

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL026008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/06/2016
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NAME OF PROVIDER OR SUPPLIER
MCLEOD FAMILY CARE CENTER OF FAYETTE

STREET ADDRESS, CITY, STATE, ZIP CODE
**248 LIVERMORE DRIVE
FAYETTEVILLE, NC 28314**

(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

Report by Rick Benton

DHSR Construction Section conducted a ~~Complaint Survey on May 6, 2016 from 12:45pm to 2:15pm~~ at the above referenced facility. DHSR records indicate the home was first licensed on March 16, 1989 for six (6) 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 1984 (1987 Revision) Family Care Homes - Minimum Standards and Regulations, the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1978 (Rev 9) North Carolina State Building Code - Section 409.1(g) - Residential Care Homes.

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

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10A NCAC 13G .0301 Application Of Physical Plant Requirements

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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;
(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,

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Jose Michael

TITLE

SIC

(X6) DATE

9/20/16

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C 020	<p>Continued From page 1</p> <p>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 Facility Services, 701 Barbour Drive, Raleigh, North Carolina 27603 at no cost;</p> <p>(3) New additions, alterations, modifications and repairs shall meet the requirements of this Section;</p> <p>(4) Rules contained in this Section are minimum requirements and are not intended to prohibit buildings, systems or operational conditions that exceed minimum requirements;</p> <p>(5) Equivalency: Alternate methods, procedures, design criteria and functional variations from the physical plant requirements shall be approved by the Division when the home can effectively demonstrate to the Division's satisfaction, that the intent of the physical plant requirements are met and that the variation does not reduce the safety or operational effectiveness of the home; and</p> <p>(6) Where rules, codes or standards have any conflict, the most stringent requirement shall apply.</p> <p>This Rule is not met as evidenced by: At the time of our visit, it was observed that the home had a current census of five (5) residents in the home. Two of the five residents were found to be not able to evacuate the home on their own without being verbally prompted and physically assisted, a third resident was totally bedridden and appeared to be unresponsive in any</p>	C 020		

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C 020	<p>Continued From page 2</p> <p>emergency situation, while the fourth resident was totally ambulatory. DHSR-Construction could not make an assessment of the fifth resident, which we were informed uses a wheelchair and oxygen, due to that person being hospitalized at the time of the survey. Since our visit on May 6, 2016, DHSR-Construction has been informed that the resident has returned to the home and remains on oxygen and continues using the wheelchair.</p> <p>A standard fire drill was conducted during our visit to assess the ambulation status of the residents in the home. DHSR-Construction conducted two drills. DHSR-Construction activated the alarm system (using pull station activation) for the first drill. During the first drill, the only resident to evacuate the home was the ambulatory resident. Two of the residents understood the alarm was activated and they knew what to do, but they could not evacuate on their own. DHSR-Construction activated the alarm system (using pull station activation) a second time. The ambulatory resident evacuated again, but one resident struggled to get to his feet while the other resident could not get up from his chair without being physically assisted out of his chair. Both resident had to be verbally encouraged and physically assisted to continue out of the home. The bedridden resident was not a part of the fire drill because he is in a hospital bed. We had concerns about moving the bed and the physical state of the resident so that is why no attempt was made to evacuate this person at the time of this visit.</p> <p>Based on the observations during the visit, the following findings are as follows:</p> <p>a) The home is currently licensed for six all</p>	C 020	<p>NOTE: We are deeply saddened to say the Bedridden resident is no longer with us. He passed away while in the hospital on 9/19/16.</p> <p>Thus, currently we have the same remaining 4 residents within our Facility.</p>	
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C 020	<p>Continued From page 3</p> <p>ambulatory residents;</p> <p>b) There is a current census of five of which four of the residents are non-ambulatory, and that includes the wheelchair resident that returned after our visit. The ambulation status was deemed non-ambulatory.</p> <p>DHSR-Construction verified this through the Cumberland County Department of Social Services;</p> <p>c) There is a full alarm system in the home with pull stations, however the system is not currently monitored by an outside entity or by the local jurisdiction;</p> <p>d) There is only one handicap accessible ramp, which is located on the rear of the home. The requirement is two handicap accessible ramps if there are any non-ambulatory residents residing in the home.</p> <p>e) There are only two staff members available at any given time. If one of the staff members departs the home for any reason, that leaves just one staff member to evacuate four non-ambulatory residents, one of which would be the bedridden resident;</p> <p>f) There are concerns about the door width in the bedridden resident's room. Some adjustments to the width of the bedroom door will be required to ensure that the bed can be evacuated without lifting the resident in the event of an emergency.</p> <p>These observations have the home out of compliance. In order to remain in compliance, one of the following options must taken. They are as follows:</p> <p>Option #1: The provider may keep the original license to serve six all ambulatory residents. This would require the removal off site for any occupant (Resident, Staff or Child) that is deemed as being non-ambulatory. This would</p>	C 020		

