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
	FCL092201	A. BUILDING: 01 B. WING _____	07/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MANOR AT PERRY CREEK	7305 PERRY CREEK ROAD RALEIGH, NC 27616

(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 Paul Dixon DHSR Construction Section conducted a Biennial Survey on July 21, 2017 from 9:45 AM to 11:00 AM at the above referenced facility. DHSR records indicate the home was first licensed on November 10, 2014 as a Family Care Home for six (6) ambulatory Residents (Who are able to respond and evacuate 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, 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	CONSTRUCTION SECTION SEP 2 3 2017 RECEIVED CONSTRUCTION SECTION SEP 2 3 2017 RECEIVED 7/27/17	
C 117	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1.) Each facility shall maintain documented evidence of compliance with applicable Fire, and sanitation inspections. Findings Include: At the time of the survey current Fire and	C 117	Fire and Sanitation inspections were done prior to survey, however staff stated she did not locate inspections until after survey. Facility will ensure that Fire and sanitation inspections are posted in facility where they can be visible for inspection and instruct staff where to locate inspection papers at all times.	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Ellen G Jones-Daniels

TITLE: Administrator

(X6) DATE

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C 117	Continued From page 1 Sanitation Inspection reports could not be located during the survey. Effect: Failure to verify compliance with Fire and Sanitation requirements may result in hazards to Residents and Staff safety and wellbeing. Directive: Provide copies of the most current Fire and Sanitation Inspection Reports along with you Plan of Correction.	C 117	Enclosed are copies of Fire and Sanitation inspection reports.	7/22/17 9/8/17
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: 1.) All steps, porches, stoops and ramps shall be provided with handrails and guardrails. Findings include: At the time of the survey it was noted that the front entrance stoop leading to the ramp had no hand or guardrails. Effect: Not having handrails could result in personal injury to residents and staff. Directive:	C 149	Facility has provided handrails and guardrails on the ramp at the front entrance at the front porches. Enclosed are pictures of ramp with new handrails and guardrails. Facility will maintain handrails / guardrail at all times in the facility enhance.	

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C 149	Continued From page 2 Have handrails and guardrails installed on the front stoop from the house to the beginning of the ramp. Once completed provide for our records photos and copies of receipts for the work performed.	C 149		
C 153	Housekeeping And Furnishings-Clean, Repaired SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1.) Each Family Care Home shall be kept clean and in good repair. Findings include: At the time of the survey it was noted that there were numerous ants on the kitchen counter. Effect: Ants can cause structural damage to the home, and can contaminate food and spread salmonella. Directive: Have a qualified technician investigate and rid the kitchen of ants. Once completed provide for our	C 153	7/22/17 Facility has ensured that the Kitchen is free of ants and that the environment is cleaned. By using a qualified technician recommendation of procedures of exterminating ants and as of presented, no ants seen around facility. Facility will continue to maintain ant free environment at all times and that staff will	

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C 153	Continued From page 3 records photos and copies of receipts for the work performed.	C 153	Notify Administrator if ants are seen in the facility and immediately action will be taken to rid the facility of ants.	
C 155	Housekeeping-Free of Obstructions SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1.) Family Care Homes shall be kept free of all obstructions and hazards. Findings include: 1. At the time of the survey it was noted that in Bedroom #4, furniture was blocking both egress windows. Effect: The furniture would prevent the windows from being used in case of emergency which can result in death or physical injury. Directive: Have the furniture in the room re-arranged so that at least one window is free and clear of all obstructions. Once completed provide for our records photos and copies of receipts for the work performed.	C 155	7/22/17 The furniture blocking the windows in bedroom 4 has been removed and the blocking the windows and is relocated away from the windows. The furnitures will not be located by the windows at anytime so that the windows can be easily accessible in case of emergency. Enclosed is photo	

