

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2018
NAME OF PROVIDER OR SUPPLIER A TOUCH OF LOVE FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 334 ZEB ROAD GIBSONVILLE, NC 27249		
(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 February 21, 2018 at the above referenced facility. DHSR records indicate the home was first licensed on December 7, 2004 as a Family Care Home for six (6) 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 1992 Rules for Family Care Homes Minimum and Desired Standards and Regulations, the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 2002 North Carolina State Building Code - Section 421.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of corrections. They are as follows:	C 000		
C 105	Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of	C 105		

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: FCL079108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2018
NAME OF PROVIDER OR SUPPLIER A TOUCH OF LOVE FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 334 ZEB ROAD GIBSONVILLE, NC 27249		
(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 105	Continued From page 1 Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars (\$380.00). (b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home. This Rule is not met as evidenced by: 1.) The rule requires that any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code: At the time of the survey it was observed that there was a plastic storage in front of the electrical panel. This violates the code that was in place at the time of licensure. Based on our findings make arrangements to have the storage case moved to another location in the home and allow an open area in front of the electrical panel (min of a 3' by 3' area as required by code). Once completed, provide photos of the work to the DHSR Construction Section as verification of compliance. 2.) The rule requires that any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code: At the time of the survey it was observed that the staff bedroom was a recent addition to the home, but not added to the evacuation plan. This violates the code that was in place at the time of licensure. Based on our findings make arrangement to	C 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2018
NAME OF PROVIDER OR SUPPLIER A TOUCH OF LOVE FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 334 ZEB ROAD GIBSONVILLE, NC 27249		
(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 105	Continued From page 2 update the fire evacuation plan to the home. Once completed, provide photos of the work to the DHSR Construction Section as verification of compliance.	C 105		
C 147	Outside Entrances/Exits-Single Hand Motion SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled. This Rule is not met as evidenced by: 1.) This rule requires all exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled. At the time of the survey it was observed that both exterior exit doors did not have single hand motion locksets installed. Failure to repair this condition can impede egress the home during an emergency situation. Based on our findings make arrangements to have both exterior exit doors installed with single hand motion locksets. Once completed, provide photos of the work as well as invoices/receipts indicating all work performed to the DHSR Construction Section as verification of compliance.	C 147		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2018
NAME OF PROVIDER OR SUPPLIER A TOUCH OF LOVE FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 334 ZEB ROAD GIBSONVILLE, NC 27249		
(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	C 169		
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.) This rule requires that the building shall be provided with smoke detectors as required by the North Carolina State Building Code: At the time of the survey it was observed that the staff bedroom did not have a smoke detector installed. Failure to install one will not allow the staff member present to be alerted of an emergency situation. Based on our findings make arrangements to install a smoke detector in this room. Once completed, provided photos of the work as well as invoices/receipts indicating all work performed to the DHSR Construction Section as verification of compliance. 2.) This rule requires that the U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement:	C 169		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2018
NAME OF PROVIDER OR SUPPLIER A TOUCH OF LOVE FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 334 ZEB ROAD GIBSONVILLE, NC 27249		
(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 4 At the time of the survey it was observed that the two heat detectors in the attic were not connected to a dedicated sounding device. These devices are also rated for 135 degree F. Failure to repair this condition can promote false alarms to occur in the home. Based on our findings make arrangements to have the heat detectors in the attic on a dedicated sounding device. To prevent nuisance alarms, install a 194 degree F or 212 degree F rated device in the attic. Once completed, provide DHSR with invoices/receipts indicating all work performed to the DHSR Construction Section as verification of compliance. 3.) The rule requires that these detectors shall be interconnected and be provided with battery backup: At the time of the survey it was observed that various smoke detectors were chirping, indicating they needed a change of battery. If left unattended, these devices may not function when power to the home goes out. Based on our findings make arrangements to replace the batteries of the smoke detectors in the home. Once completed, provide invoices/receipts indicating all work performed to the DHSR Construction Section as verification of compliance.	C 169		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2018
NAME OF PROVIDER OR SUPPLIER A TOUCH OF LOVE FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 334 ZEB ROAD GIBSONVILLE, NC 27249		
(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 174	Continued From page 5 (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.) The rule requires that all electrical equipment in a family care home shall be maintained in a safe and operating condition: At the time of the survey it was observed that there was a multi plug adapter located in both the kitchen and in Bedroom #2. This presents a fire hazard to the home. Based on our findings make arrangements to have the adapter removed from site and replaced with a UL approved power strip. Once completed, provide photos of the work as well as invoices/receipts indicating all work performed to the DHSR Construction Section as verification of compliance. 2.) The rule requires that all electrical equipment in a family care home shall be maintained in a safe and operating condition: At the time of the survey it was observed that there was no globe for the overhead light located in the laundry room. Failure to attend this condition may promote adverse conditions for both residents and staff. Based on our findings make arrangements to install a light cover in the laundry room. Once completed, provide photos of the work as well as invoices/receipts indicating all work performed to the DHSR Construction Section as verification of	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2018
