

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060135	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER UNLIMITED POSSIBILITIES # 5	STREET ADDRESS, CITY, STATE, ZIP CODE 13931 THOMPSON ROAD MINT HILL, NC 28227
--	---

(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 24, 2016 from 10:15 AM to 11:30 AM at the above referenced facility. DHSR records indicate the home was first licensed on November 25, 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. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 148	Outside Entrances/Exits-Free of Obstructions SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (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. This Rule is not met as evidenced by: 1. Observations revealed that the door to the screened porch was labeled as an exit. The screen door to the exterior was nailed shut. Either remove the nail to allow exiting from this door or remove the exit sign indicating this is an exit. Verify with the local officials prior to removal any exit signs. Provide documentation of the repairs in the form of photos, receipts or work	C 148	The exit sign was removed by our Maintenance Director. Please see the attached photo and Maintenance Log.	9/1/16

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

James Scruggs p.p. Oages

TITLE

Owner

(X6) DATE

10/8/16

STATE FORM

6899

HHAO21

If continuation sheet 1 of 3

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060135	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER UNLIMITED POSSIBILITIES # 5	STREET ADDRESS, CITY, STATE, ZIP CODE 13931 THOMPSON ROAD MINT HILL, NC 28227
--	---

(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 148	Continued From page 1 orders.	C 148		
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. At the time of this survey, the magnetic lock on the exit door from the mud room was not working. A chair was under the door knob to prevent entering or exiting. Have the locks repaired. Provide documentation of the repairs in the form of receipts or work orders.</p> <p>2. Observations revealed that the outlet to the right of the salon chair had tripped and would not reset. Have a qualified technician repair or replace the outlet. Provide documentation of the repairs in the form of receipts or work orders.</p> <p>3. At the time of this survey, the bathroom exhaust fan in the first bedroom on the right of the quad bedrooms was not working. Have a qualified technician repair the fan. Provide documentation of the repairs in the form of receipts or work orders.</p>	C 174	<p>We have called our fire alarm company, VSC, multiple times to have the lock repaired, but to no avail. On 10/7/16, we were finally able to get a date of 10/10/16 scheduled for VSC to come repair the door. We will provide work orders or receipts upon completion of the repairs.</p> <p>Our Maintenance Director replaced the outlet. Please see the attached photo and Maintenance Log. In the future, our Maintenance Director will perform quarterly checks on all outlets to ensure that they are working properly.</p> <p>Our Maintenance Director repaired the exhaust fan. Please see the attached Maintenance Log. In the future, our Maintenance Director will perform quarterly checks on all exhaust fans to ensure that they are working properly.</p>	<p>TBD</p> <p>10/4/16</p> <p>10/3/16</p>
C 918	G.S 131D 21(8) Declaration of Resident's Rights	C 918		
	Every resident shall have the following rights:			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060135	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER UNLIMITED POSSIBILITIES # 5	STREET ADDRESS, CITY, STATE, ZIP CODE 13931 THOMPSON ROAD MINT HILL, NC 28227
--	---

(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 918	<p>Continued From page 2</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: 1. Observations revealed a monitor in the kitchen for one of the Resident rooms. Provide documentation from the Resident or the Resident's guardian that they are allowing the monitor as this invades the Resident's right to private communication.</p>	C 918	<p>The resident's son and daughter are her responsible parties (the resident has dementia). They have given us permission to use the monitor. Please see the attached email correspondence in which the resident's son gave written consent allowing the use of the monitor.</p>	10/7/16

Maintenance Log

13931 Thompson Road
Mint Hill, NC 28227

ID Prefix Tag	Deficiencies	Repairs	Complete Date	Completed By	Initials
C148	The door to the screened-in porch was labeled as an exit, but the screen door to the exterior was nailed shut.	The exit sign was removed.	9/1/2016	Newton Muñoz	NM
C174	The outlet to the right of the salon chair tripped and would not reset.	The outlet was repaired.	10/4/2016	Newton Muñoz	NM
C174	The bathroom exhaust fan in the first bedroom on the right of the quad bedrooms was not working.	The exhaust fan was repaired.	10/3/2016	Newton Muñoz	NM

[Print](#) | [Close Window](#)

Subject: Re: Consent for Ms. Bell's Monitor
From: Ralph Bell <Rnabell@comcast.net>
Date: Thu, Oct 06, 2016 2:54 pm
To: courtni@upfch.com
Cc: Maria Rogers <madre.rogers@gmail.com>, James Scruggs <james@upfamilycarehome.com>

Yes, of course. Maria may have already responded but either way it makes sense to have the monitor there for her safety and well-being. Thank you.

Sent from my iPhone

On Oct 6, 2016, at 7:14 AM, <courtni@upfch.com> <courtni@upfch.com> wrote:

Hello Maria:

During a recent visit from the Department of Health Service Regulation, we were informed that having the receiver for Ms. Bell's monitor in the kitchen is a HIPAA violation if we do not have documentation of consent.

Would you please respond to this email indicating that you consent to us having a monitor in Ms. Jean's bedroom with the receiver in the kitchen? Your response will serve as our documentation of your consent.

We appreciate your assistance.

Best regards,

Courtnei Ages, MHA | Executive Director
Unlimited Possibilities Family Care Home
14009 Thompson Road | Mint Hill, NC 28227
Tel: 704-619-0372 | Fax: 704-973-9622
Email: courtnei@upfch.com

Copyright © 2003-2016. All rights reserved.