

Re: NaruFamily Care Home #2 –FC Bienniel Survey

Date: March 3, 2016

FID #971172

Fc1034072

CONSTRUCTION SECTION

MAR 10 2016

RECEIVED

PLAN OF CORRECTION FOR ALL CITED DEFICIENCIES:

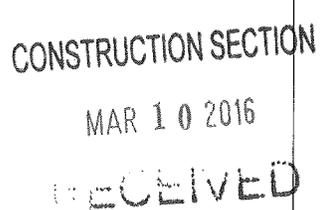
- The corrective action that will be accomplished in the facility in areas affected by deficient practice is to do just that CORRECT THE DEFICIENCY.
- The Family Care Home Rules provide specifics to maintain state compliance. As we observe other areas in the facility that would jeopardize compliance, our plan of correction would be to immediately “correct” the evidence of the rule not being met.
- The measures that will be put into place to ensure deficient practices do not recur and how corrective actions will be monitored will be to perform “in-house” audits more frequently, and again, immediately make the correction to ensure state compliance.
- **AS OF MARCH 2, 2016, ALL DEFICIENCIES HAVE BEEN CORRECTED!**

*It is always our pleasure at NaRu Family Care Home to cooperate during ANY state or local audits. Thank you for ensuring that we provide quality, safe care to all of our residents! We are humbled to serve others!*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL034072</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/04/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NARU FAMILY CARE HOME #2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4266 INDIANA AVENUE WINSTON-SALEM, NC 27105</b>
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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 by Suzanna Fay  DHSR Construction Section conducted a Biennial Survey on February 4, 2016 from 8:41 AM to 10:17 AM at the above referenced facility. DHSR records indicate the home was first licensed on October 3, 1997 as a Family Care Home for 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 1992 Family Care Home Rules T10: 42C, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1996 (1997 Revision) North Carolina State Building Code - Section 419.2 - Residential Care Homes.  At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	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. Observations revealed several cracks and bubbling paint along the fireplace wall in Bedroom B. The walls also had numerous cobwebs hanging from the ceiling and down the walls.	C 174		<p><b>PHOTO 1</b></p> <p><b>Provides documentation of deficiency correction</b></p>

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

TITLE

(X6) DATE

*Ruby J. Harris*

*Owner - Manager*

*3-3-16*



Division of Health Service Regulation

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C 138	<p>Continued From page 2</p> <p>.2209 OUTSIDE ENTRANCES AND EXITS (d) All exit doors locks must be easily operable, by a single hand motion, from the inside at all times without keys.</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that the storm door at the rear exit had a working thumb latch which is not single action. Have a qualified technician remove or disable the thumb latch. Provide documentation of this correction in the form of photos, receipts or work orders.</p>	C 138	<p><b>PHOTO(S) #4</b></p> <p><b>Provides documentation of deficiency correction</b></p> <p><b>THUMB LATCH HAS BEEN DISABLED</b></p>	2/11/2016
C 139	<p>Outside Entrances/Exits-Free of Obstructions</p> <p>T10: 42C .2209 OUTSIDE ENTRANCES AND EXITS (e) All entrances/exits must be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency.</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that Bedroom C and Bedroom D had a keyed latch on the corridor side of the doors. This is a safety hazard as these could be accidentally or intentionally locked and trap the Resident in the room. Remove the keyed latches. Provide documentation of this correction in the form of photos, receipts or work orders.</p> <p>2. Observations revealed that the windows in Bedroom C and Bedroom D had safety catches on the window hardware. When engaged, the catches could impede exiting through the</p>	C 139	<p><b>PHOTO(S) #5 &amp; 6</b></p> <p><b>Provides documentation of deficiency correction</b></p> <p><b>LATCHES HAVE BEEN REMOVED &amp; ALL SAFETY CATCHES HAVE BEEN DISABLED IN THE FACILITY</b></p>	2/11/2016

