DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

February 19, 2018

Mable White-(via e-mail only)
622 Cullen Road
Harrellsville, NC 27942

RE: Cypress Landing Family Care Home - FC Biennial Survey
622 Cullen Road
Harrellsville Hertford County
FID #030420 Fcl046029

Dear Ms. White:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on February 7, 2018. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice; I will repair, replace, and Remove All deficiencies.
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken; I will monitor All areas on a monthly basic.
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and, I will monitor on a monthly basic and also have staff to monitor.
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. I will have maintenance staff to monitor along with me on a monthly basic

3/23/18 Mable White

CONSTRUCTION SECTION
WWW.NCDHHS.GOV • WWW.NCDHHS.GOV/DHSR
TEL 919-855-3893 • FAX 919-733-6592
LOCATION: WILLIAMS BUILDING, 1800 UMSTEAD DRIVE • RALEIGH, NC 27603
MAILING ADDRESS: 2705 MAIL SERVICE CENTER • RALEIGH, NC 27699-2705
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL046029	A. BUILDING: 01 B. WING	02/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CYPRESS LANDING FAMILY CARE HOME	622 CULLEN ROAD HARRELLSVILLE, NC 27942

(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 Gabriel Villacres DHSR Construction Section conducted a Biennial Survey on February 7, 2018 from 9:15 AM to 10:40 AM at the above referenced facility. DHSR records indicate this home was first licensed on May 19, 2004 as a Family Care Home for four 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 maintain compliance with the following: the 1992 Family Care Home T10: 42C, the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, the applicable portions of the current Residential Code, and the 2002 Edition of the 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 correction. They are as follows:	C 000		
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: The rule requires that "All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing	C 147	Removed and disabled all dead bolts from exit doors.	2/9/18 mpw

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C 147	Continued From page 1 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 the storm doors in the home had an active lock pin. Failure to disable the pin can promote adverse conditions to the residents and staff alike. Based on our findings make arrangements to have locking pin disabled. Once completed provide photos of the completed work to the DHSR Construction Section as verification of compliance.	C 147	Removed All lock pins from storm doors	2/9/18 mpw
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: The rule requires that "All steps, porches, stoops and ramps shall be provided with handrails and guardrails." At the time of the survey it was observed that the patio in the rear of the home was higher than the surrounding ground level. Failure to reduce the grade between the patio and the ground could promote adverse conditions for the home's residents and the staff alike. Based on our findings reduce the grade between the patio and the ground by using an acceptable fill material. Once complete provide photos of the completed work as well as invoices/receipts indicating all work performed to the DHSR	C 149	Filled in around Patio in back with top Soil to make sure Patio is level to ground.	2/20/18 mpw

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C 149	Continued From page 2 Construction Section as validation of compliance.	C 149		
C 152	Floors 10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair. This Rule is not met as evidenced by: (1) The rule requires that "Scatter or throw rugs shall not be used." At the time of the survey it was observed that scatter rugs were present in multiple locations through out the home. Failure to remove the scatter rugs could promote adverse conditions to the residents and staff alike. Based on our findings remove the scatter rugs present in the home. Once completed provide photos of the completed work as well as invoices/receipts indicating all work performed to the DHSR Construction Section as verification of compliance.	C 152	Removed all scattered rugs in all rooms	2/8/18 mpw
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	C 169		

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C 169	Continued From page 3 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: 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. At the time of the survey it was observed that heat detectors present in the attic of the home were rated at 135 degrees Fahrenheit and did not have a dedicated sounding device tied into the residential smoke detectors. Failure to replace with appropriatly rated heat detector could result in false alarms at times of warmer weather. Based on our findings make arrangements to have the current heat detectors replaced with one rated at 192 - 212 degrees Fahrenheit and connected to a dedicated sounding device. Once complete provide photos of the completed work as well as invoices/receipts indicating all work performed to the DHSR Construction Section as verification of compliance.	C 169	SEE Invoice attached - Removed the 135 heat detector and replaced A 192 heat detector Connected to a dedicated Sounding device.	3/3/18 MPW
C 171	Fire Safety- Evacuation Plan SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (d) A written fire evacuation plan (including a	C 171		