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C 174	Continued From page 4	C 174	of bedroom 4 with the view of windows showing the clear view of the windows without the furniture blocking them.	
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 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: 1.) All electrical, mechanical and plumbing equipment shall be maintained in a safe and operating condition. Findings include: 1. At the time of the survey it was observed that in the bathroom on the right side, the exhaust fan was not working. Effect: Failure of the fan to not operate could cause a build-up of moisture and or humidity in the bathroom and if the fan motor is binding it may also result in a fire. Directive: Have a qualified technician investigate and repair or replace the exhaust fan. Once completed provide for our records photos and copies of receipts for the work performed. 2. At the time of the survey it was observed that in the in the kitchen, the range hood was missing the light bulb.	C 174	9/20/17 The exhaust fan in the bathroom on the right side has been replaced and is now in working condition and facility will ensure that the exhaust fan is in working condition at all times and also instruct staff to notify Administrator if there is any problem with the exhaust fan in all bathrooms for immediate repair/replace.	

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C 174	Continued From page 5 Effect: Failure to provide a bulb can result in a potential shock hazard with the open socket. Directive: Provide a working light bulb for the hood. Once completed provide for our records photos and copies of receipts for the work performed.	C 174	Enclosed is the copy of the reciept of new exhaust fan purchased and replaced 8/20/17 The facility has replaced the light bulb of the range hood in the kitchen with a new and working light bulb and facility will ensure that the range hood will maintain a ~~shatter~~ shattered proof working bulb at all times and facility will ensure that bulb will be replaced when its not in working condition and instruct staff to notify administrator. Enclosed is receipt of new bulb purchased. 7/25/17 The old mattress stored in the carport has been removed and hauled away as evidenced by photo showing carport free of mattress. Facility will ensure that old mattresses or other old fresh furnitures will not	
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.) The outside grounds of existing Family Care Homes shall be maintained in a clean and safe condition: Findings Include: a. At the time of the survey it was noted that there is an old mattress being stored in the carport. Effect: The old mattress could harbor pests and other vermin. Directive: Have the old mattress removed off site and properly disposed of. Once completed provide	C 183		

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C 183	Continued From page 6 for our records photos and copies of receipts for the work performed.	C 183	be stored in the carport. Enclosed is photo of carport free of old mattress	

NC. Department of Environmental and Natural Resources
Division of Environmental Health

INSPECTION OF RESIDENTIAL CARE FACILITY
(For facilities, as defined, with not more than 12 residents)

Demerit Score: 13
Date of Insp/Chg: 07/20/2017
Status Code: A

Health Department: WAKE
Current Facility ID: 04092431097
Old Facility ID:

Water Supply	☒ Community	☐ Non-Transient Non-Community	**Water sample taken?**	☐ Yes ☒ No	
	☐ Transient Non-Community	☐ Non-Public Water Supply		☒ Inspection	☐ Name Change
				☐ Visit	☐ Status Change
				☐ Re-Inspection	☐ Verification of Closure
Wastewater	☒ Community	☐ On-Site System			

Name of Establishment: THE MANOR AT PERRY CREEK
Location Address: 7305 PERRY CREEK RD
City: RALEIGH **State:** NC **Zip:** 27616

Permittee: ESLIKER SAMUELS
Number of Residents: 6
Mailing Addr: 5812 SNOOKS TRAIL
City: WAKE FOREST **State:** NC **Zip:** 27587

☒ Approved (20 or less demerits, and no 6-point deductions)
☐ Provisional (More than 20, but 40 or less demerits, or a 6-point demerit)
☐ Family Foster Home (Only items 1 and 2 apply)
☐ Disapproved (More than 40 demerits or failure to improve provisional classification)