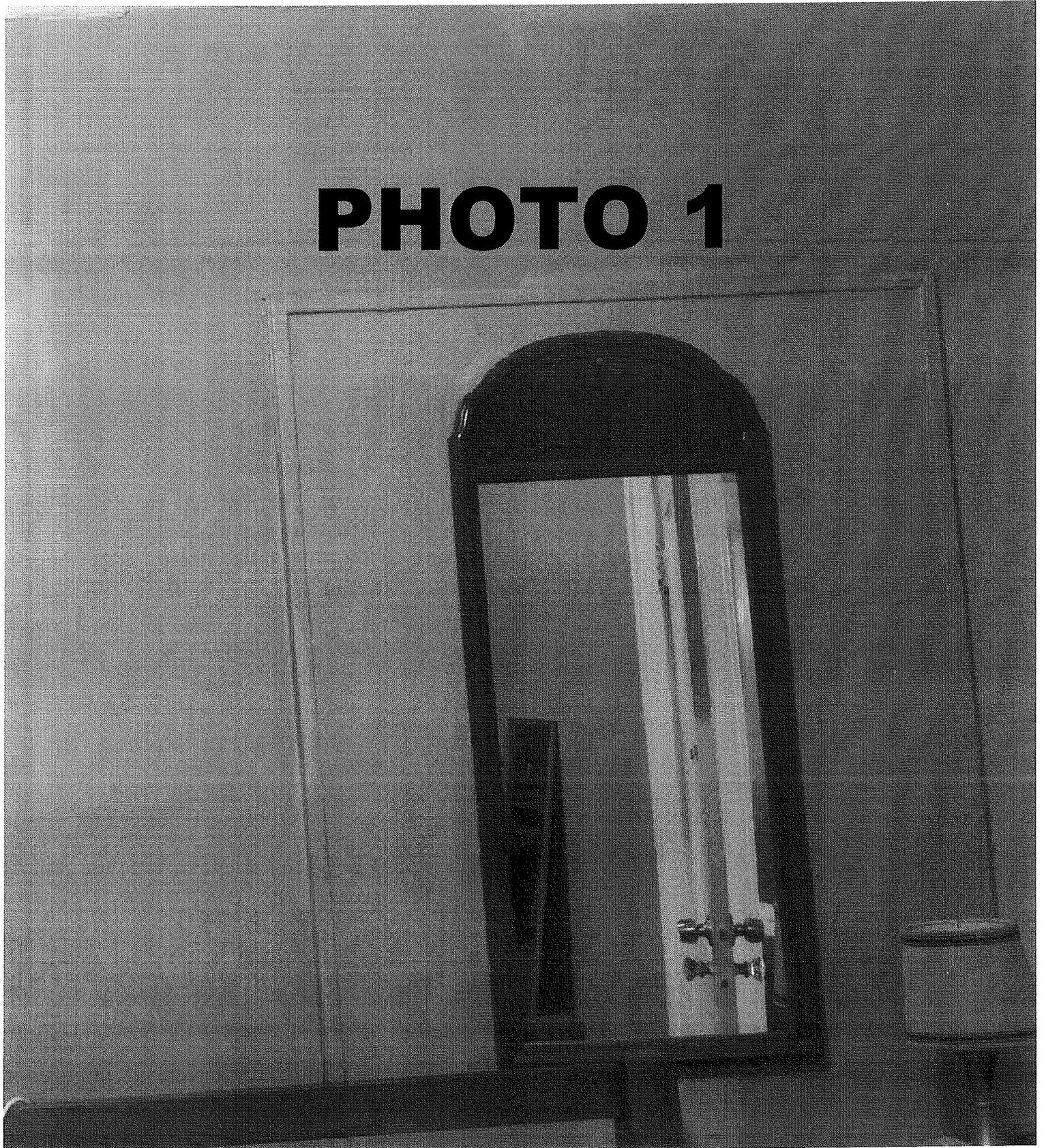
Division of Health Service Regulation

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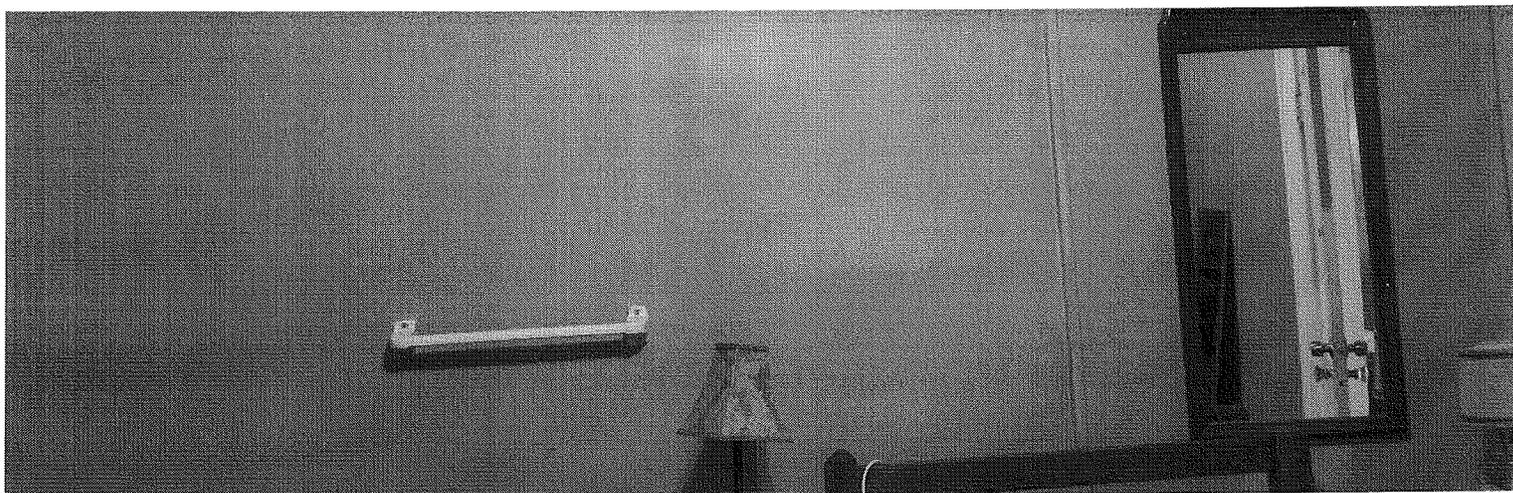
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C 139	Continued From page 3  windows in the case of an emergency. Remove or disable the safety clips. Provide documentation of this correction in the form of photos or receipts.	C 139		
C 158	<p>Fire Safety-Evacuation Plan</p> <p>T10: 42C .2213 FIRE SAFETY EQUIPMENT (d) A written fire and disaster plan (including a diagrammed drawing) which has the approval of the local fire department must be prepared in large print and posted in a central location on each floor. This plan must be reviewed with each resident on admission and must be a part of the orientation for all new staff.</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that the evacuation plan in Bedroom A was not oriented correctly to show the direction of exiting. Turn the plan to the correct orientation. Verify that all of the evacuation plans are oriented correctly. Provide documentation of this correction in the form of photos.</p>	C 158	<p><b>PHOTO(S) #7</b></p> <p><b>Provides documentation of deficiency correction</b></p> <p><b>ALL EVACUATION PLANS IN FACILITY TURNED TO CORRECT ORIENTATION</b></p>	2/11/2016

