

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>FCL017010</b>                           | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>01/20/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>JEFFERSON FAMILY CARE HOME #4</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>495 STALEY BOSWELL ROAD</b><br><b>YANCEYVILLE, NC 27379</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG                                                                                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| {C 000}                                                                  | Initial Comments<br><br>Report by Paul Dixon<br><br>DHSR Construction Section conducted a Biennial<br>Follow-Up Survey on January 20, 2016 from<br>10:10 AM to 10:50 AM at the above referenced<br>facility. Not all previously cited deficiencies have<br>been corrected; therefore further action is<br>required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | {C 000}                                                                                                 |                                                                                                                          |                                                                    |
| {C 153}                                                                  | Houskeeping And Furnishings-Clean, Repaired<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0315 HOUSEKEEPING AND<br>FURNISHINGS<br>(a) Each family care home shall:<br>(1) have walls, ceilings, and floors or floor<br>coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing<br>homes.<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the seat on one of<br>the dining room chairs had split down the middle<br>and the padding was exposed. Have a qualified<br>technician repair the seat or provide another<br>chair. Provide documentation of the repairs in the<br>form of photos or copies of receipts or work<br>orders.<br><br>01/20/2016-PD: Based on observations during<br>the Follow-up Survey, this has not been<br>corrected. Provide the DHSR Construction<br>section with copies of all invoices, work orders,<br>receipts, photographs and any other supporting<br>documentation concerning this repair. | {C 153}                                                                                                 |                                                                                                                          |                                                                    |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

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| {C 153}                                                                  | Continued From page 1<br><br>2. Observations revealed that the ceiling finish in the corner of the dining room near the hall door was peeling off and there were yellow stains around the damaged portion indicating a possible leak. Have a qualified technician repair the ceiling and any leaks associated with the damage. Provide documentation of the repairs in the form of photos or copies of receipts or work orders.<br><br>01/20/2016-PD: Based on observations during the Follow-up Survey, this has not been corrected. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.<br><br>3. Observations revealed black stains on the mattress cover and pillow on two of the four beds in the back bedrooms. The stains appear to be from bedbugs. Have a qualified exterminator treat for pests and follow all steps recommended by the exterminator to eliminate the infestation. Provide receipts for all inspections and treatments. If the facility has already been treated, provide documentation of the treatment and steps taken to eliminate the pests.<br><br>01/20/2016-PD: Based on observations during the Follow-up Survey, this has not been corrected. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair. | {C 153}                                                                                                 |                                                                                                                          |                                                                    |
| {C 174}                                                                  | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0317 BUILDING SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | {C 174}                                                                                                 |                                                                                                                          |                                                                    |

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| {C 174}                                                                  | <p>Continued From page 2</p> <p><b>EQUIPMENT</b></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:</p> <p>1. Observations revealed that the finish on the kitchen counter to the right of the sink was worn down through the top layer. Have a qualified technician replace the worn countertops. Provide documentation of the repairs in the form of photos or copies of receipts or work orders.</p> <p>01/20/2016-PD: Based on observations during the Follow-up Survey, this has not been corrected. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.</p> <p>5. Observations revealed that the back door dragged and was difficult to open. Have a qualified technician repair the door. Provide documentation of the repairs in the form of copies of receipts or work orders.</p> <p>01/20/2016-PD: Based on observations during the Follow-up Survey, this has not been corrected. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.</p> <p>6. In the shower bath, observations revealed that the wall at the shower head was damaged and the paper was peeling off, the flange was not secure exposing an opening in the wall and the</p> | {C 174}                                                                                                 |                                                                                                                          |                                                                    |

