

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL068032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/21/2017
NAME OF PROVIDER OR SUPPLIER LIVEWELL COKER HILLS		STREET ADDRESS, CITY, STATE, ZIP CODE 202 N ELLIOTT ROAD CHAPEL HILL, NC 27514		
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C 000	Initial Comments Report by Glenn Hoppin DHSR Construction Section conducted a Complaint Survey on April 21, 2017 from 9:00 AM to 10:00 AM at the above referenced facility. DHSR records indicate the home was first licensed on December 29, 2015 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.) Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2012 North Carolina State Building Code - Section 425.2 - Residential Care Homes. The complaint stated that there were non ambulatory residents in the facility. The complaint was substantiated. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 110	Construction-Basement, Attic SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (g) The basement and the attic shall not to be used for storage or sleeping. This Rule is not met as evidenced by: Observations revealed the attic is being used for storage. Findings:	C 110	C 110 Deficient Practice: The storage items were removed from the attic . Identifying Potential Deficient Practice: The Property Manager toured the home's basement and attic on 4/26/17. All storage items removed.	4/26/17

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Jennifer J. King

TITLE

Senior Administrator

(X6) DATE

5-10-17

Division of Health Service Regulation
STATE FORM

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C 146	Continued From page 2 DHSR Construction Section when this item is completed.	C 146		
C 149	Outside Entrances/Exits-Handrails At Porches SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (f) All steps, porches, stoops and ramps shall be provided with handrails and guardrails. This Rule is not met as evidenced by: Observations revealed that all steps, porches, stoops and ramps were not provided with handrails and guardrails. Findings: 1. The back deck did not have guardrails. Have a qualified technician install guardrails on the back deck. Provide documentation to the DHSR Construction Section verifying that this item has been completed. 2. At the bottom of the existing ramp there is a four inch dropoff next to the sidewalk that is unprotected. Have a qualified individual install handrails at the bottom of the ramp or bring the sidewalk to grade. Provide documentation to the DHSR Construction Section verifying that this item has been completed.	C 149	C149 Corrective Action: LiveWell Assisted Living hired a qualified technician to install guardrails on the back deck and install handrails at the bottom of the existing ramp.	
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family	C 174		

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C 174	Continued From page 3 care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: Observations revealed that the building is not being maintained in a safe and operating condition. Findings: 1. The electrical receptacle to the right of the kitchen stove was not GFCI protected. Have a qualified technician install a gfci protected outlet or GFCI protected circuit breaker. Provide the DHSR Construction Section with documentation verifying this repair has been completed. 2. The bathroom ventilation fan from the first client bedroom on the right has plastic flexible duct. Have a qualified technician replace the plastic flexible duct with rigid metallic duct that is approved for this purpose. Provide the DHSR Construction Section with documentation verifying this repair has been completed. 3. The facility does not meet the applicable building code for emergency egress which states that the minimum height shall be 22 inches and the minimum width shall be 20 inches. The casement windows when opened had a maximum height of 12 inches with a width of "32 inches and the other window had a maximum width of 14" and height of 68". Have a qualified individual repair or replace the windows to meet the minimum opening for egress in the event of an emergency or fire. Provide the DHSR Construction Section with documentation verifying this repair has been completed.	C 174	C174 Corrective Action: The outlet was replaced with a GFCI protected outlet. The plastic flexible tube was replaced with a rigid metallic duct. Picture attached. LiveWell has hired a qualified technician to repair and or replace the windows for emergency egress purposes. The dryer vent was replaced and a block was installed to prevent the dryer from being pushed back against the wall. Identifying Potential Deficient Practice: The Property Manager toured the Home on 4/26/17 to identify and replace GFCI protected outlets, plastic flexible tubes and any flexible vents. Systemic Changes: The Property Manager or Designee will audit the above items utilizing the monthly maintenance checklist (Exhibit 1.) Monitoring: The Property Manager or Designee will present the monthly audit to the Administrator for review.	4/26/17 4/26/17 4/27/17 5/12/17

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C 174	Continued From page 4 4. In the sunroom there is a two inch dropoff at the door as you enter the sunroom. Have a qualified individual construct a ramp or a transition to eliminate this trip hazard. Provide the DHSR Construction Section with documentation verifying this repair has been completed. 5. The dryer duct has been crushed behind the dryer. This is a fire hazard. Have a qualified technician repair or replace the crushed duct. Provide the DHSR Construction Section with documentation verifying this repair has been completed.	C 174	LiveWell has hired a qualified technician to install a ramp or transition for the sunroom.	
D 014	10A NCAC 13F .0206 Capacity 10A NCAC 13F .0206 Capacity (a) The licensed capacity of adult care homes licensed pursuant to this Subchapter is seven or more residents. (b) The total number of residents shall not exceed the number shown on the license. (c) A facility shall be licensed for no more beds than the number for which the required physical space and other required facilities in the building are available. (d) The bed capacity and services shall be in compliance with G.S. 131E, Article 9, regarding the certificate of need. This Rule is not met as evidenced by: 1.) This Home as it stands is Classified under Section 425.2 of the 2012 North Carolina State Building Code as a Residential Care Home and can house up to a maximum of six all ambulatory residents. (who are able to respond and evacuate	D 014	D 104 Corrective Action License change application and plans to change to more than 3 non ambulatory (1 story sprinkled home) submitted and under construction review	5/8/17

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D 014	Continued From page 5 the facility without assistance (physically or verbally) in the event of a fire or other emergency). A live fire drill was conducted by the D.S.S. Adult Care Specialist on April 20, 2017. It was determined at that time that the facility had four Non-Ambulatory residents. The Life Safety Code defines the evacuation capability of a facility as Prompt, Slow (1 or 2) or Impractical. with staff assistance at 10 minutes the residents were still not at there area of refuge and with out assistance from staff the evacuation of residents will be seen as impractical. Please Note: One method of determining the evacuation capability of a facility is based on the time it takes residents to evacuate. For prompt evacuation all residents should be able to evacuate the building within 3 minutes, slow is over three minutes to under 8 minutes for slow (1) and from over 8 minutes to less than 13 minutes slow(2) and it is deemed impractical is if it takes a resident more than 13 minutes to evacuate . based on this it is determined that the four residents that were present at the time of the survey will be considered non ambulatory (in that they needed both verbal and physical assistance to evacuate during a fire or other emergency). (2) You can bring your facility into compliance with Section 425.4 of the 2012 North Carolina State Building Code which will require the building to be sprinklered with a wet pipe system, in accordance with NFPA 13D, with a 30-minute water supply in all areas including bathrooms, toilets, closets, pantries, storage and utility spaces. This would allow you to keep up to six non-ambulatory residents. (NOTE if you do choose to sprinkle the home you are required to submit plans to our office for a written review prior	D 014		

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D 014	Continued From page 6 to beginning any work).	D 014			