Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL059019	A. BUILDING: _____ B. WING _____	R 10/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY PASS FAMILY CARE HOME	5349 NC 226 SOUTH MARION, NC 28752

(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 The Adult Care Licensure Section conducted an annual and follow-up survey on October 08, 2015, with an exit conference via telephone on October 13, 2015.	C 000		
C 007	10A NCAC 13G .0206 Capacity 10A NCAC 13G .0206 Capacity (a) Pursuant to G.S. 131D-2(a)(5), family care homes have a capacity of two to six residents. (b) The total number of residents shall not exceed the number shown on the license. (c) A request for an increase in capacity by adding rooms, remodeling or without any building modifications shall be made to the county department of social services and submitted to the Division of Facility Services, accompanied by two copies of blueprints or floor plans. One plan showing the existing building with the current use of rooms and the second plan indicating the addition, remodeling or change in use of spaces showing the use of each room. If new construction, plans shall show how the addition will be tied into the existing building and all proposed changes in the structure. (d) When licensed homes increase their designed capacity by the addition to or remodeling of the existing physical plant, the entire home shall meet all current fire safety regulations. (e) The licensee or the licensee's designee shall notify the Division of Facility Services if the overall evacuation capability of the residents changes from the evacuation capability listed on the homes license or of the addition of any non-resident that will be residing within the home. This information shall be submitted through the county department of social services and forwarded to the Construction Section of the	C 007	Full time s/c will Return to work in Dec. 2015. Until Full time s/c Returns, The Relief s/c while on Duty will have A full time caretaker Available At All times the child is in the home. Staff will continue to Provide care & services which are Adequate, Appropriate & in compliance w/ Relevant federal & state laws & Rules & Regulations	11/27/15

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Deb Wellman, Administrator — 11/5/2015

STATE FORM 6899 SS3Q11 If continuation sheet 1 of 4

Reviewed & Accepted JFender RN 11/20/15

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C 007	Continued From page 1 Division of Facility Services for review of any possible changes that may be required to the building. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observation and interview, the facility failed to notify the Division of Health Service Regulation of the change in the evacuation capability for 1 of 1 non-residents living at the facility. The findings are: Review of the Division of Health Service Regulation license for this facility for the current year from January 1, 2015 through December 31, 2015 revealed: -The licensed capacity was for six "All Ambulatory" residents. -The census was 6 at the time of the survey. According to the Division's Construction Section, "any child under the age of six years must be considered non-ambulatory and needing assistance with evacuation." Observation of the facility on 10/8/15 during the survey revealed a non-resident, 1 year old child was living in the home with the Supervisor in Charge (SIC). Interview with the SIC on 10/8/15 at 6:00pm revealed: -The child belonged to the SIC and resided in the facility while she was on duty. -One staff was out on medical leave, and she was	C 007		

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C 007	Continued From page 2 having to cover those shifts. -All of the residents were ambulatory and were able to exit the home independently. -She stated that in the event of an emergency, she would be able to get all of the residents and the child out of the home safely. Observation of the staffing schedule for October 2015 revealed there was only one staff scheduled to work each 24 hour shift in the home. Interview with the Resident Care Coordinator (RCC) on 10/8/15 at 6:10pm revealed her office was next door to the facility and she was available 4 days per week, from 8:30am to 4:30pm in case of emergency. _____ A Plan of Protection was submitted by the facility on 10/15/15 that included: -The child would not reside in the home. -The child may visit the home with another adult that will supervise and have full responsibility for the care of the child. -The Department of Social Services was notified. -The facility would continue to operate per licensure rules and regulations. THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED NOVEMBER 27, 2015.	C 007	See Previous Plan of correction on Page 1	11/27/15
C 912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and	C 912		

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C 912	Continued From page 3 regulations. This Rule is not met as evidenced by: Based on observation and interview the facility failed to assure all residents received care and services which were adequate, appropriate, and In compliance with relevant federal and state laws and rules and regulations in the area of capacity. The findings are: Based on observation and interview, the facility failed to notify the Division of Health Service Regulation of the change in the evacuation capability for 1 of 1 non-residents living at the facility. [Refer to Tag 007 10A NCAC 13G .0206(e) Capacity (Type B Violation.)]	C 912		