NAME OF PROVIDER OR SUPPLIER A TOUCH OF LOVE FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 334 ZEB ROAD GIBSONVILLE, NC 27249		
(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 174	Continued From page 6 compliance. 3.) The rule requires that all electrical equipment in a family care home shall be maintained in a safe and operating condition: At the time of the survey it was observed that there was an extension cord in the crawl space being used as permanent wiring. This presents an electrical hazard to the home. Based on our findings make arrangements to have the extension cord removed and proper wiring done in the crawl space. Once completed, provide photos of the work as well as invoices/receipts indicating all work performed to the DHSR Construction Section as verification of compliance. 4.) The rule requires that all electrical equipment in a family care home shall be maintained in a safe and operating condition: At the time of the survey it was observed that the GFCI outlet along the right side of the facility is defective. There was a current running through it, however it would not reset. This presents an electrical hazard to the home. Based on our findings make arrangements to have to GFCI outlet repaired. Once completed, provide photos of the work as well as invoices/receipts indicating all work performed to the DHSR Construction Section as verification of compliance. 5.) The rule requires that the building equipment in a family care home shall be maintained in a safe and operating condition:	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2018
NAME OF PROVIDER OR SUPPLIER A TOUCH OF LOVE FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 334 ZEB ROAD GIBSONVILLE, NC 27249		
(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 174	Continued From page 7 At the time of the survey it was observed that the island located in the kitchen was torn along the right edge. This violates the rule in place. It was mentioned on site that staff was aware of the damaged and was making plans to get it repaired. Once completed, provide photos of the work as well as invoices/receipts indicating all work performed to the DHSR Construction Section as verification of compliance. 6.) The rule requires that all fire safety equipment in a family care home shall be maintained in a safe and operating condition: At the time of the survey it was observed that the fire extinguishers were not being inspected on a monthly basis. If left unattended, it will be unknown if these devices function properly in the event of an emergency situation. Based on our findings make arrangements to have the fire extinguishers inspected by a staff member on a monthly basis to ensure the device functions properly. Once completed, provide photos of the work to the DHSR Construction Section as verification of compliance. 7.) The rule requires that all fire safety equipment in a family care home shall be maintained in a safe and operating condition: At the time of the survey it was observed that the fire extinguisher in the laundry room was not mounted along the wall. Failure to adhere to this rule can cause residents and staff to overlook this device in the event of an emergency situation. Based on our findings make arrangements to have the fire extinguisher in this room mounted	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2018
NAME OF PROVIDER OR SUPPLIER A TOUCH OF LOVE FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 334 ZEB ROAD GIBSONVILLE, NC 27249		
(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 174	Continued From page 8 properly. Once completed, provide photos of the work as well as invoices/receipts indicating all work performed to the DHSR Construction Section as verification of compliance.	C 174		
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 rule requires the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition: At the time of the survey it was observed that the railings for both ramps (located at the front and right of the home) were loose. Failure to repair this condition may promote adverse conditions for both residents and staff. Based on our findings make arrangements to repair the railings for the ramps of the home. Once completed provide photos of the work as well as invoices/receipts indicating all work performed to the DHSR Construction Section as verification of compliance. 2.) The rule requires the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition: At the time of the survey it was observed that the front ramp was slanted at the top. This creates a trip hazard to both residents and staff of the home.	C 183		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2018
NAME OF PROVIDER OR SUPPLIER A TOUCH OF LOVE FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 334 ZEB ROAD GIBSONVILLE, NC 27249		
(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 183	Continued From page 9 Based on our findings make arrangements to repair the ramp. Once completed, provide photos of the work as well as invoices/receipts indicating all work performed to the DHSR Construction Section as verification of compliance. 3.) The rule requires the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition: At the time of the survey it was observed that the laundry duct at the rear of the home had a built up of lint around it. This presents a fire hazard to the home. Based on our findings make arrangements to remove the lint and clean the laundry duct. Once completed, provide photos of the work to the DHSR Construction Section as verification of compliance. 4.) The rule requires the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition: At the time of the survey it was observed that the crawl space door hinges was dislodged from its frame. If left unattended, the crawl space door will eventually fall off. Based on our findings make arrangements to repair the hinges to the crawl space door. Once completed, provide photos of the work as well as invoices/receipts indicating all work performed to the DHSR Construction Section as verification of compliance. 5.) The rule requires the outside grounds of new and existing family care homes shall be	C 183		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2018
NAME OF PROVIDER OR SUPPLIER A TOUCH OF LOVE FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 334 ZEB ROAD GIBSONVILLE, NC 27249		
(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 183	Continued From page 10 maintained in a clean and safe condition: At the time of the survey it was observed that the vinyl along the right side of the facility was in need of some patch work. Failure to repair this condition would allow moisture to attach itself to the sub-surface which can lead to mold/mildew.	C 183		