

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060113	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/20/2015
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NAME OF PROVIDER OR SUPPLIER UNLIMITED POSSIBILITIES FAMILY CARE HOI	STREET ADDRESS, CITY, STATE, ZIP CODE 7245 CITY VIEW DRIVE CHARLOTTE, NC 28212
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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	Initial Comments Report of Biennial Construction Survey by Frank Strickland on 05/20/2015: Records indicate that this facility was first submitted on 09/13/2010 as a Family Care Home. This facility is licensed for a capacity of six (6) non-ambulatory residents (unable to evacuate without physical or verbal assistance during an emergency). Based on this information, this facility is required to be in compliance with the following: the 2005 regulations for Family Care Homes and the 2009 Edition of the North Carolina State Building Code Section 421.4-Residential Care Facilities. There were deficiencies cited at the time of this survey and a Plan of Correction is required.	C 000		
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-Based on observation, the facility has not maintained the service of the kitchen range/stove exhaust hood in a safe manner. This will effect all residents and staff while preparing cooking on the range/stove. Findings on 05/20/2015 The kitchen range exhaust hood filter has	C 174	CONSTRUCTION SECTION JUL 23 2015 RECEIVED We Remove & Soak & STRIP ALL EXHAUST GREASE FROM THE Vent HOOD AS WELL AS Vent HOOD SCREEN. We will be doing CHECKS AND CLEANING THIS OUT ON A MONTHLY BASIS	5/28/15

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

JAMES H. SCRUGGS OWNER

TITLE

(X6) DATE

7/22/2015

Division of Health Service Regulation

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C 174	<p>Continued From page 1</p> <p>excessive grease build-up.</p> <p>2-Based on observation, the facility has not maintained the sewer system in a safe manner. This will effect all residents and staff in the future due to sewer failure..</p> <p>Findings on 05/20/2015 The sewer lift-pump pit was full of grey water due to a sewer piping leak and standing grey water is present that is a foot deep that is located at the front right-hand side of the facility.</p>	C 174	<p><i>we sent out A license plumber to inspect the issue. His Findings were that the breaker for that pump WAS TRIPPED & now we have our staff checking the container on a weekly BASIS. We will also HAVE SOME ONE FROM the Health Department to come out & inspect over the next 30 DAYS</i></p> <p><i>5/26/15</i></p> <p><i>7/20/15</i></p> <p><i>8/22/15</i></p>	