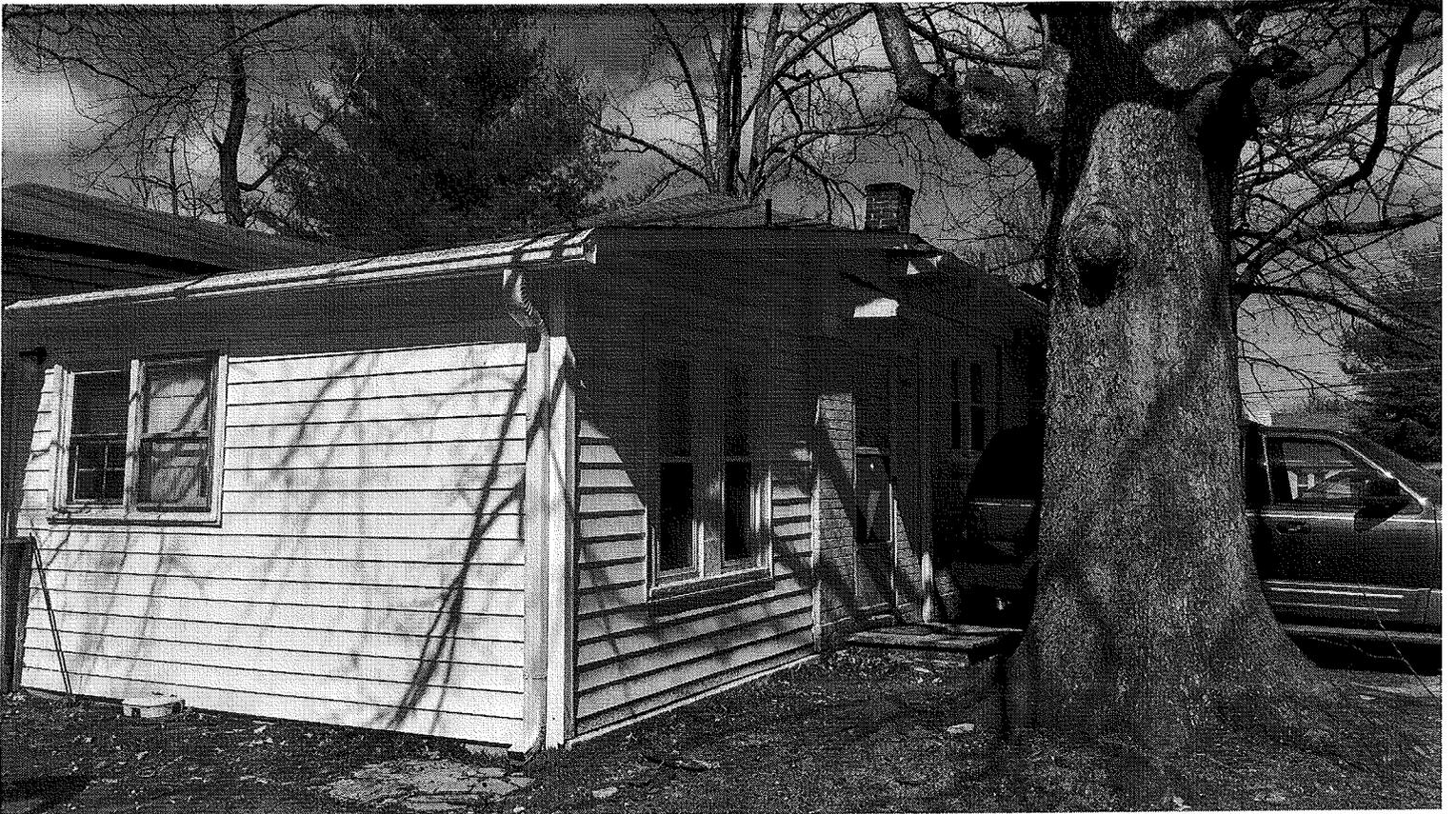
# PHOTO 1



# PHOTO 1



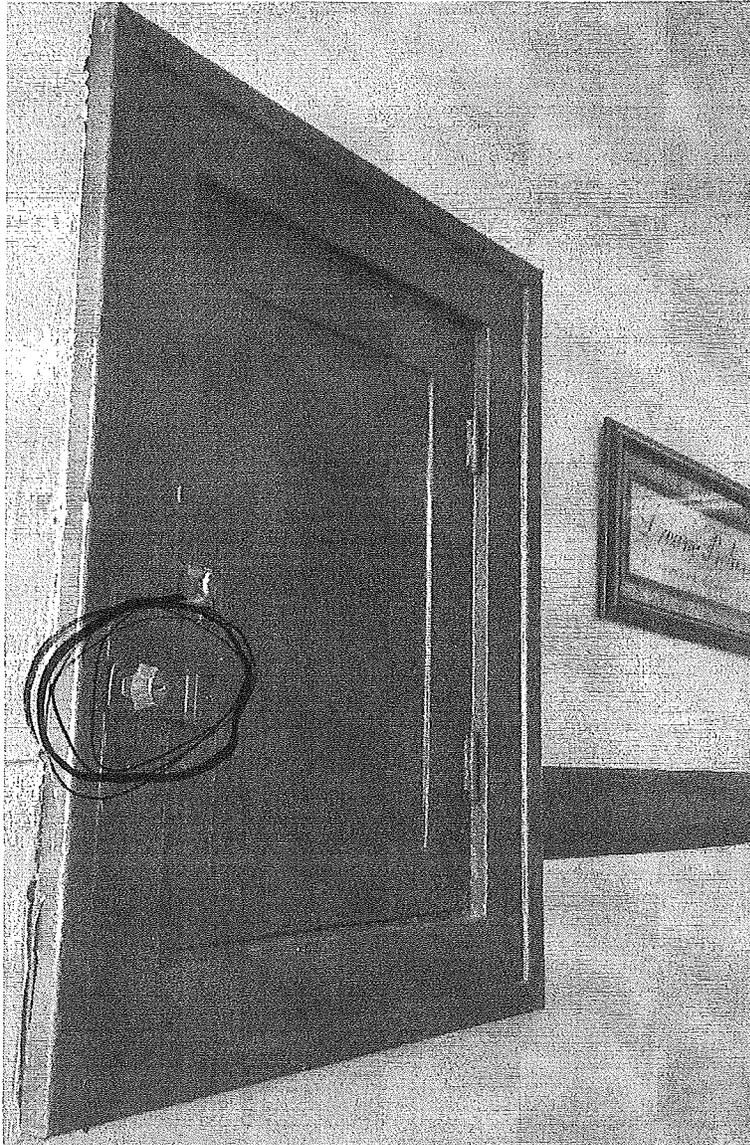
