



**North Carolina Department of Health and Human Services  
Division of Health Service Regulation**

Pat McCrory  
Governor

Richard O. Brajer  
Secretary DHHS

Mark Payne  
Assistant Secretary for Audit and  
Health Service Regulation

July 14, 2016

James Scruggs  
5226 Addison Drive  
Charlotte, NC 28211

RE: FC Complaint Construction Survey  
FID #100254 Fcl060113  
Unlimited Possibilities Family Care Home # 2  
7245 City View Drive  
Charlotte Mecklenburg County

Dear Mr. Scruggs:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Complaint survey of your facility on May 26, 2016. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

Construction Section  
[www.ncdhhs.gov](http://www.ncdhhs.gov) • [www.ncdhhs.gov/dhsr](http://www.ncdhhs.gov/dhsr)  
Tel 919-855-3893 • Fax 919-733-6592  
Location: Williams Building, 1800 Umstead Drive • Raleigh, NC 27603  
Mailing Address: 2705 Mail Service Center • Raleigh, NC 27699-2705  
An Equal Opportunity / Affirmative Action Employer

1. Corrective action must begin immediately.
2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to SIGN, DATE AND RETURN the Plan of Correction to DHSR-Construction by July 29, 2016. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section  
2705 Mail Service Center  
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: [DHSR.Construction.Admin@dhhs.nc.gov](mailto:DHSR.Construction.Admin@dhhs.nc.gov)

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

*Rick Benton*

Rick Benton  
Architectural/Engineering Technician  
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment  
County Building Inspection Department - with attachment  
Mecklenburg County DSS - with attachment

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL060113</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/26/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>UNLIMITED POSSIBILITIES FAMILY CARE HOM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7245 CITY VIEW DRIVE CHARLOTTE, NC 28212</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	<p>Initial Comments</p> <p>Report by Rick Benton</p> <p>DHSR Construction Section conducted a Complaint Survey on May 26, 2016 from 3:00pm to 4:00pm at the above referenced facility. DHSR records indicate the home was first licensed on September 13, 2010 as a Family Care Home for six (6) Non-ambulatory Residents (unable to evacuate and respond without physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 2009 North Carolina State Building Code - Section 425.4 - Small nonambulatory care facilities.</p> <p>The complaint was substantiated. The results of the complaint are as follows:</p>	C 000	<p><i>PLEASE SEE ATTACHED</i></p>	
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C 105	<p>Initial Licensure-Meet NCSBC</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION</p> <p>(a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North</p>	C 105		
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Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE  
*Owner/Administrator* (X6) DATE  
*9/2/2016*

Division of Health Service Regulation

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C 105	<p>Continued From page 1</p> <p>Carolina 27603 at a cost of three hundred eighty dollars (\$380.00).</p> <p>(b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home.</p> <p>This Rule is not met as evidenced by: There were indications of water penetration on the ceilings areas in the family room and in the dining nook area beside the family room and kitchen area. Those water stains were reoccurring and had previously been treated with a stain blocker. Because of the areas of penetration not being substantially repaired, these water penetrations continued to persist. The shingles on the entire roof has some type of whitish substance on them. Although the substance may appear to be unattractive, we could not substantiate that had any bearing on the actual leaks in the family room and dining nook. The leaks appeared to be from the addition of a metal canopy that was installed over the outdoor patio. We do not know when this canopy was installed but our records indicate that when the home was initially licensed in 2010, the canopy was already installed on the home. The construction of the metal canopy appears to have compromised the roof decking. There also appears that several sections of roof sheathing may be damaged from the leaking as some of the decking appears to be buckling from moisture. The installation of the canopy inner support posts through the roof deck may be a major contributor of the leaking since the vast majority of the leaking is associated with the area of the support posts. The leaking could also be attributable to the seals around the posts being compromised due to the stress of the heat and the seals have now broken down to the point where they allowing</p>	C 105		

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C 105	Continued From page 2  the moisture to enter the home. Another reason is they may not have been properly sealed from the onset. The provider must contact a qualified construction technician to make an assessment of the roof area and determine the best way to repair the compromised areas. The provider will be given a period of ninety (90) days from the date of this letter to complete the repairs. The qualified technician must secure all necessary permits as required by the local jurisdiction before commencing any work on the home. When repairs are completed provide to our office copies of all supporting documents that verify the completed work.	C 105	<i>PLEASE see ATTACHED</i>	
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Mr. Benton on or around the beginning of May we had a really bad hail and windstorm. Sometime after that we starting experiencing leaks near the back wall of the house and a small minor leak on the front side of the home. We sent out a professional roofer and we were told that we have both hail and wind damage to the property. I put in a claim with my insurance company. The adjuster came out to inspect and he had different finding than the roof company. Currently I am waiting for the roofers engineer or public adjuster to come out to substantiate whos' finding is correct. My goal was to replace the entire roof with the insurance claim because the cheapest estimate I received has been 25,000.

If I do not win my case with the insurance company my plan will be to have a roofing company to repair the leaks which I think are partly due to the metal canopy that was placed on the back porch. My plan of correction is to have the roof company to repair the decking and to make sure the support post are properly sealed as well repair any other recommendations they may have. I plan to have the repairs completed within the next 60days. In the mean time I will have my maintenance director as well as my staff to monitor the areas where the water has come into in the past.

Respectfully,

James H. Scruggs