

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060124	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/11/2015
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NAME OF PROVIDER OR SUPPLIER THE RADBOURNE MANOR II	STREET ADDRESS, CITY, STATE, ZIP CODE 7325 SWAN RUN ROAD CHARLOTTE, NC 28226
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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 06/11/2015: This facility was first submitted on 07/13/1987 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	CONSTRUCTION SECTION AUG 25 2015 RECEIVED The Administrator will ensure The kitchen range/stove exhaust Ceiling fan is maintained to prevent Excessive grease build up in the internal fan housing and surrounding ceiling surfaces. The Administrator or designee Will ensure it is cleaned and Monitored every six months For cleaning.	9/5/15
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 ceiling fan in a safe manner. This could effect all residents and staff while cooking on the range/stove. Findings on 06/11/2015	C 174		

Division of Health Service Regulation
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Julicia Thompson* TITLE *Administrator* (X6) DATE *8/25/15*
 STATE FORM 4010 HDW021 If continuation sheet 1 of 2

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C 174	<p>Continued From page 1</p> <p>The kitchen range exhaust ceiling fan has excessive grease build-up in the internal fan housing and surrounding ceiling surfaces.</p> <p>2-Based on observation, the facility has not maintained the accessibility into resident rooms. This will effect all residents and staff during normal operations.</p> <p>Findings on 06/11/2015 There is not any door knobs and latching hardware for the resident Bedrooms adjacent to the Dining/Den Room.</p> <p>3-Based on observation, the facility has not maintained the Ground-Fault Interrupter Protection in wet areas in a safe manner. This could effect all residents and staff.</p> <p>Findings on 06/11/2015 The receptacle in the Bathroom sink for the Bedroom at the Front Entry door does not have Ground-Fault Interrupter Protection.</p>	C 174	<p>The Administrator will ensure Accessibility is maintained in Residents rooms by putting single Motion Door knobs and latching Hardware on the two Bedrooms adjacent to Dining /Den room. Staff will notify Management if knobs are removed Immediately.</p> <p>The Administrator will ensure Receptacles in the bathroom Sink for the bedroom at the front Door is protected by a ground Fault interrupter protection. The Administrator or designee Will ensure they are checked Every 6 months.</p>	<p>6/15/15</p> <p>6/15/15</p>