# PHOTO 2



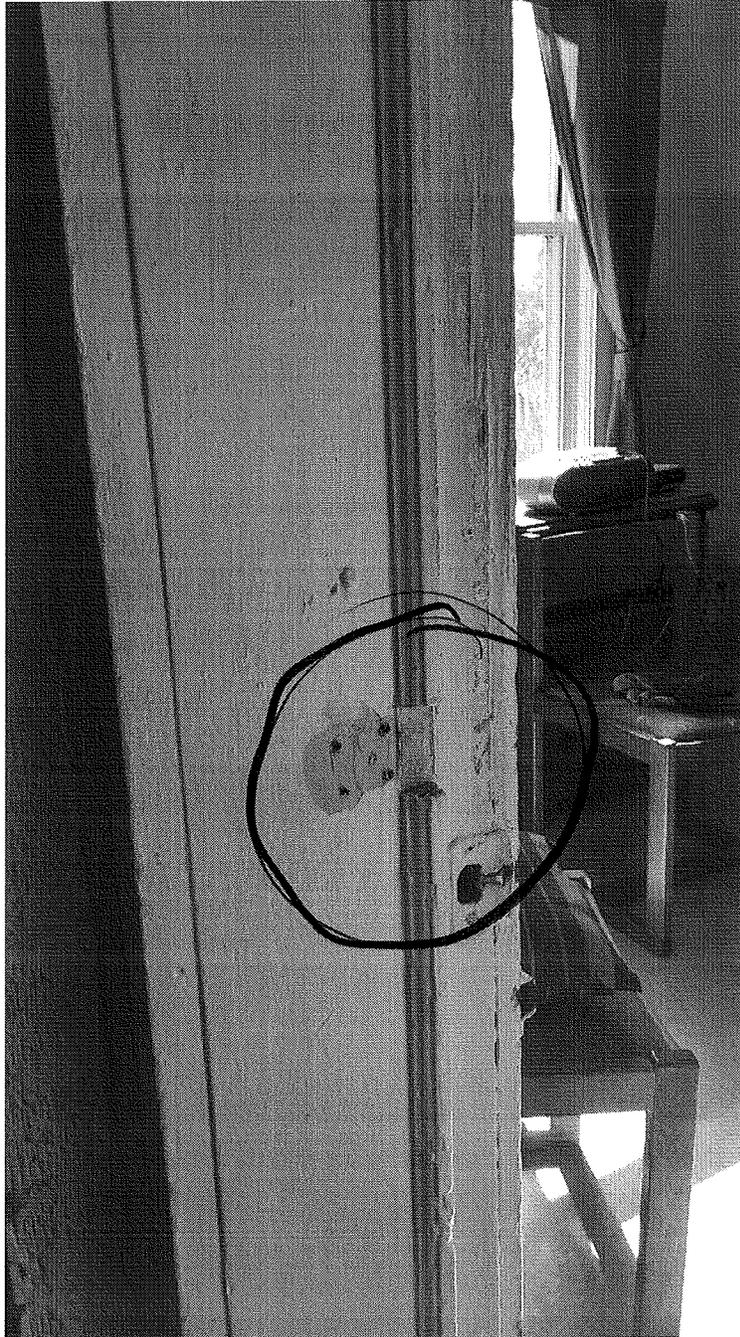
# PHOTO 2



# PHOTO 3



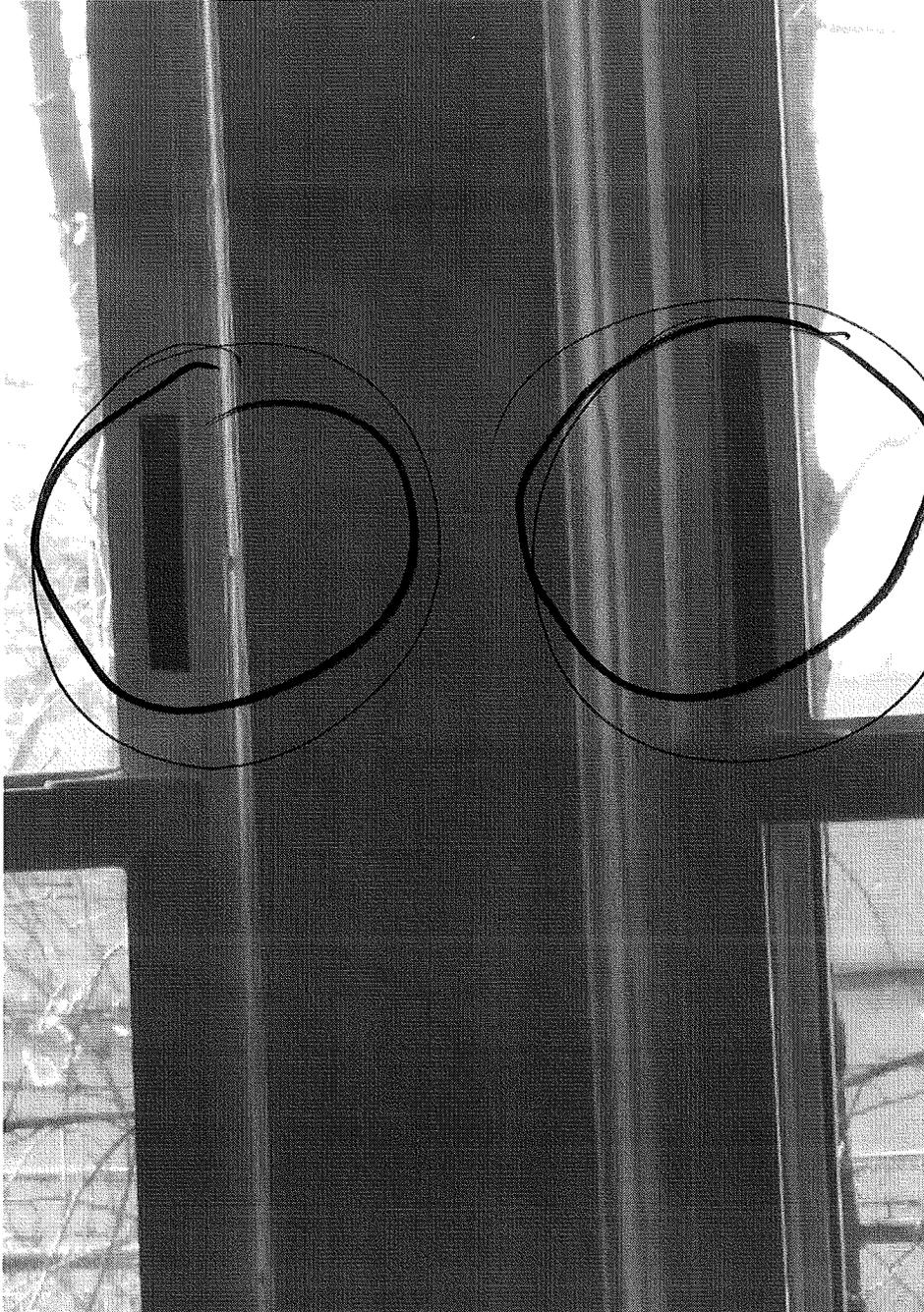
