

MAY 31, 2016

Randy Julian, - D HSR Construction Section.

RE: Caregivers of Liberty I-FC Biennial Survey  
121 E. Raleigh Avenue  
Liberty, RANDOLPH COUNTY  
FID# 930172 FCI076028

Dear Mr. Julian,

We are sorry this was not completed & sent back by 5-20-16. We were looking for something with D HSR logo but it came into our SPAM mail with Ms. Celia Keator's name on it.

We have filled out the SOP with a plan of correction. The dates are all 6-27-16 but everything on the SOP has already been completed. We just have to take photos and send back to you. We have the fire/sanitation but the fire dept gave us a pink copy and it is barely readable. We will go to them to see if they can make us a copy from their original.

Also please remember I have owned the property since June 2010 when I brought it from Joan Converse.

Thank you Ernest Luckey

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL076028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/01/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CAREGIVERS OF LIBERTY I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>121 E RALEIGH STREET LIBERTY, NC 27298</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	<p><b>Initial Comments</b></p> <p>Report by Randy Julian and Glenn Hoppin</p> <p>DHSR Construction Section conducted a Biennial Survey on April 1, 2016 from 8:30 AM to 10:30 AM at the above referenced facility. DHSR records indicate the home was first licensed on August 11, 1993 as a Family Care Home for five (5) 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 minimum standards and Regulations for Family Care Homes, the applicable portions of the 2005 Rules for Family Care Homes 10A NCAC 13G and the 1991 w/93 revisions North Carolina State Building Code - Section 514.1 Exception #1-Residential Care Facilities.</p> <p>At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:</p>	C 000		
C 100	<p><b>New Construction, Modifications</b></p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each family care home shall be applied as follows: (1) New construction and existing buildings proposed for use as a Family Care Home shall comply with the requirements of this Section; (3) New additions, alterations, modifications and repairs shall meet the requirements of this Section;</p>	C 100		

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

TITLE

(X6) DATE

STATE FORM

*manager/owner of home*

*5-31-16*

6899

P5EQ21

If continuation sheet 1 of 4

Division of Health Service Regulation

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C 101	<p>Continued From page 2</p> <p>window. Provide documentaion to this office in the form of a photograph when complete.</p> <p>2) During the survey it was observed that the receptacle in resident hall bathroom was not GFCI. Contact a qualified technician to install GFIC for the bathroom circuit. Provide documentation to this office by form of a photo and service order when complete.</p> <p>3) At the time of the survey it was observed that there was no railing around the hot water heater located on back porch/ramp. Have a qualified person install hand rail on back porch/ramp around hot water heater. Provide documentation to this office in the form of photos when complete.</p> <p>4) At the time of the survey it was observed that there had been a leak in bedroom #2. Have a qualified technician repair leak and paint stained ceiling. Provide documentation to this office in the form of photographs when complete.</p>	C 101	<p>2. (continued) will be inspected to ensure they are working and if there aren't replace them.</p> <p>3) Install railing around hot water heater. Check other areas to ensure safety of residents and install railing or other devices to ensure safety.</p> <p>4) Repair leak in bedroom and paint stained ceiling. Check rest of facility for leaks repair/paint if necessary. Do monthly inspections for any leaks.</p>	6-27-16 6-27-16
C 117	<p>Have Current San. And Fire Safety Approvals</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION</p> <p>(n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: 1) At the time of the survey the fire and sanitation reports were not available. Provide copies of the most recent fire and sanitation reports to this office.</p>	C 117	<p>① Fire/sanitation reports were current at time of inspection will send them.</p>	6-27-16

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C 174	Continued From page 3	C 174		
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: 1) At the time of the survey it was observed that the electrical panel had missing blanks creating a potential hazard. Have a qualified technician install covers for the blanks in the electrical panel. Provide documentation to this office in the form of a service order or photos when complete.</p>	C 174 C 174	<p>C117 (continued) Will call fire dept Sanitation yearly to inspect facility, will document calls until those agencies come out. Will call weekly.</p> <p>C174 → ① Install blanks in electrical panels monitor monthly to ensure blanks are covered.</p>	6-27-16
C 135	<p>Outside Entrances/Exits-Two Remote Exits</p> <p>T10: 42C .2209 OUTSIDE ENTRANCES AND EXITS</p> <p>(a) All floors levels must have at least two exits. If there are only two, the exits must be as remote from each other as reasonably possible.</p> <p>This Rule is not met as evidenced by: At the time of the survey it was observed that the remote exit from the upper level post foundation was being repaired. Provide documentaion to this office when complete by service order or photo.</p>	C 135 C 135	<p>Upper level post foundation will be repaired. Facility will be inspected to ensure any other areas are repaired as needed</p>	6-27-16

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C 100	Continued From page 1  This Rule is not met as evidenced by: 1) At the time of the survey it was observed that there was some exterior and interior painting in progress. Notify this office of the scope of work taking place and provide updates in the form of photos and receipts of progress and completed work.	C 100	→ 1) Painting was being done on interior/exterior for maintenance. Repainting walls/ceilings/ramps are done periodically	6-27-16
C 101	Existing Licensed-No Less than 71 Rules  SECTION .0300 - THE BUILDING 10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each family care home shall be applied as follows: (2) Except where otherwise specified, existing licensed homes or portions of existing licensed homes shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration; however, in no case shall the requirements for any licensed home, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Family Care Homes", copies of which are available at the Division of Health Service Regulation - Construction Section, 701 Barbour Drive, Raleigh, North Carolina 27603 at no cost.  This Rule is not met as evidenced by: 1) At the time of the survey it was observed that there was a chair and boxes blocking the window used for emergency egress in bedroom #1. The 1993 Residential Code requires Emergency Egress for sleeping rooms, arrange to have area cleared to provide clear path of egress out the	C 101	1) Chair/boxes will be removed from window. Staff will check on a weekly basis/and/or as needed to ensure there are no obstructions blocking windows. Residents and their families will be informed concerning this matter for safety reasons.  ② GFCI receptable will be installed into bathroom. Management will look in rest of house to ensure correct receptables are installed into facility. GFCI	6-27-16  6-27-16