

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001113	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/13/2014
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NAME OF PROVIDER OR SUPPLIER WE CARE FAMILY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1718 MORGANTON ROAD BURLINGTON, NC 27217
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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
C 000	<p>Initial Comments</p> <p>Report by Suzanna Fay</p> <p>DHSR Construction Section conducted a Biennial Survey on November 13, 2014 at the above referenced facility. DHSR records indicate the home was first licensed on June 12, 2006 as a Family Care Home for six (6) 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 1992 Family Care Homes T10: 42C, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2002 North Carolina State Building Code - Section 421.2 - Residential Care Homes.</p> <p>At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:</p>	C 000		
C 174	<p>Building Equipment Maintained Safe, Operating</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1. The smoke detector in Bedroom #1 was not interconnected with the other smoke detectors in the facility. Contract a licensed electrician to check the wiring and make the necessary repairs to interconnect the smoke detector so that when</p>	C 174		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 174	<p>Continued From page 1</p> <p>any one smoke detector is activated, all of the detectors sound. Provide documentation of the repairs.</p> <p>2. The grease filter on the kitchen range hood was clogged with grease. Thoroughly clean the filter to remove the grease.</p> <p>3. The exhaust fan in the hall bath was full of dust. Sweep or vacuum out the fan so that it will work properly.</p> <p>4. The light fixture in the bath off of Bedroom #1 has shifted in its opening and the cover is missing. Contract a qualified vendor to properly secure the light and install a lens cover for the fixture. Provide verification of the repairs.</p> <p>5. The tub surround in the bath off of Bedroom #1 is deteriorating. The finish is flaking off. The caulking around the tub has gaps where it is no longer sealed and there is black mold along the caulk. Contract a qualified vendor to remove the old caulk and surround. Clean the area and replace the surround. Recaulk the perimeter of the tub to seal off moisture. Provide verification of the repairs.</p> <p>6. There are several windows with cracks on the front sun porch. Contract a qualified vendor to replace the damaged glazing. Provide documentation of the repairs.</p> <p>7. The exterior soffit outside of the office is pulling out, leaving a gap in the soffit. Contract a qualified vendor to repair the soffit. Provide documentation of the repairs.</p> <p>8. At the exterior dryer exhaust, the flap is broken leaving an opening for pests to enter.</p>	C 174		

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C 174	Continued From page 2 Contract a qualified vendor to replace the exhaust cap. Provide a receipt or other form of documentation of the repairs.	C 174		
C 123	Bathroom-Hand Grips T10: 42C .2206 BATHROOM (f) Hand grips must be installed at all commodes, tubs and showers on the floor level used by the residents. This Rule is not met as evidenced by: 1. There was not a handgrip at the tub in the hall bath. Contract a qualified vendor to install a suitable handgrip at the tub to assist the Residents in getting in and out of the tub. Provide documentation for the repairs.	C 123		
C 141	Outside Entrances/Exits-Wanderers T10: 42C .2209 OUTSIDE ENTRANCES AND EXITS (g) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each required exit door shall be equipped with a sounding device that is activated when the door is opened. The sound must be of sufficient volume that it can be heard by staff. A central control panel that will deactivate the sounding device may be used, provided the control panel is located in the bedroom of the person on call within the home. This Rule is not met as evidenced by: 1. It was noted that one of the Residents has Alzheimer's. If the Resident has any tendency for wandering, sounding devices shall be installed at all exits per the guidelines of this rule.	C 141		

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