

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2016
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NAME OF PROVIDER OR SUPPLIER UNLIMITED POSSIBILITIES FCH # 4	STREET ADDRESS, CITY, STATE, ZIP CODE 14015 THOMPSON ROAD MINT HILL, NC 28227
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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>Initial Comments</p> <p>Report by Suzanna Fay</p> <p>DHSR Construction Section conducted a Biennial Survey on August 24, 2016 from 11:30 AM to 12:30 PM at the above referenced facility. DHSR records indicate the home was first licensed on November 7, 2014 as a Family Care Home for six non-ambulatory Residents (unable 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 for Family Care Homes 10A NCAC 13G and the 2012 North Carolina State Building Code - Section 425.4 - Small Non-ambulatory 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 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 the emergency exit light over the main entry door did not come on when tested. Have a qualified technician repair the light. Provide documentation of the repairs in the form of photos, receipts or work orders.</p>	C 174		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 174	<p>Continued From page 1</p> <p>2. Observations revealed that the center smoke detector in the living room was missing from the base. Install a smoke detector. Provide documentation of the repairs in the form of photos, receipts or work orders.</p> <p>3. At the time of this survey, the smoke detector in the back left corner bedroom did not set off the other smoke detectors. Maintenance found a wire disconnected and the problem was corrected. Therefore, no further action is required for this item.</p> <p>Note: Verify that the smoke detectors release the magnetic locks on all exit doors when activated.</p>	C 174		
C 918	<p>G.S 131D 21(8) Declaration of Resident's Rights</p> <p>Every resident shall have the following rights:</p> <p>8. To associate and communicate privately and without restriction with people and groups of his or her own choice on his or her own or their initiative and any reasonable hour.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Monitors were observed on the kitchen counters. Provide verification that the Resident or their guardian is accepting of the monitors as this can interfere with their right to private communications.</p>	C 918		