		Demerits
1	**WATER SUPPLY: Public supply; private supply approved 6 ( )**	
2	**LIQUID WASTES: Sewage and other liquid wastes disposed of by approved method 6 ( )**	
3	**FOOD SUPPLIES AND PROTECTION: Supplies: All food clean, wholesome, no spoilage 6; Protection: Adequate during storage, preparation and serving, potentially hazardous food 45° F or below, or 140° F or above 5; all refrigerators with thermometers 2; pork, ground beef products, poultry and stuffings, etc., thoroughly cooked; meat and poultry salad, potato salad, etc., handled as required, no re-serving of portions once served to an individual 4; food containers stored above floor and protected from contamination 2; pets and other animals not allowed where food is prepared or stored, nor in serving area (unless caged or otherwise restricted) 4 ( )**	
4	**FOOD SERVICE UTENSILS AND EQUIPMENT: Food service utensils and equipment in good repair and kept clean (4;) eating and drinking utensils clean to sight and touch, cleaned after each use; approved facilities 4; clean utensils properly stored 2; substances containing poisonous material not used for cleaning or polishing eating or cooking utensils 6; disposable items properly stored and handled, used only once (2) ( )**	6
5	FOOD SERVICE PERSONS: Clean clothes, hands, and work habits 4 ( )	
6	DRINKING WATER FACILITIES: ICE HANDLING: Common drinking cups not used 4; ice, if provided, handled and dispensed in a sanitary manner 2 ( )	
7	HOT AND COLD WATER: Adequate hot and cold water piped to points of use 4 ( )	0
8	TOILET: HANDWASHING: LAUNDRY AND BATHING FACILITIES: Toilet, lavatory and bathing facilities adequate 4; fixtures in good repair and kept clean 2; soap and towels provided 2 ( )	2
9	BEDS: LINEN: FURNITURE: All furniture, mattresses, linen, drapes, blinds and similar items in good repair and clean (2;) bed linen changed as required 2; clean and soiled linens properly stored and handled 2 ( )	
10	STORAGE: MISCELLANEOUS: Rooms or areas provided for storage of clothes, personal effects, luggage, supplies and equipment kept clean 2; medications, cleaning supplies, pesticides and other hazardous products properly stored as required 4 ( )	
11	FLOORS: In good repair 1; kept clean 2 ( )	1
12	WALLS AND CEILINGS: In good repair (1;) kept clean 2 ( )	2
13	LIGHTING AND VENTILATION: Windows and fixtures in good repair 1; kept clean (2) ( )	2
14	VERMIN CONTROL: PREMISES: Outside openings effectively screened or otherwise protected against entrance of flying insects, and flying insects absent 4; effective control of rodents and other vermin 4; approved pesticides properly used 4; premises neat, clean, drained and free of litter and vermin harborages and breeding areas (2) ( )	
15	SOLID WASTES: Garbage in standard containers, properly covered and stored, approved disposal 4; containers, storage area kept clean 2; dry rubbish in suitable receptacles, approved storage and disposal 2 ( )	
	TOTAL DEMERIT SCORE	13

COMMENTS

4. Clean the soiled exteriors and interiors of cupboards and their doors, drawer under oven and dining room chairs. Remove old contact paper on shelves that is peeling and no longer easy to clean. Discard a few damaged utensils...Food service equipment and utensils shall be maintained clean and in good repair...Found several used disposable large aluminum pans and pie tins. After these disposable items have been used once for food, they shall be discarded or recycled. They cannot be reused for food storage or preparation.

8. In main hallway bathroom, no paper towels were available at sink since manager stated these towels end up in the toilet which keeps it from flushing properly. Ensure ALL residents who use this bathroom take their own individual towels into bathroom and then return them to their rooms after use. Guests and others who use this bathroom must have access to paper towels.

(Continued on Addendum Page) ...

Report received by:
Amer Munlso

Inspection By: Lucy Schrum **EHS ID#:** 2178

DENR 3694 (Revised 11/01)
Environmental Health Services Section (Review 11/04)

N.C. DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

Comment Addendum

COUNTY: WAKE

Exhaust fan replaced

More saving.
More doing.™

RALEIGH, NC (919)878-8771
STORE MANAGER:DONALD MILLS

3616 00058 84515 09/20/17 08:47 PM
SELF CHECK OUT

784891258411 FAN <A> 14.22
50 CFM VALUETEST WALL/CEILING FAN — New exhaust fan for bathroom
046677415273 75W TUFF <A> 4.97 — New bulb for range hood
PLC 75W A21 TUFF 1PK

