STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL090029	A. BUILDING: **01** B. WING _____	**10/11/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCADIA CARE HOME	**7415 WALNUT CREST DRIVE WAXHAW, NC 28173**

(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 11, 2017 from 1:15 PM to 3:00 PM at the above referenced facility. DHSR records indicate the home was first licensed on October 15, 2009 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 168	Fire Extinguishers SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home: (1) one five pound or larger (net charge) "A-B-C" type centrally located; (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and (3) any other location as determined by the code enforcement official. This Rule is not met as evidenced by: 1.)The rule requires that "any fire safety requirements required by city ordinances or	C 168		

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C 168	Continued From page 1 county building inspectors shall be met." Finding: It was observed at the time of the survey that the fire extinguishers in both the garage and kitchen were not mounted in an approved bracket (on a wall). The one in the garage was on the floor, while the one in the kitchen was on the counter top. Effect: This can be a potential trip hazard to residents walking by. The extinguisher in the counter could fall and damage the device making it defective as well as create a hazard if the seal is ruptured (it can become a projectile as the contents are under pressure). Directive: Obtain the proper mount for the fire extinguishers and place in an easy to find location complying with the above mentioned rule. Provide office with pictures once completed.	C 168		
C 172	Fire Safety-Four Rehearsals SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved. This Rule is not met as evidenced by:	C 172		

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C 172	Continued From page 2 1.)The rule requires that "there shall be at least four rehearsal of the fire evacuation plan each year. Records of rehearsal shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved." Findings: It was observed at the time of the survey that the submitted reports for the fire drills did not show the duration of the drills. It also did not show any third shift drills done (between 9:00 PM and 7:00 AM) Effect: Residents and staff of the facility will not be fully prepared in the event of a real fire emergency unless drills are run effectively at various times of both day and night. Also since there is no indication of the duration of the drills, there is no way of knowing if all of the residents are truly considered ambulatory. Directive: Perform fire drills during the third shift hours. Keep track of the duration of the fire drills as well as all participants..	C 172		
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:	C 183		

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C 183	Continued From page 3 1.)The rule requires "The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition." Finding: It was observed at the time of survey that the fountain in the front yard had a leakage problem from underground. Causing the soil to become overly saturated present a muddy slippery surface. Effect: This condition can create a slipping hazard to occupants in the front yard Directive: Consult a local plumber to fix pipes for the fountain. and buildup the effected soil to eliminate all potential hazards. Provide to our office documentation and pictures verifying compliance. 2.)The rule requires "The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition." Finding: It was observed at the time of the survey that lint was present on the roof just outside the laundry vent. It was explained that the facility uses a vacuum and blows air through the vent to open the airways. Effect: This provides an unpleasant appearance on the roof. Also the method of cleaning is not very effective, as it only opens part of the airway and not all of it and the resulting accumulation of lint presents a fire hazard. Directive:	C 183		

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C 183	Continued From page 4 Rinse off roof of facility to eliminate the lint buildup or accumulation. Find a more effective way to open airways of the laundry vent without spewing the lint on the roof, provide written verification of actions taken to gain compliance.	C 183		