

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060137	(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 FAMILY CARE HOM	STREET ADDRESS, CITY, STATE, ZIP CODE 14019 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 8:55 AM to 1:15 AM at the above referenced facility. DHSR records indicate the home was first licensed on March 17, 2015 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. At the time of this survey, the smoke detector in the first bedroom on the right of the quad wing was not interconnected to the other detectors. Maintenance checked the detector and found that the wiring was disconnected. The detector was</p>	C 174		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>James Seruggs P.P. Cages</i>	TITLE Owner	(X6) DATE 10/6/16
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C 174	Continued From page 1 repaired and was working at the close of this survey. Therefore, no action is required for this item. Perform routine checks on the detectors to keep them in working order. Note: Verify that the smoke detectors release the magnetic locks on the exterior doors when activated.	C 174		
C 183	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. This Rule is not met as evidenced by: 1. Observations revealed an active wasp nest in the exterior outlet to the right of the screen porch. Remove the nest and treat for pests if needed. Provide documentation of the correction in the form of photos.	C 183	The wasp nest was removed by our Maintenance Director. Please see the attached photo and Maintenance Log. In the future, our Maintenance Director will monitor the premises on a weekly basis. In addition, we have arranged for quarterly pest control treatments.	10/5/16



Maintenance Log

14019 Thompson Road
Mint Hill, NC 28227

ID Prefix Tag	Deficiencies	Repairs	Complete Date	Completed By	Initials
C183	An active wasp nest was in the exterior outlet to the right of the screen porch.	The wasp nest was removed.	10/5/2016	Newton Muñoz	NM