SUBTOTAL	19.19
SALES TAX	1.39
TOTAL	$20.58

XXXXXXXXXXXX6264 DEBIT
USD$ 20.58
AUTH CODE 732184
Chip Read Verified By PIN
AID A0000000042203 Debit
TVR 8000048000
IAD 0310601003220000000000000000000000FF
TSI 6800
ARC 00

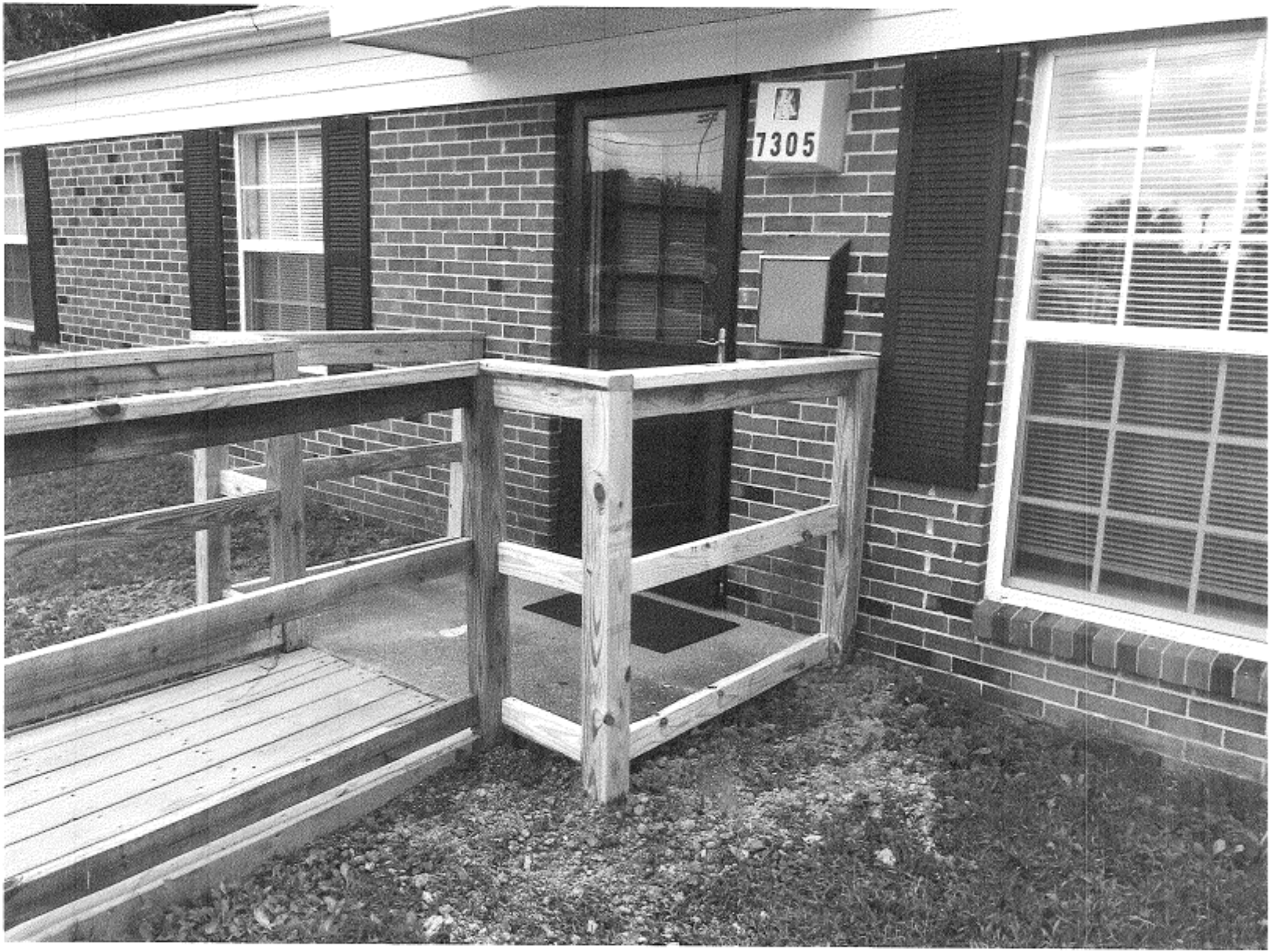
3616 58 84515 09/20/2017 1755

RETURN POLICY DEFINITIONS

	POLICY ID	DAYS	POLICY EXPIRES ON
A	1	90	12/19/2017

THE HOME DEPOT RESERVES THE RIGHT TO LIMIT / DENY RETURNS. PLEASE SEE THE RETURN POLICY SIGN IN STORES FOR DETAILS.

BUY ONLINE PICK-UP IN STORE
AVAILABLE NOW ON HOMEDEPOT.COM


7305

1305

FIRE INSPECTION SAFETY REPORT
(Group R-3 - Single Family Residential Care Homes & Facilities)

NAME OF FACILITY The Manor at Perry Creek PERSON IN CHARGE Eslider Samuels

STREET ADDRESS 7305 Perry Creek Rd Raleigh PHONE # 919-977-3367

CHECK YES or NO AS TO THE CONDITIONS IN THE HOME RELATING TO THE INSPECTION

		YES	NO	N/A
1.	Does the occupant utilize *listed* extension cords? These cords shall not be substituted for permanent wiring and must be used only for portable appliances.	☐	☐	☒
2.	Is a working, mounted fire extinguisher(s), rated 2-A: 10-B: C or larger, readily available in the residence?	☒	☐	
3.	Does a fire evacuation plan remain posted continually in a prominent location, and is visible to all residents and guests?	☒	☐	
4.	Does the home have a working telephone which functions without use of electrical power and are emergency numbers posted within sight of the telephone?	☒	☐	
5.	Is there a working smoke alarm in the residence complying with the following? (CHECK ONLY ONE)			
	• Houses licensed prior to 1976 must have a battery or electric smoke alarm installed outside every sleeping area.	☐	☐	
	• Houses licensed 1976 – June 30, 1999, electric smoke alarms shall be placed outside sleeping areas as required by the code in effect at construction time.	☐	☐	