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C 020	<p>Continued From page 4</p> <p>leave only the occupants that are capable of evacuating and responding without any verbal or physical assistance from the-home in the event of a fire or other emergency. This is what the home was originally licensed for.</p> <p>Option #2: The provider may decrease its current capacity from six down to three. This places the home under the requirements of the North Carolina Residential Building Code. Technically under this code, there are no restrictions on the ambulation status for the residents. The home is currently governed by Section 409.1(g) of the 1978 North Carolina State Building Code. This section of the code requires the provider to serve all ambulatory residents. Please be aware that simply decreasing your capacity down to three residents will not satisfy the intent. The Adult Care Licensure-Section will have to amend your current facility license for a maximum of three residents. A second ramp will be required, the smoke detection will have to be upgraded to meet the current code, which is interconnected, and battery backed smoke detectors in each bedroom and outside of the bedrooms. Since you have the alarm system installed, it will have to be monitored by an outside entity such as an alarm company or the local jurisdiction. The provider must also increase its staff from two to three (3 staff 24/7) to assist the non-ambulatory resident to safety in the event of an emergency. If you choose this option, you must submit a Change Application along with plans submitted to our office for a written review prior to any work beginning in the above mentioned to ensure all requirements are met.</p> <p><u>Option #3:</u> The provider can bring the home into compliance with Section 425.4 of the current North Carolina State Building Code. This will</p>	C 020	<p>⇒ After much contemplation to bring our Facility into compliance w/ Section 425.4 of the current NC State Building Code we have chosen <u>Option #3.</u></p> <p>— We shall install a wet pipe Sprinkler System in accordance w/ NFPA 13D w/ a 30-minute water supply in all areas of the home by a licensed sprinkler contractor. This shall be conducted by Crossroads Fire Protection.</p> <p>— In conjunction w/ the installation of the sprinkler system the Fire Alarm System will be monitored & wired by Fire Protection Inc.</p> <p>— a second handi-cap accessible ramp shall be installed on the front of the home by Chapman Wilson. Also, a widened door will still be built to the Bedroom of the Bedridden resident to ensure the Bed can be evacuated w/out the lifting of a resident in the event of an emergency BY Chapman Wilson</p>	<p>Dec. 14, 2016 assured completion by Joycelyn SEC</p> <p>12/14/16 assured completion by Joycelyn SEC</p>
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C 020	<p>Continued From page 5</p> <p>require the installation of a sprinkler system. The sprinkler system must be a wet pipe system (this means the system contains water and connected to a water supply and discharges immediately when activated by a heat source) in accordance with NFPA 13D with a 30-minute water supply in all areas of the home including bathrooms, toilets, closets pantries storage and utility spaces. With the installation of this system, this will allow the home to accommodate a maximum of six non-ambulatory residents. The provider must contact a licensed sprinkler contractor to draw up plans and those plans must be submitted to the local jurisdiction for approval and then submitted to our office for a review and final approval before the installation process can begin.</p> <p>Based on the level of care that the residents require and the upgrades that are required to bring the home in compliance, DHSR-Construction Section is recommending that a Suspension of Admissions and a request for Negative Action to be placed on McLeod Family Care Center of Fayetteville due to the following:</p> <p>1) The function of the home is compromised by being out of compliance with licensure rule 10A NCAC 13G .0301 which requires the home to meet the Building Code requirements in effect at the time the home was initially licensed or submitted for a review;</p> <p>2) The safety of the residents is compromised by continued non-compliance with licensure rule 10A NCAC 13G .0317 which requires the building and systems to be maintained in a safe and operating manner.</p> <p>3) The licensee failed to notify DHSR of the</p>	C 020	<p>also our home is continuing w/ the plan of (Fire watches) protection initially put into place and have added a 3rd staff member as well.</p>	

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C 020	<p>Continued From page 6</p> <p>change in resident ambulatory status as required by 10 NCAC 13G.0206.</p> <p>DHSR-Construction is requesting that the provider make a timely and thoughtful decision so you can move forward with operating and maintaining your home in compliance with the rules and regulations as set forth in this document. If you have any questions or if I can be of further assistance, please do not hesitate to contact me at (919) 855-3853.</p>	C 020		

September 21, 2016

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

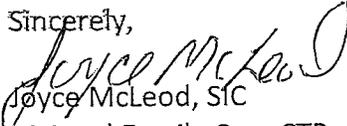
RE: McLeod Family Care Center Of Fayetteville – FC Complaint Survey
248 Livermore Drive
Fayetteville, NC Cumberland County
FID #941203 FCL 026-008

Dear Sir/Madem

I am writing concerning our Plan of Correction to ask if we would please be allowed to have a completion date of December 14, 2016. We have chosen to proceed with Option #3 which entails the installation of a fire sprinkler system. Due to the process involved to complete the installation of the fire sprinkler system we are asking if our Plan of Correction will be acceptable for December 14, 2016.

All parties involved are diligently working to complete the project as expediently as possible. However, if we are able to complete it prior to that date we look forward to notifying you. Thank you for your time and consideration. It is very much appreciated. Please feel free to contact me at 910.778.3569.

Sincerely,


Joyce McLeod, SIC

McLeod Family Care CTR
FCL 026-008