Division of Health Service Regulation

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| {C 174}                                                                  | <p>Continued From page 3</p> <p>shower head was corroded. Have a qualified technician repair the shower head and wall. Provide documentation of the repairs in the form of photos or copies of receipts or work orders.</p> <p>01/20/2016-PD: Based on observations during the Follow-up Survey, this has not been corrected. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.</p> <p>7. Observations revealed that the overhead light in the shower was loose and falling from the ceiling. Have a qualified person secure the light. Provide documentation of the repairs in the form of photos or copies of receipts or work orders.</p> <p>01/20/2016-PD: Based on observations during the Follow-up Survey, this has not been corrected. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.</p> <p>9. Observations revealed that the pull chord for the call switch in the bedroom off of the living room was missing. Have a qualified person install a pull chord. Provide documentation of the repairs in the form of photos.</p> <p>01/20/2016-PD: Based on observations during the Follow-up Survey, this has not been corrected. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.</p> <p>10. Observations revealed that in the bedroom off of the living room the outlet behind the bed</p> | {C 174}                                                                                                 |                                                                                                                          |                                                                    |

Division of Health Service Regulation

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| {C 174}                                                                  | <p>Continued From page 4</p> <p>was loose and had been taped up with scotch tape. Have a qualified technician repair the outlet. Provide documentation of the repairs in the form of copies of receipts or work orders.</p> <p>11. Observations revealed that the interior wall to the right of the sliding glass door in the Staff room is unfinished. Have a qualified technician complete the wall repairs. Provide documentation of the repairs in the form of photos or copies of receipts or work orders.</p> <p>01/20/2016-PD: Based on observations during the Follow-up Survey, this has not been corrected. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.</p> <p>12. Observations revealed that the exterior siding at the base of the wall on either side of the sliding glass doors is rotting and damaged. Have a qualified technician repair the damaged siding. Provide documentation of the repairs in the form of photos or copies of receipts or work orders.</p> <p>01/20/2016-PD: Based on observations during the Follow-up Survey, this has not been corrected. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.</p> <p>16. Observations revealed that in the back hall bath, the sink cabinet was lined with bed pads. Remove the bed pads and have a qualified technician repair any leaks and damages to the cabinets from the leaks. Provide documentation of the repairs in the form of photos or copies of receipts or work orders.</p> | {C 174}                                                                       |                                                                                                                          |  |                                                                    |

Division of Health Service Regulation

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| {C 174}                                                                  | <p>Continued From page 5</p> <p>01/20/2016-PD: Based on observations during the Follow-up Survey, this has not been corrected. The pads have been removed, but the cabinet interior bottom is badly water damaged. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.</p> <p>17. Observations revealed that the plywood ramp off of the front porch was soft and flexible and did not appear safe or sturdy for exiting. Have a qualified technician replace the ramp with a more substantial ramp. All ramps are required to have handrails. Provide documentation of the repairs in the form of photos or copies of receipts or work orders.</p> <p>01/20/2016-PD: Based on observations during the Follow-up Survey, this has not been corrected. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.</p> <p>19. Observations of the roof revealed a sag in the roofline at the ridge to the left of the bathroom vent at the front of the facility. Have a qualified technician inspect the roof for damages and make the necessary repairs. Provide documentation of the repairs in the form of photos or copies of receipts or work orders.</p> <p>01/20/2016-PD: Based on observations during the Follow-up Survey, this has not been corrected. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.</p> | {C 174}                                                                                                 |                                                                                                                          |                                                                    |

Division of Health Service Regulation

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| {C 174}                                                                  | Continued From page 6<br><br>20. Observations revealed that the dryer exhaust cap was missing leaving an opening in the exterior wall. Have a qualified technician install a dryer cap. Provide documentation of the repairs in the form of photos or copies of receipts or work orders.<br><br>01/20/2016-PD: Based on observations during the Follow-up Survey, this has not been corrected. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.                                                                                                                                                                                                                                                                                                                                                                                                             | {C 174}                                                                                                 |                                                                                                                          |                                                                    |
| {C 123}                                                                  | Outside Entrances/Exits<br><br>IV. The Building<br>C. Physical Environment<br>8. Outside Entrances/Exits (10 NCAC 42C .2209)<br>a. All floor levels must have at least two exits. If there are only two, the exits must be as remote from each other as reasonably possible.<br>b. At least one entrance/exit door must be a minimum clear width of three feet and another must be a minimum clear width of two feet and eight inches.<br>c. At least two outside entrances/exits for the residents' floor level must be at ground level or accessible by ramp with a 1 inch rise for each 12 inches of length of the ramp. If there are only two entrances/exits, the entrances/exits must be as remote from each other as reasonably possible. (The requirement for the ramp at exits not at ground level applies to homes which have at least one resident who needs personal assistance in getting up or down steps.)<br>d. All exit door locks must be easily operable, by | {C 123}                                                                                                 |                                                                                                                          |                                                                    |

