

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL045104	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2015
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NAME OF PROVIDER OR SUPPLIER KAY FAMILY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 337 OVERLOOK TERRACE HENDERSONVILLE, NC 28739
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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 Glenn Hoppin</p> <p>DHSR Construction Section conducted a Biennial Survey on April 30, 2015 from 9:00 AM to 10:30 AM at the above referenced facility. DHSR records indicate the home was first licensed on September 11, 2007 as a Family Care Home for four ambulatory residents on March 30, 2015 they were approved for a capacity increase to six 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 2005 Rules 10A NCAC 13G for Family Care Homes, and the 2006 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 149	<p>Outside Entrances/Exits-Handrails At Porches</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (f) All steps, porches, stoops and ramps shall be provided with handrails and guardrails.</p> <p>This Rule is not met as evidenced by: 1.) The front porch does not have handrails or guardrails. Have a qualified technician install handrails on the front porch and steps. Provide the DHSR Construction sections with copies of all permits, work orders, receipts and any other documentation verifying completion of this repair.</p>	C 149		

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