

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL092150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  07/01/2015
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  GRACIE STURDIVANT CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1004 EDENBURGH KEEPS DRIVE KNIGHTDALE, NC 27545
---	---

(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>This report is of a biennial construction survey done by Bob Getchell on July 1, 2015.</p> <p>This facility was first licensed 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) on April 28, 2009. Based on this we are requiring the home to be in compliance with the 2005 " Rules 10A NCAC 13G for the Licensing of Family Care Homes ", and, the 2006 North Carolina State Building Code, Section 421.2 - Residential Care Facilities.</p> <p>Deficiencies were noted which will require a new plan of correction.</p>	C 000	<p style="text-align: center;">CONSTRUCTION SECTION AUG 10 2015 RECEIVED</p>		
C 152	<p>Floors</p> <p>10A NCAC 13G .0314 FLOORS</p> <p>(a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable.</p> <p>(b) Scatter or throw rugs shall not be used.</p> <p>(c) All floors shall be kept in good repair.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the carpet was not maintained safe. This presents a tripping hazard.</p> <p>Findings include:</p> <p>The left front Living Room has runs in the carpet.</p>	C 152			
C 168	<p>Fire Extinguishers</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN</p>	C 168			

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

40Y121

If continuation sheet 1 of 3

*[Signature]* *[Signature]* 8/10/15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL092150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  07/01/2015
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  GRACIE STURDIVANT CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1004 EDENBURGH KEEPS DRIVE KNIGHTDALE, NC 27545
---	---

(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 168	<p>Continued From page 1</p> <p>(a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home:</p> <p>(1) one five pound or larger (net charge) "A-B-C" type centrally located;</p> <p>(2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and</p> <p>(3) any other location as determined by the code enforcement official.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the building fire protection equipment was not maintained in a safe manner. This would affect all residents by not having fire protection equipment operable for use in an emergency.</p> <p>Findings include:</p> <p>The inspection tags on the fire extinguishers indicate that required monthly checks are not being performed per NFPA 10</p>	C 168	<p><i>TAGS ON FIRE EXTINGUISHERS UPDATED.</i></p> <p><i>LD, 11 MON, APR + UPDATE TAGS ALONG WITH FIRE &amp; SMOKE ALARMS ON SAME DAY ON MONTHLY BASIS.</i></p>	
C 174	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</p> <p>(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.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the smoke detectors were not maintained operable.</p> <p>Findings include:</p>	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL092150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  07/01/2015
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  
**GRACIE STURDIVANT CARE HOME**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**1004 EDENBURGH KEEPS DRIVE  
KNIGHTDALE, NC 27545**

(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 174	Continued From page 2  The smoke detector in the middle front bedroom did not sound when smoke was released.	C 174	<i>SMOKE ALARM PREPARED NEXT DAY. WE WERE ANXIOUS OF WHAT COULD HAPPEN WITH AN DEFECTIVE DEVICE. WILL MONITOR WITH FIRE EXTINGUISHERS + FIRE ALARM MONITOR TO MAINTAIN EFFECTIVENESS.</i>	