

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 08/10/2023
NAME OF PROVIDER OR SUPPLIER HUMPHREY FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 6245 BURTON CHAPEL ROAD MEBANE, NC 27302		
(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 David Hickman DHSR Construction Section conducted a Biennial Follow-up Survey on August 09, 2023 from 1:15 PM to 2:05 PM at the above referenced facility. At the time of the survey not all deficiencies were corrected therefore further action is required. Additional deficiencies were also observed. NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with onsite staff during the exit interview. There were previous deficiencies that were not closed out from an open biennial survey, these deficiencies were brought forward from previous survey. 2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed.	{C 000}		
{C 112}	Construction-Res. Areas Same Floor Level SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (i) In homes licensed on or after April 1, 1984, all required resident areas shall be on the same floor level. Steps between levels are not permitted. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the laundry room floor has a step down. This is not compliant with the rule. Floor will need to be built up to eliminate any step down to be compliant with rule.	{C 112}		

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

TITLE

(X6) DATE

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{C 112}	Continued From page 1 *At the time of the follow-up survey the previously cited deficiency has not been corrected.	{C 112}		
{C 116}	Construction-Meet Sanitary Requirements SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (m) The building shall meet sanitation requirements as determined by the North Carolina Department of Environment and Natural Resources; Division of Environmental Health. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the septic tank is failing and there is raw sewage on the ground in the backyard. This is not compliant with the rule. Provide proper documentation of steps taken for septic tank to be resolved. * At the time of the follow-up survey the previously cited deficiency has not been corrected.	{C 116}		
{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. At the time of the survey the facility did not have current fire and sanitation reports onsite available for review. This is not compliant with the	{C 117}		

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{C 117}	Continued From page 2 rule. Take the proper steps to provide a updated sanitation report. *At the time of the follow-up survey the previously cited deficiency has not been corrected	{C 117}		
C 169	Fire Safety-Smoke Detectors SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it. This Rule is not met as evidenced by: 1. ** NEW DEFICIENCY** At the time of the follow-up survey it was observed that the current heat detectors in the attic were not functional and are fixed at 135 degrees Fahrenheit. Take the proper steps to bring the heat detectors back into compliance. NOTE: the provided Heat Detector(s) are currently disabled and are not at the proper rating of 135 degree rate to rise. This is not compliant with the rule. Take the necessary steps to replace the improper heat detectors with new to ensure that there will properly notify all occupants in the event of a fire or other emergencies. All heat	C 169		

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C 169	Continued From page 3 detectors need to be connected to a dedicated sounding device and be either a 135 degree rate of rise device or a 194 degree fixed heat detector.	C 169		
C 172	Fire Safety-Four Rehearsals SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that two of the six residents present in the house responded and evacuated when the home's smoke detectors were activated. The other residents responded when facility staff promoted them to evacuate the building. This is not compliant with the rule, due to home being licensed for all ambulatory cilents. Take the necessary steps to train the residents to respond and evacuate, without staff prompting or assistance, anytime the homes smoke detectors are activated . The residents have to perform this task on their own for the home to maintain its correct ambulatory status.	C 172		
{C 174}	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE	{C 174}		

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{C 174}	Continued From page 4 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.) At the time of the survey it was observed that the two kitchen counter top receptacles to the right of the stove were not GFCI protected. This is not compliant with the rule. Take the proper steps to contact a qualified professional to install to rule. *At the time of the follow-up survey the previously cited deficiency has not been corrected. 2.) At the time of the survey it was observed that the bathroom floor near the right side of the facility is cracked and soft around the toilet. This is not compliant with the rule. Take the proper steps to properly resolve the soft flooring and fastening the toilet or contact a qualified professional to resolve the issue. *At the time of the follow-up survey the previously cited deficiency has not been corrected. 3.) At the time of the survey it was observed that hall smoke detector was not interconnected so when one smoke detector goes off all devices in the building alarm.. This is not compliant with the rule. Take the proper steps to to have all smoke connectors interconnected and or reach out to a qualified professional to resolve the issue. *At the time of the follow-up survey the previously cited deficiency has not been corrected.	{C 174}		

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{C 174}	Continued From page 5 4.) At the time of the survey it was observed the dryer hose was crimped. This is not compliant with the rule. Take the proper steps to ensure dryer hose has clearance to function as intended. *At the time of the follow-up survey the previously cited deficiency has not been corrected. *NEW DEFICIENCIES* 5.) At the time of the Follow-up survey it was observed the dryer knob was missing. This is not compliant to the rule. Take the proper steps to ensure dryer is functional for residents to utilize. 6.) At the time of the Follow-up survey it was observed that the laundry room light was not working. This is not compliant to the rule. Take the proper steps to replace the bulb and or replace the fixture to have the lighting work as intended. 7.) At the time of the Follow-up survey it was observed the home was equipped with audible devices at the exit doors in the building. The devices do not work as intended. This is not compliant to the rule. Take the proper steps to bring the units back to working order and or hire a professional to assist. If the facility does not have wanderers the elopement devices can be removed. 8.) At the time of the Follow-up survey it was observed that the attic door is no longer working as intended "closing flush with the ceiling". This is not compliant to the rule. Take the proper steps to repair/replace the attic door. 9.) At the time of the Follow-up survey it was	{C 174}		

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{C 174}	Continued From page 6 observed that the exterior sump pump was being powered by a drop cord. This is not compliant to the rule. The Drop Cord needs to be removed, and a suitable outlet provided for the sump pump to be plugged in to. Take the proper steps to have this resolved or seek a qualified professional to resolve the issue. 10.) At the time of the Follow-up survey it was observed that the exterior of the building is not being properly maintained. This is not compliant to the rule. Take the proper steps to power wash the building and or hire a exterior service to assist. 11.) At the time of the Follow-up survey it was observed that the exterior outlet next to the office exit door is loose in its opening. This is not compliant to the rule. Take the proper steps to fasten the outlet to the wall and or hire a qualified professional to resolve the issue.	{C 174}		