

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL084007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/12/2017
NAME OF PROVIDER OR SUPPLIER THE HOMEPLACE REST & RETIREMENT		STREET ADDRESS, CITY, STATE, ZIP CODE 42912 VICKERS STORE ROAD ALBEMARLE, NC 28001		
(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 LUIS PADILLA DHSR Construction Section conducted a Biennial Survey on October 12, 2017 from 10:30 AM to 12:00 PM at the above referenced facility. DHSR records indicate the home was first licensed on October 28, 2006 as a Family Care Home for six (6) ambulatory Residents (able to respond and evacuate without any physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2002 North Carolina State Building Code - Building Code - Section 421.2 - 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		
C 130	Bedrooms-Windows SECTION .0300 - THE BUILDING 10A NCAC 13G .0308 BEDROOMS (g) Each resident bedroom must have one or more operable windows and be lighted to provide 30 foot candles of light at floor level. The window area shall be equivalent to at least eight percent of the floor space. The windows shall have a maximum of 44 inch sill height. This Rule is not met as evidenced by: 1.)This rule requires that "each resident bedroom must have one or more operable windows and be lighted to provide 30 foot candles of light at floor level." Finding:	C 130		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL084007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/12/2017
NAME OF PROVIDER OR SUPPLIER THE HOMEPLACE REST & RETIREMENT		STREET ADDRESS, CITY, STATE, ZIP CODE 42912 VICKERS STORE ROAD ALBEMARLE, NC 28001		
(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 130	Continued From page 1 It was observed at the time of the survey that the window in the first room on the right that, once opened, would not stay open due to problems with the spring. Effect: With the window not being able to stay sufficiently open, residents may have a problem evacuating during emergency situations. Directive: Fix the spring for the window and provide documentation in the form of pictures to DHHS Construction Section.	C 130		
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.)The rule requires "all steps, porches, stoops and ramps shall be provided with handrails and guardrails." Finding: It was observed at the time of the survey that the outside porch was elevated by about eight inches. Effect: This present a trip hazard to residents who walk	C 149		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL084007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/12/2017
NAME OF PROVIDER OR SUPPLIER THE HOMEPLACE REST & RETIREMENT		STREET ADDRESS, CITY, STATE, ZIP CODE 42912 VICKERS STORE ROAD ALBEMARLE, NC 28001		
(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 149	Continued From page 2 around the porch. Residents can unknowingly fall and be injured. Directive: Place a hand rail around the porch to alert residents of the edge. Or place mulch like material along the edges to act as a ramp at the edges of the porch. Provide photos to DHHS Construction Section once completed.	C 149		
C 169	Fire Safety-Smoke Detectors SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it. This Rule is not met as evidenced by: 1.)The rule requires that "the building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup.	C 169		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL084007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/12/2017
NAME OF PROVIDER OR SUPPLIER THE HOMEPLACE REST & RETIREMENT		STREET ADDRESS, CITY, STATE, ZIP CODE 42912 VICKERS STORE ROAD ALBEMARLE, NC 28001		
(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 169	Continued From page 3 Finding: It was observed at the time of the survey that the upstairs area did not have smoke detectors installed. There was also cardboard boxes as well as other flammable objects located there as well. Effect: This can present a fire hazard in the upstairs location. With no fire detectors, there is no way of early notification if a fire occurs on the upper level. Directive: Remove the cardboard boxes from the upstairs location or consult an electrician to install smoke detectors that are wired to the house current and interconnected to other home devices. Provide copies or records for the completed work or photos verifying all combustables have been removed from this level.	C 169		