

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCLD01113	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  11/13/2014
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NAME OF PROVIDER OR SUPPLIER  
**WECARE FAMILY CARE**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**1718 MORGANTON ROAD  
BURLINGTON, NC 27217**

(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
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C 000 Initial Comments

Report by Suzanna Fay

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.

At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:

C 000

*The smoke detector in bed room 1# will be repaired to interconnect with all other smoke detectors in facility by licensed electrician*

*12/31/14*

*Smoke detectors will be tested quarterly by all staff and Director will be notified if any problems are detected and corrected by Director.*

CONSTRUCTION SECTION  
DEC 08 2014  
RECEIVED

C 174 Building Equipment Maintained Safe, Operating

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 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

C 174

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Sharon Bruce*

(X6) DATE  
*12/5/14*

SCANNED

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: **WECARE FAMILY CARE** STREET ADDRESS, CITY, STATE, ZIP CODE: **1718 MORGANTON ROAD BURLINGTON, NC 27217**

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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	<p>GREASE FILTER ON KITCHEN RANGE HOOD WILL BE THOROUGHLY CLEANED TO REMOVE THE GREASE. STAFF WILL MAINTAIN FILTER CLEANING MONTHLY OR AS NEEDED. DIRECTOR WILL INSPECT MONTHLY.</p> <p>EXHAUST FAN IN HALL BATH HAS BEEN FREED FROM DUST AND WILL BE PART OF HOUSEKEEPING DUTIES. STAFF WILL MONITOR ON A WEEKLY BASIS AND NOTIFY DIRECTOR OF ANY PROBLEMS THAT NEED CORRECTING.</p> <p>LIGHT FIXTURE IN BATH OFF OF BEDROOM WILL BE SHIFTED BACK IN PLACE. A HIRED VENDOR WILL SECURE LIGHT AND INSTALL LENS COVER FOR FIXTURE. DIRECTOR WILL MONITOR. FOREGOING.</p> <p>DIRECTOR WILL ORDER AND HAVE CRACKED WINDOWS REPLACED. ANY AND ALL WINDOWS FOREGOING WILL BE REPLACED AS EVENTS OCCUR BY DIRECTOR.</p> <p>LANDLORD WAS CONTACTED ABOUT REPAIRS TO SOFFIT OUTSIDE. DIRECTOR WILL REPAIR IN A TIMELY MATTER IF LANDLORD DOESN'T REPLY.</p>	<p>11/15/14</p> <p>11/15/14</p> <p>12/31/14</p> <p>12/31/14</p>
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FORM HC-100-100

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER: HOME CARE FAMILY CARE  
 STREET ADDRESS, CITY, STATE, ZIP CODE: 1718 MORGANTON ROAD BURLINGTON, NC 27217

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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	<i>Dryer exhaust will be properly replaced and monitored by director</i>	<i>12/31/14</i>
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	<i>Director will have handgrip installed at tub in hall bath to assist residents in and out of tub. Staff will ensure handgrip remains in operable condition. Reporting any finding to Director for repairs</i>	<i>12/31/14</i>
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	<i>Sounding devices will be replaced at all exit doors to sound when doors are exited or entered. Staff and Director will monitor and maintain working condition.</i>	<i>12/31/14</i>

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

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WE CARE FAMILY CARE

1718 MORGANTON ROAD  
BURLINGTON, NC 27217

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C174	5 #1		Director will replace tub surround in bedroom bath in #1 recaulking and fill in gaps staff will maintain bathroom free of mold	12/31/14