

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL071014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/19/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GREEN ACRES FAMILY CARE HOME #2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8461 PINEY WOODS ROAD WATHA, NC 28471</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
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C 000 Initial Comments C 000

Report by Suzanna Fay

DHSR Construction Section conducted a Biennial Survey on January 19, 2016 from 12:34 PM to 2:06 PM at the above referenced facility. DHSR records indicate the home was first licensed on September 25, 2013 as a Family Care Home for five 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 2005 Rules 10A NCAC 13G for Family Care Homes and the 2012 North Carolina State Building Code - Section 425.2 - Residential Care Homes.

At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:

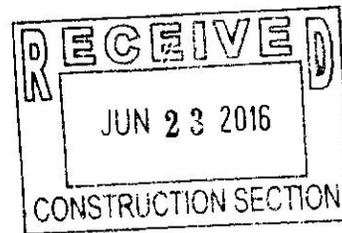
C 117 Have Current San. And Fire Safety Approvals C 117

SECTION .0300 - THE BUILDING  
10A NCAC 13G .0302 DESIGN AND CONSTRUCTION

(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.

This Rule is not met as evidenced by:

1. Interview with Staff revealed that she was not aware of where copies of the current Fire and Sanitation Reports were located. Provide copies of the most recent Fire and Sanitation Inspection reports to DHSR/Construction Section with your signed Plan of Corrections. Maintain copies of the inspections at the facility.



*Tommy Batson 1-14-16  
Sanite in 10-27-15*

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

*Sotusha Sheer 6-23-16*

TITLE

(X6) DATE

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C 120	Continued From page 1	C 120		
C 120	Location-Safe, Accessible	C 120		
	<p><b>SECTION .0300 - THE BUILDING</b>  <b>10A NCAC 13G .0303 LOCATION</b>                      (c) The site of the home shall:                      (1) be accessible by streets, roads and highways and be maintained for motor vehicles and emergency vehicle access;                      (2) be accessible to fire fighting and other emergency services;                      (3) have a water supply, sewage disposal system, garbage disposal system and trash disposal system approved by the local health department having jurisdiction;                      (4) meet all local ordinances; and                      (5) be free from exposure to pollutants known to the applicant or licensee.</p> <p>This Rule is not met as evidenced by:                      1. Observations revealed that the private road accessing the facility was in disrepair with large potholes and uneven terrain making it difficult to navigate. Have a qualified technician repair the road to provide safe travel for emergency vehicles. Provide documentation of the repairs in the form of photos, receipts or work orders.</p> <p>2. The physical address for the facility is listed as 8461 Piney Woods Road. The house number shown on the front corner of the facility is 8465. Numbers posted over the door show the facility address as 8461. Change the incorrect numbers to reflect the correct address. Provide documentation of the repairs in the form of photos or receipts.</p>		<p>- SF - 6.23.16</p> <p>- sf - physical address is 8465</p>	
C 144	Outside Entrances/Exits-Two Remote Exits	C 144		
	<b>SECTION .0300 - THE BUILDING</b>			

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C 144 Continued From page 2

10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS

(a) In family care homes, all floor levels shall have at least two exits. If there are only two, the exit or exit access doors shall be so located and constructed to minimize the possibility that both may be blocked by any one fire or other emergency condition.

C 144

This Rule is not met as evidenced by:

1. Observations revealed that the door to the laundry room had locking hardware. The second exit is in the laundry room and, therefore, would be blocked if the door was locked. Replace the door hardware to laundry with either passage hardware or single action hardware. Provide documentation of the repairs in the form of receipts or work orders.

5X - 62314

C 169 Fire Safety-Smoke Detectors

SECTION .0300 - THE BUILDING

10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN

(b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup.

Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it.

C 169

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C 169 Continued From page 3

This Rule is not met as evidenced by:

1. Observations revealed a bed set up in the Staff room which designates this room as a sleeping area. There was not a smoke detector in the room. Either remove the bed or have a qualified technician install a smoke detector in the Staff room that is wired to the house current, interconnected to the other smoke detectors in the facility and has battery back up. Provide documentation of the repairs in the form of receipts or work orders.

C 169

SF

6-23-16

2. At the time of this survey, the smoke detector in the front corner bedroom did not sound on battery back up. Install a battery in the smoke detector and make sure it sounds on battery. Provide documentation of the repairs in the form of receipts.

SF

6-23-16

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.

C 172

This Rule is not met as evidenced by:

1. Interview with Staff revealed that she did not have access to the Fire Drill Log. Provide copies of the last 12 months of Fire and Disaster Drill Log to DHSR/Construction Section with your signed Plan of Corrections.