	• Houses licensed after June 30, 1999 must have smoke alarms in every sleeping room, outside bedrooms and other areas, interconnected as required in the N.C. Building Code.	☒	☐	
6.	Are double key dead bolts installed on any required egress doors? (If YES, these must be removed or changed out to a thumb latch.)	☐	☒	
7.	Do doors and windows in rooms used for sleeping open properly with little effort?	☒	☐	
8.	Are all hallways, doorways, entrances, ramps, steps, and corridors unobstructed, free of storage and readily accessible?	☒	☐	
9.	Are address numbers posted in a prominent exterior location and are they visible and legible?	☒	☐	
10.	If provided, the Fire Alarm System and/or Sprinkler System must be maintained, tested and inspected on annual basis by qualified and approved service personnel. Provide documentation.	☐	☐	NA

11. Designate Primary Heat Source Electric Secondary Heat Source (if applicable) NA

12. List any substandard components or hazards found which were not addressed above or which would require additional inspections:

None

DATE of INSPECTION 10-7-16 STATUS: Approved ☒ Not Approved ☐

FIRE INSPECTOR: (Signature) [signature] (Printed Name) David R Stanley

PHONE NUMBER 919-675-3819 INSPECTION DEPT. Raleigh

LICENSEE'S (Signature) [signature] (Printed Name & Title) Maurice Samuels/Manager

If Initial Licensure application must include the following information:

NC State Building Code (Code Section) _____ (Code Classification) _____

DHSR Inspector Name and Title _____ Phone No. _____

Any item marked NO on this form will not necessarily result in a non-approval of this home, depending on the various applicable Licensure Regulations. However, any form marked Not Approved will result in non-approval until the items marked are corrected and verified approved by the local Official.