey on January 27, 2016 beginning at 10:00 am and Ending at 10:30am at the above referenced facility. DHSR records indicate the home was first licensed on January 07, 2009 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 2005 Rules 10A NCAC 13G for Family Care Homes, and the 2006 North Carolina State Building Code - Section 421.2 - Residential Care Homes. DHSR Construction received a complaint that stated that a 9 month old baby and a non ambulatory child resided in the facilty. This was unsubstantiated. The complaint also stated that the garage was converted into two bedrooms for staff use. No permits were obtained and no review was conducted by the DHSR Construction Section. This item was substantiated. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 108	Existing Home Remodeling-Submit Plans SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (e) Any existing licensed home that plans to have new construction, remodeling or physical changes done to the facility shall have drawings	C 108		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIE'S FAMILY CARE HOME	**1025 POPE FARM ROAD** **STANTONSBURG, NC 27883**

(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 108	Continued From page 1 submitted by the owner or his appointed representative to the Division of Health Service Regulation for review and approval prior to commencement of the work. This Rule is not met as evidenced by: Observations revealed that the Garage has been modified and turned into staff living quarters. No plans were submitted to the DHSR Construction Section. No permit was pulled so the local building official has not inspected or approved this addition. Obtain a permit from the local building official and obtain any required approvals and inspections from the local building official. Submit plans of the addition to the DHSR Construction Section for review. Provide copies of all permits, approvals, plans, and any other supporting documentation to the DHSR Construction Section.	C 108		