SF

6-23-16

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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. Observations revealed that several of the nails were protruding along the ramp surface creating a hazard. Hammer the nails back to provide a flush walking surface. Provide documentation of the repairs in the form of photos, receipts or work orders.</p> <p>2. Observations revealed that the door trim at the front door was rotted and damaged at the bottom right side of the frame. Have a qualified technician repair the door trim. Provide documentation of the repairs in the form of photos, receipts or work orders.</p> <p>3. Observations revealed that the light over the dining room table was not working. Have a qualified technician repair or replace the light. Provide documentation of the repairs in the form of photos, receipts or work orders.</p> <p>4. Observations revealed that the sink in the Staff bathroom was running and could not be completely shut off. Have a qualified technician repair the sink. Provide documentation of the repairs in the form of receipts or work orders.</p> <p>5. Observations revealed a buildup of lint and dust behind the dryer. Clean out behind the</p>	C 174	<p>SF 6-23-16</p> <p>SF 6-23-16</p> <p>6-23-16 SF</p> <p>SF 6-23-16</p>	
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C 174	Continued From page 5	C 174		
	dryer. Provide documentation of the repairs in the form of photos.	SF	6-23-16	
	6. Observations revealed that one the flaps at the exterior dryer exhaust had broken off. Have a qualified technician repair or replace the dryer cap. Provide documentation of the repairs in the form of photos, receipts or work orders.	SF	6-23-16 - not done	
	7. Observations revealed that the exterior face of the back exit door was rusting and had black mold spots around the glazing and at the sides. Have a qualified technician clean and paint the door. Provide documentation of the repairs in the form of photos, receipts or work orders.	SF	6-23-16	
	8. Observations revealed a couple of bricks were broken and chipped outside the Staff Room and laundry room near the front corner of the facility. Have a qualified technician repair the brick. Provide documentation of the repairs in the form of photos, receipts or work orders.	SF	6-23-16	
	9. Observations revealed that the door hardware to Bedroom 1 was loose. Have a qualified technician repair the door hardware. Provide documentation of the repairs in the form of photos, receipts or work orders.	SF	6-23-16	
	10. Observations revealed several holes in the door to Bedroom 3 (both sides.) Have a qualified technician repair or replace the door. Provide documentation of the repairs in the form of photos, receipts or work orders.	SF	6-23-16	
	11. Observations revealed that the door hardware to Bedroom 3 was loose. Have a qualified technician repair the door hardware. Provide documentation of the repairs in the form of photos, receipts or work orders.	SF	6-23-16 - tightend-hole @ hardware	

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C 174	Continued From page 6	C 174		
	12. Observations revealed that the access panel in the hall bath was not secure. Secure the panel. Provide documentation of the repairs in the form of photos.	SF	6-23-16	
	13. Observations revealed that the exhaust fan in the hall bath had an accumulation of dust. Clean the fan. Provide documentation of the repairs in the form of photos.	SF	6-23-16	
	14. Observations revealed that the sheetrock wall was damaged at the corner of the tub. Have a qualified technician repair the wall. Provide documentation of the repairs in the form of photos, receipts or work orders.	SF	6-23-16	
	15. Observations revealed several bulbs missing from the light fixture over the sink. This could cause harm to the Residents. Install bulbs in the open sockets. Provide documentation of the repairs in the form of photos or receipts.	SF	6-23-16	
	16. Observations revealed that a section of the exterior soffit was damaged at the back of the facility outside of Bedroom 2. Have a qualified technician repair the soffit. Provide documentation of the repairs in the form of photos, receipts or work orders.	SF	6-23-16 not done	
	17. Observations revealed a large crack in the masonry down the front steps. The steps were solid. Have a qualified technician fill the gap in the masonry. Provide documentation of the repairs in the form of photos, receipts or work orders.	SF	6-23-16	
C 180	Building Service Equipment-Call System	C 180		

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C 180 Continued From page 7 C 180

SECTION .0300 - THE BUILDING  
10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT

(f) Where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of resident lying on his bed.

(j) This Rule shall apply to new and existing family care homes.

This Rule is not met as evidenced by:

1. A call system was not observed in the facility. The Staff Room is located on the opposite side of the facility from the Residents and a bed was set up in the Staff Room. If the facility has sleep Staff, a call system shall be installed per the Licensure Rules. If the facility has 24 hour awake Staff, the call system is not required. Provide documentation of the repairs in the form of photos, receipts or work orders.

*SF*

*6.23.16*

C 183 Outside Premises-Clean, Safe C 183

SECTION .0300 - THE BUILDING  
10A NCAC 13G .0318 OUTSIDE PREMISES

(a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition.

This Rule is not met as evidenced by:

1. Observations revealed wrappers, plastic drink bottles and other trash to the right of the main entrance. Clean the premises to remove the

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C 183 Continued From page 8

trash and maintain a clean appearance. Provide documentation of the repairs in the form of photos.

2. Observations revealed standing water at the exterior corner outside of Bedroom 2. Have a qualified technician investigate why the water is ponding and make the necessary repairs to prevent damage to the facility. Provide documentation of the repairs in the form of photos, receipts or work orders.

C 183

- SF - 6-23-16

SF 6-23-16

C 185 Outside Premises-Outdoor Lighting

SECTION .0300 - THE BUILDING  
10A NCAC 13G .0318 OUTSIDE PREMISES  
(c) Outdoor stairways and ramps shall be illuminated by no less than five foot candles of light at grade level.

C 185

This Rule is not met as evidenced by:  
1. At the time of this survey, the exterior light at the back exit did not come on. Change the bulb and make sure the exit is well lit. Provide documentation of the repairs in the form of photos, receipts or work orders.

SF 6-23-16