# PHOTO 5



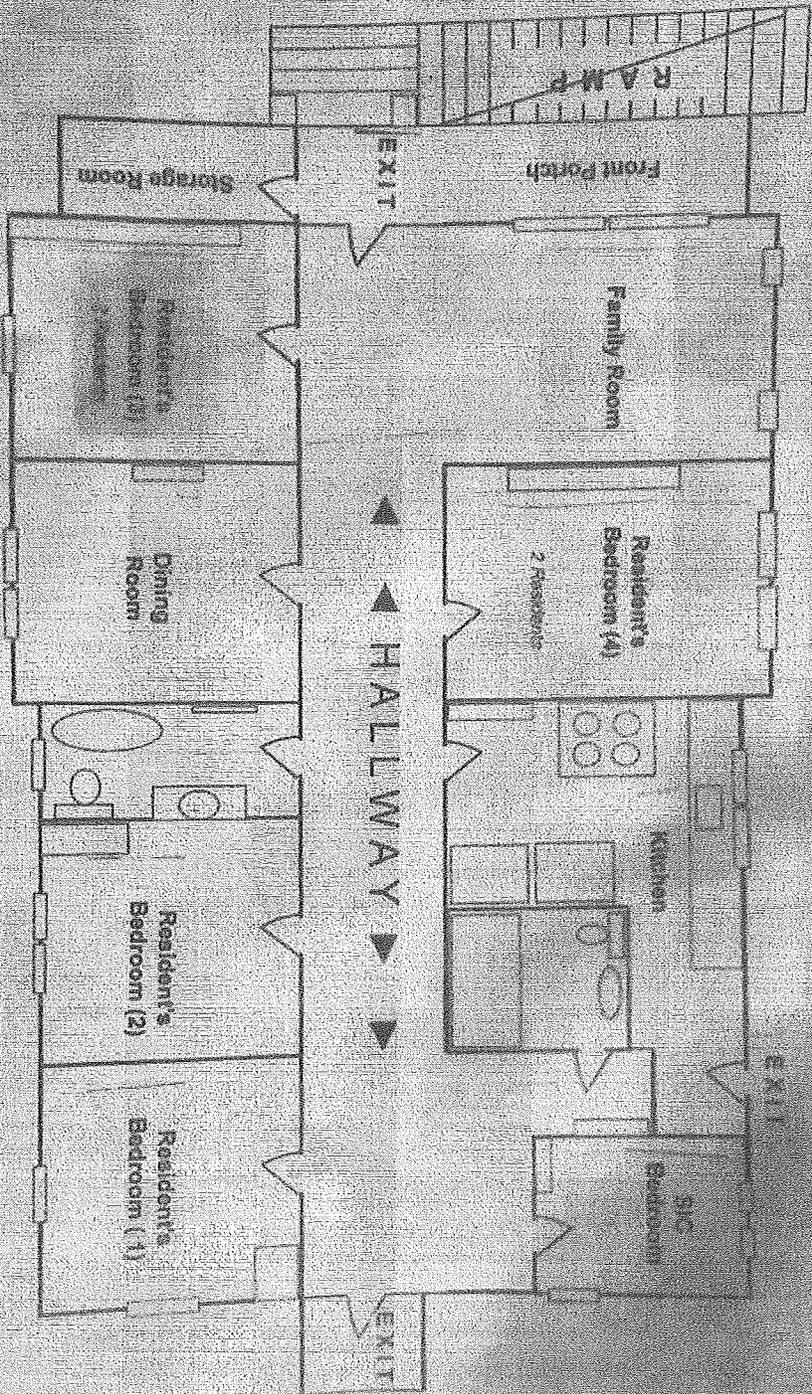
# PHOTO 5



# PHOTO 6



FIRE EVACUATION PLAN



**NARU FAMILY CARE HOME #2**  
4266 Indwells Avenue Winston-Salem, NC 27105

**PHOTO 7**