Job Invoice

Benet electrical
2935 Hwy 35 South
Woodland, NC 27897
(252)642-5479

Date: 14-Jan-18

Name: CL Family Care Home
Address: 622 Cullen Road
City, State, Zip: Harrellsville, NC 27942

Owner: Mable White
Contractor: Mable White
Project name: Fire Detection System

Quantity	Materials	Unit price	Amount
1	194 Degree Heat Detector		
1	Horn/Strobe Signalling Device		
1	In Use Receptacle Cover		
		Total materials	$0.00

Hours		Rate	Amount
	Installed Fire Detection System		
	Installed outside GFCI Receptacle		
	Installed inuse Receptacle Cover		
		Total labor	$350.00

Trade	Subcontractor	Item	Amount
		Total subcontract	

Subtotal: labor, materials and subcontracts	$350.00
Paid In Full on 3 Mar 2018 CK# 4279 ____% overhead	
Thank you for your buisness ____% profit	
Marvin B. Tyler **Total amount**	$350.00

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C 171	Continued From page 4 diagrammed drawing) which has the approval of the local code enforcement official shall be prepared in large print and posted in a central location on each floor. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. This Rule is not met as evidenced by: The rule requires that "A written fire evacuation plan (including a diagrammed drawing) which has the approval of the local code enforcement official shall be prepared in large print and posted in a central location on each floor. At the time of the survey it was observed that several of the fire evacuation plans were oriented incorrectly. Failure to reorient the plans correctly with the layout of the home may mislead residents and staff alike in the case of an emergency situation. Based on our findings reorient the evacuation plans so that when placed on a wall, up on the plan is straight ahead in the home layout. Once complete provide photos of the completed work to the DHSR Construction Section as verification of compliance.	C 171	Removed and reoriented fire evacuation plan layout so residents can review Corrected layout. In All rooms.	2/8/18 mpw
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.	C 174		

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C 174	Continued From page 5 This Rule is not met as evidenced by: (1) The rule requires that "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." At the time of the survey it was observed that an extension cord was being used as a permanent power source. Failure to replace with an approved power source could promote adverse conditions such as fire hazards. Based on our findings replace the extension cord with an aprroved power strip. Once complete provide photos of the completed work as well as invoices/receipts indicating all work performed to the DHSR Construction Section as verification of compliance. (2) The rule requires that "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." At the time of the survey it was observed that the homes electrical panel was falling out of the wall. Failure to secure the panel can promote adverse conidtions in the home. Based on our findings make arrangements to have the electrical panel placed back into the wall. Once complete provide photos of the completed work as well as invoices/receipts indicating all work performed to the DHSR Construction Section as verification of compliance. (3) The rule requires that "The building and all fire safety, electrical, mechanical, and plumbing	C 174	Removed and replaced the extension cord with a power strip in the kitchen, with a Longer Cord. Secured the panel box back in the WALL At top	2/8/18 2/8/18

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C 174	Continued From page 6 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 a GFCI outlet located in the porch on the left of the home was not tripping. Failure to repair the outlet could promote shock hazards to residents and staff alike. Based on our findings make arrangements to have the outlet replace/repaired. Once complete provide photos of completed work as well as invoices/receipts indicating all work performed to the DHSR Construction Section as verifcation of compliance. (4) The rule requires that "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." At the time of the survey it was observed that the home's septic system was appeared to be failing. Failure to repair the damaged septic system could promote adverse conidtions to the structure and produce offensive odors. Based on our findings make arrangements to have the damaged septic system repaired. Once complete provide photos of the completed work as well as invoices/receipts indicating all work performed to the DHSR Construction Section as verifcation of compliance. (5) The rule requires that "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." At the time of the survey it was observed that the	C 174	Invoice Attached to Pg 4 Removed the outlet on end porch and replaced it with a GFCI outlet The septic tank is strong and Not failing Had the septic Checked and Pumped. Cleaned And flushed drain lines.	3/3/18 mpw 2/24/18 mpw

