

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  
  
**FCL055010**

(X2) MULTIPLE CONSTRUCTION  
A. BUILDING: **01**  
B. WING: \_\_\_\_\_

(X3) DATE SURVEY COMPLETED  
  
**08/25/2016**

NAME OF PROVIDER OR SUPPLIER  
  
**MARY'S ASSISTED HOME LIVING**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**4822 WEBBS CHAPEL CHURCH ROAD  
DENVER, NC 28037**

(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

Initial Comments  
  
Report by Suzanna Fay  
  
DHSR Construction Section conducted a Biennial Survey on August 25, 2016 from 11:35 AM to 12:35 PM at the above referenced facility. DHSR records indicate the home was first licensed on March 23, 2007 as a Family Care Home for six ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency.) On December 2, 2010, the facility changed its capacity to three non-ambulatory Residents. Then on September 6, 2012, the facility again changed its capacity back to six all ambulatory Residents. 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 425.2 - Residential Care Homes.  
  
At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:

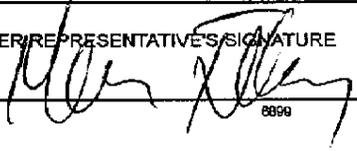
C 000

C 108

Existing Home Remodeling-Submit Plans  
  
SECTION .0300 - THE BUILDING  
10A NCAC 13G .0302 DESIGN AND CONSTRUCTION  
(e) Any existing licensed home that plans to have new construction, remodeling or physical changes done to the facility shall have drawings submitted by the owner or his appointed representative to the Division of Health Service Regulation for review and approval prior to commencement of the work.

C 108

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



TITLE  
**ADMINISTRATOR** 1030

(X6) DATE

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C 108	Continued From page 1  This Rule is not met as evidenced by: 1. Observations revealed that the current layout of the facility did not meet the floor plans on file at DHSR/Construction. Provide a copy of the current floor plan and any final permits for any construction or modifications. Any future modifications must be submitted to DHSR/Construction for approval.	C 108	Copy of the current floor plan and final permits send by phone photo in 8-31-16	8-31-16
C 128	Bedrooms-Minimum Area  SECTION .0300 - THE BUILDING 10A NCAC 13G .0308 BEDROOMS (d) There shall be a minimum area of 100 square feet, excluding vestibule, closet or wardrobe space, in rooms occupied by one person and a minimum area of 80 square feet per bed, excluding vestibule, closet or wardrobe space, in rooms occupied by two persons.  This Rule is not met as evidenced by: 1. At the time of this survey, Bedrooms #2, #3 and #4 were set up to accommodate two Residents each. Bedroom #1 and a second bedroom behind the kitchen were being used by family. After reviewing the plans, Bedroom #2 is shown to be 132 sf and 108 sf on the dimension sheet which does not meet the minimum requirements of 160 for two Residents. Note: Only one Resident was using the room at this time. Interview with Staff revealed that they were aware that this was not large enough for two, but that the Resident was scared to sleep alone and the bed was there for security purposes only. Bedroom #3 is shown to be 168 sf on the floor plan but only 132 on the dimension sheet. Again, only one Resident is living in this room at this time. Verify that this room was approved for two or that the actual dimensions are greater than the	C 128		

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C 128	Continued From page 2  dimensions provided. Otherwise, this room will only accommodate one Resident. If available provide documentation as to which rooms were originally approved for Resident bedrooms and how many Residents were approved per bedroom.	C 128		
C 147	<p>Outside Entrances/Exits-Single Hand Motion</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS</p> <p>(d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled.</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that the front door hardware was not single action hardware. This door was also observed to have a chain lock which does not allow single action exiting if engaged. It was also observed that the storm door at this same exit had a deadbolt latch. Provide single action hardware at the door and remove the chain latch. Remove or disable the thumb latch at the storm door. Provide documentation in the form of photos or receipts.</p>	C 147	<p><i>wos removed in 8-25-16</i></p> <p><i>chain lock wos remove thumb latch at the storm door photos and receipts wos remove wos send in 8-31-16</i></p>	<p><i>8-25-16</i></p> <p><i>8-31-16</i></p>
C 148	<p>Outside Entrances/Exits-Free of Obstructions</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS</p> <p>(e) All entrances/exits shall be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency.</p>	C 148		

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C 148	Continued From page 3  This Rule is not met as evidenced by: 1. Observations revealed that all of the exits except the front had obstructions that could block the available exits. The den or sunroom addition at the back has two exterior doors. The door to the sunroom had locking hardware. This appeared to be an exit based on the evacuation plan. If this is to be used as a primary exit, remove the locking hardware from the sunroom door. There is a side exit from the family's private living room exit. The door between the family's living room and the Resident's living room had locking hardware. This lock was removed during the survey so therefore, this item has been corrected and no further action is required.	C 148	<i>the door to the sunroom is not the primary exit</i>	<i>8-25-16</i>
C 099	10A NCAC 13G .0316 (d) Fire Safety And Disaster Plan  10A NCAC 13G .0316 Fire Safety And Disaster Plan  (d) A written fire evacuation plan (including a diagrammed drawing) which has the approval of the local code enforcement official shall be prepared in large print and posted in a central location on each floor. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff.  This Rule is not met as evidenced by: 1. Observations revealed that the fire evacuation plans posted did not show the additions to the facility. Revise the plans and adjust the primary and secondary exit locations as discussed during the survey. Provide a copy of the revised plan to	C 099	<i>Fire evacuation plan was send 8-31-16 and the new fire evacuation plan will be review with each resident.  copy of the new fire evacuation plan was send by photo</i>	<i>8-31-16</i>  <i>8-31-16</i>

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C 099	Continued From page 4 DHSR/Construction with your signed Plan of Corrections.	C 099	<i>in 8-31-16 and we posted in a central location and will be a part of the orientation for new resident and staff</i>	<i>8-30-16</i>