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>JEFFERSON FAMILY CARE HOME #4</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>495 STALEY BOSWELL ROAD</b><br><b>YANCEYVILLE, NC 27379</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ID<br>PREFIX<br>TAG                                                                                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| {C 123}                                                                  | <p>Continued From page 7</p> <p>a single hand motion, from the inside at all times without keys.</p> <p>e. All entrances/exit must be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency.</p> <p>f. All steps, porches, stoops and ramps must be provided with handrails and guardrails.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed a drop off at the front porch of approximately four inches. There was also a small ramp at the entrance. Neither the ramp nor the porch had handrails. Have a qualified technician install handrails at the porch and ramp. Provide documentation of the repairs in the form of photos or copies of receipts or work orders.</p> <p>01/20/2016-PD: Based on observations during the Follow-up Survey, this has not been corrected. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.</p> <p>2. Observations revealed that the storm door at the front entrance has a thumb latch that, when engaged, does not allow for single hand motion exiting. Have a qualified technician remove or disable the thumb latch. Provide documentation of the repairs in the form of copies of receipts or work orders.</p> <p>01/20/2016-PD: Based on observations during the Follow-up Survey, this has not been corrected. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.</p> | {C 123}                                                                                                 |                                                                                                                          |                                                                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>FCL017010</b>                           | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>01/20/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>JEFFERSON FAMILY CARE HOME #4</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>495 STALEY BOSWELL ROAD</b><br><b>YANCEYVILLE, NC 27379</b> |                                                                                                                          |                                                                    |
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| {C 125}                                                                  | Continued From page 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | {C 125}                                                                                                 |                                                                                                                          |                                                                    |
| {C 125}                                                                  | <p>Floors</p> <p>IV. The Building<br/>C. Physical Environment<br/>10. Floors (10 NCAC 42C .2211)<br/>a. All floors must be of smooth, non-skid material and so constructed as to be easily cleanable.<br/>b. Scatter or throw rugs are not to be used.<br/>c. All floors must be kept in good repair.</p> <p>This Rule is not met as evidenced by:<br/>1. Observations revealed that the vinyl floor in the kitchen had been patched with tape in front of the refrigerator. The floor in the dining room was also patched with tape near the living room wall. Have a qualified technician properly repair or replace the floors in the dining and kitchen areas. Provide documentation of the repairs in the form of photos or copies of receipts or work orders.</p> <p>01/20/2016-PD: Based on observations during the Follow-up Survey, this has not been corrected. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.</p> <p>2. Observations revealed that the vinyl floor in the back hall bath has pulled away from the edges at the tub unit and dirt is collecting in the gap. Have a qualified technician repair the floor in the bathroom. Provide documentation of the repairs in the form of photos or copies of receipts or work orders.</p> <p>01/20/2016-PD: Based on observations during the Follow-up Survey, this has not been corrected. Provide the DHSR Construction</p> | {C 125}                                                                                                 |                                                                                                                          |                                                                    |

Division of Health Service Regulation

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| {C 125}                                                                  | Continued From page 9<br><br>section with copies of all invoices, work orders,<br>receipts, photographs and any other supporting<br>documentation concerning this repair. | {C 125}                                                                       |                                                                                                                          |                          |                                                                    |