PRINTED: 06/18/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED
	FCL011021		05/06/2015

NAME OF PROVIDER OR SUPPLIER: LEICESTER HEIGHTS FAMILY CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 16 OVERLOOK DRIVE, LEICESTER, NC 28748

(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 05/06/2015: [redacted] **is licensed for a capacity of six (6) ambulatory residents** (able to evacuate without physical or verbal assistance during an emergency). Based on this information, this facility is required to meet the 1984 " rules for family care homes minimum, desired standards regulations " , the applicable portions of the 2005 " regulations for family care homes " ., and the 1978 Edition of the North Carolina State Building Code Section 409.1(G). Residential Care Facility. There were deficiencies cited at the time of this survey and a Plan of Correction is required.	C 000		
C 110	Construction-Basement, Attic SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (g) The basement and the attic shall not to be used for storage or sleeping. This Rule is not met as evidenced by: 1-Based on observation, the facility has not kept the Basement free of debris. This condition presents a hazard to all residents and staff. Findings on 05/06/2015 The Basement is full of combustible stored items.	C 110	will clean Basement in good order will keep that way.	by 8-20-15
C 133	Bathroom-Must Provide Privacy	C 133		

CONSTRUCTION SECTION
JUN 15 2015
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Martha A. Flemmons
TITLE: owner + Adm.
(X6) DATE: 7-14-15

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	FCL011021	A. BUILDING: 01 B. WING _____	05/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEICESTER HEIGHTS FAMILY CARE	16 OVERLOOK DRIVE LEICESTER, NC 28748

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C 000	Initial Comments Report of Biennial Construction Survey by Frank Strickland on 05/06/2015: Based on Information obtained from the DHSR database, this facility was first submitted on 11/17/1986 as a Family Care Home. This facility is licensed for a capacity of six (6) ambulatory residents (able to evacuate without physical or verbal assistance during an emergency). Based on this information, this facility is required to meet the 1984 " rules for family care homes minimum, desired standards regulations " , the applicable portions of the 2005 " regulations for family care homes " ., and the 1978 Edition of the North Carolina State Building Code Section 409.1(G). Residential Care Facility. There were deficiencies cited at the time of this survey and a Plan of Correction is required.	C 000		
C 110	Construction-Basement, Attic SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (g) The basement and the attic shall not to be used for storage or sleeping. This Rule is not met as evidenced by: 1-Based on observation, the facility has not kept the Basement free of debris. This condition presents a hazard to all residents and staff. Findings on 05/06/2015 The Basement is full of combustible stored items.	C 110	Will Clean Basement in good order Will Keep that way.	by 8-20-15
C 133	Bathroom-Must Provide Privacy	C 133		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Martha A Flemmons 7-14-15 owner + Adm.

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	FCL011021		05/06/2015

NAME OF PROVIDER OR SUPPLIER: LEICESTER HEIGHTS FAMILY CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 16 OVERLOOK DRIVE, LEICESTER, NC 28748

(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 133	Continued From page 1 SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (b) The bathrooms shall be designed to provide privacy. A bathroom with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains. This Rule is not met as evidenced by: 1-Based on observation, the facility has not maintained the privacy of the Bathroom(s). This could effect all residents. Findings on 05/06/2015 X The Bathroom located outside Room #1 has an open transom above the entry door that does not privacy while the facilities is in use.	C 133	Will put curtain on curtain over the door 8/20/15 at top of bathroom.	
	2-Based on observation, the facility has not maintained the mechanical ventilation in the Bathrooms in a safe manner. This will effect all residents and staff during use of the facilities. Findings on 05/06/2015 The mechanical ventilation is not operational for the interior bathroom located in Bedroom # 3.		Vantilation is A new vant put in Bathroom	7/12/15
	X 3-Based on observation, the facility has not maintained the hand grips. This will effect all residents when using the bathrooms. Findings on 05/06/2015 There are not any hand grips adjacent to the toilet in the bathroom for Bedrooom # 3.		will put hand grips in Bathroom.	08/20/15
C 147	Outside Entrances/Exits-Single Hand Motion SECTION .0300 - THE BUILDING	C 147		Done

