

PRINTED: 03/23/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032129	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/13/2015
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NAME OF PROVIDER OR SUPPLIER TOWER OF BLESSING A REFUGE TO SEEK #:	STREET ADDRESS, CITY, STATE, ZIP CODE 2309 ELLINGTON STREET DURHAM, NC 27704
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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
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C 000	<p>Initial Comments</p> <p>Report by Suzanna Fay</p> <p>DHSR Construction Section conducted a Biennial Survey on March 13, 2015 at the above referenced facility. DHSR records indicate the home was first licensed on July 17, 2001 as a Family Care Home for five ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). The capacity was increased to six ambulatory Residents on February 12, 2013. Based on this information we are requiring the home to maintain compliance with the following: the 1992 Family Care Homes Rules T10: 42C, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1996 (1999 Revision) North Carolina State Building Code - Section 419.2 - 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	<p>CONSTRUCTION SECTION APR 15 2015 RECEIVED</p>	
C 132	<p>Bathroom-For Each 5 or Fewer</p> <p>SECTION .0300 - THE BUILDING 10A.NCAC 13G .0309 BATHROOM (a) Adult care homes licensed on or after April 1, 1984, shall have one full bathroom for each five or fewer persons including live-in staff and family.</p> <p>This Rule is not met as evidenced by: 1. At the time of this survey, the facility had three Residents living at the facility. Staff was occupying the master bedroom which has a bathroom off of the bedroom. The Resident bedrooms were set up as a single Resident in Bedroom 1 (off of the dining room), two Residents in the second bedroom, two Residents</p>	C 132	<p>ADMIN. WILL PLACE ANNUAL DATES ON THE HOME CALENDAR TO DO YEARLY CHECKS ON APPLIANCES, PLUMBING, ELECTRICALS AS WELL AS OUTDOOR FIXTURES</p>	4/16/15

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Rachel Forbes</i>	TITLE	(X6) DATE 4/19/15
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C 132	Continued From page 1 in the third bedroom and one Resident in the fourth bedroom. Per this layout, the facility can have a maximum of five Residents because there is only one bathroom serving the six Residents. Based on documentation from the capacity increase, the facility was allowed six Residents based on the following layout: the Resident bedrooms were the second bedroom, the third bedroom and the master bedroom with two Residents each. If the facility reaches the maximum capacity of six Residents plus staff, the master bedroom must be converted back to a Resident bedroom with two Residents. The Provider discussed the option of converting the master bath into two bathrooms with one serving the single bedroom on that side of the facility. This arrangement would meet the minimum bathroom count. Floor plans must be submitted to DHSR/Construction Section for approval prior to construction. As the facility is currently in compliance with three Residents and one full bathroom, no response is required at this time.	C 132	A BUILDING PLAN WAS ALREADY SUBMITTED AND PAID FOR. I AM WAITING FOR A DECISION TO BE MADE. (C)	
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. At the time of this survey, it was observed that the exterior dryer cap had come loose from the wall and the vent was clogged with lint. Have a	C 174	THE HVAC COMPANY WILL ALSO REINFORCE THE DRYER CAP WHEN THEY COME OUT 4/25/15 (C)	

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NAME OF PROVIDER OR SUPPLIER
TOWER OF BLESSING A REFUGE TO SEEK #

STREET ADDRESS, CITY, STATE, ZIP CODE
**2309 ELLINGTON STREET
DURHAM, NC 27704**

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C 174	Continued From page 2 qualified person clean the vent and secure the cap to the wall. Provide verification of the repairs. Schedule routine checks to keep the exhaust clean and free of lint build-up. 2. At the left face of the facility, outside the second bedroom, this surveyor observed a couple of sections of the siding had come loose from the wall. Have a qualified person repair the siding. Provide documentation of the repairs.	C.174	Admin. will call a professional to clean out the dryer exhaust to remove lint build-up. Admin. called John from a HVAC company he will be coming out 4/25/15 Admin. will contact a contractor to reinforce the siding. will be schedule for 5/1/15	
C 138	Outside Entrances/Exits-Single Hand Motion T10: 42C 2209 OUTSIDE ENTRANCES AND EXITS (d) All exit doors locks must be easily operable, by a single hand motion, from the inside at all times without keys. This Rule is not met as evidenced by: 1. At the time of this survey, the storm door at the den exit has a thumb latch that does not meet the single hand motion requirements for exiting. Have a qualified person remove or dismantle the thumb latch. Provide documentation of the repairs.	C 138	Admin. will remove the thumb latch by 4/15/15 and a picture will be submitted	