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	FCL011021	A. BUILDING: 01 B. WING _____	05/06/2015

NAME OF PROVIDER OR SUPPLIER: LEICESTER HEIGHTS FAMILY CARE

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C 147	Continued From page 2 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled. This Rule is not met as evidenced by: 1-Based on observation, the facility has installed door hardware that is not in accordance with this Rule. This could slow all residents and staff in the event of evacuation. Findings on 05/06/2015 All required exterior exit door have door hardware that is not single-motion.	C 147	[illegible] door [illegible] single motion have been this way since Dennis was two yrs. ago	
C 172	Fire Safety-Four Rehearsals SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved. This Rule is not met as evidenced by: 1-Based on interview and record review, the facility has not had at least four fire rehearsals. This will effect all residents and staff in the event of an emergency creating an unsafe condition.	C 172	Copies enclosed with correction. 7/14 15 We have done Fire Drills will send copies 7/14 15	

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	FCL011021		05/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEICESTER HEIGHTS FAMILY CARE	16 OVERLOOK DRIVE LEICESTER, NC 28748

(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 172	Continued From page 3 Findings on 04/23/2015 The facility has not maintained or provided copies of the required fire rehearsals.	C 172		
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 fire/smoke detection system in a safe condition. This will effect all residents and staff during in the event of a fire/smoke emergency. X Findings on 04/23/2015 a. The heat detector(s) located in the Basement are not properly secured to mounting surfaces. b. The smoke detector located outside Bedroom #1 is not secured flush to the finish surface. 2-Based on observation, the facility has not maintained the electrical distribution service in a safe manner. This will effect all residents and staff. Findings on 05/06/2015 There is a hole in wall located in Room # 3 that is an open unprotected electrical junction box. 3-Based on observation, the facility has not maintained the exterior finish components. This	C 174	Will have Fire/Smoke Detection System in safe manner. Make sure it stays that way Will make sure the Detector & heat Detectors are safely ~~sure~~ secured. have done wall and HAUST FAN	8/22/15 8/22/15 7/14/15 8/22/15

REHEARSAL SCHEDULE

Name of Home: Leicester Heights

Address: [redacted] 16 Overlook Drive FCH/SA/CDS

1. Date of Rehearsal: 3-20-15 Time of Rehearsal: 1st shift Shift: (1st) - 2nd - 3rd (circle one)

Person in Charge: Martha A. Plemmons

Other Staff Members Present: NO

4 Residents went out front Door, 2 Residents went out back door.

Time for Total Evacuation: 4 MINS

Brief Description of What Was Involved:

all patients met at Rel mAil Box

2. Date of Rehearsal: 4-15-2015 Time of Rehearsal: 8AM Shift: (1st) - 2nd - 3rd (circle one)

Person in Charge: Martha Plemmons

Other Staff Members Present: NO

2 Residents went out of Back Door
4 Residents went out front Door

Time for Total Evacuation: 3 min 40 seconds

Brief Description of What Was Involved:

All Residents met at Mail Box

[illegible] REHEARSAL SCHEDULE

Name of Home: Leicester Heights FCH/HA/DDA

Address: [redacted] 16 overlook Drive

1. Date of Rehearsal: 1-8-2015 Time of Rehearsal: 11Am Shift: (1st) - 2nd - 3rd (circle one)

Person in Charge: Laura Parker

Other Staff Members Present: Martha A. Plemmons

2 Residents exited out Back door in screen porch

2 Residents exited out of Back Porch in Private Room

2 Residents exited out of front Door

Time for Total Evacuation: 3m. 50 seconds

Brief Description of What Was Involved: all Residents meet a Red mail Box Waited + in went back to facility

Martha A. Plemmons

2. Date of Rehearsal: 2-26 Time of Rehearsal: 5pm Shift: 1st - 2nd - 3rd (circle one)

Person in Charge: Laura Parker

Other Staff Members Present: NO

Time for Total Evacuation: 3 min 45 seconds

Brief Description of What Was Involved:

3 Resident went out front Porch

2 Resident went out back porch in Screen Porch area

1 Resident exited out of his back door with Private porch.