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C 174	Continued From page 7 bathroom vanity countertop was not attached to the rest of the unit. Failure to repair the vanity could promote adverse coniditons to the home's residents and staff alike. (6) The rule requires that "All steps, porches, stoops and ramps shall be provided with handrails and guardrails." At the time of the survey it was observed that the stoop in the rear of the home had loose railings. Failure to repair the existing condition may promote adverse condtions to the residents and staff alike. Based on our findings make arrangements to have the damaged section of railing repaired. Once completed provide photos of the completed work as well as invoices/receipts indicating all work performed to the DHSR Construction Section as verification of compliance (7) The rule requires that "All floors shall be kept in good repair." At the time of the survey it was observed that multiple bricks that made up the stoop in the front of the home were no longer adhered to the grout. Failure to repair this condition may promote adverse conditions to the residents and staff alike. Based on our findings make arrangements to have the loose bricks re-cemented into the stoop. Once completed provide photos of the completed work as well as invoices/receipts indicating all work performed to the DHSR Construction Section as verification of compliance.	C 174	Vanity countertop secured Vanity with silicone to cabinet completed on 2/8/18 mpw Installed L Brackets and bolted down with cement nails and screws on 2/26/18 Completed mpw Re-connected loose bricks on front Stoop with cement	2/8/18 2/26/18 2/19/18

Marcia White 3/21/18

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C 183	Continued From page 8	C 183		
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 that "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 vents were open. Failure to close the vents could promote adverse coniditions to the plumbing. Based on our findings close the crawl space vents. Once complete provide photos of the completed work as well as invoices/receipts indicating all work to the DHSR Construction Section as validation of compliance. (2) The rule requires that "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 homes outdoor siding had holes. Failure to repair the holes could promote adverse condition to the home. Based on our findings repair/replace the siding. Once complete provide photos of the completed work as well as invoices/receipts indicating all work to the DHSR Construction Section as validation of compliance. (3) The rule requires that "The outside grounds of	C 183	Closed the Crawl Space vent with Additional fasteners Repaired the hole in siding At BACK	2/12/18 mpw 2/12/18 mpw

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C 183	Continued From page 9 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 part of the driveway's pavement had broken off and the broken cement section was still present. Failure to remove the debris could promote adverse conditions for the residents and staff alike. Based on our findings remove the debris from its location and fill the opening with an approved material. Once complete provide photos of the completed work to the DHSR Construction Section as validation of compliance. (4) The rule requires that "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 a false deer statue was placed outside of the home. This statue had rebar pertruding out of it head and legs. Failure to remove the damaged deer statue could promote adverse condition to the home's residents and staff alike. Based on our findings remove the damaged deer statue from the ground. Once complete provide photos of the completed work to the DHSR Construction Section as validation of compliance. (5) The rule requires that "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 screen surrounding the porch to the left of the home had tears. Failure to repair/replace damaged screen could promote adverse	C 183	Removed the rock from drive way and replaced with Cement. Removed false deer	2/8/18 mpw 2/8/18 mpw

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C 183	Continued From page 10 condition to the home. Based on our findings repair/replace the screen surrounding the porch to the left of the home. Once complete provide photos of the completed work as well as invoices/receipts indicating the work performed to the DHSR Construction Section as validation of compliance. (6) The rule requires that "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 porch to the left of the home had missing/damaged screen molding across the screen. Failure to remove the damaged/missing screen molding could promote adverse condition to the home. Based on our findings repair/replace the screen molding across the porch to the left of the home. Once complete provide photos of the completed work as well as invoices/receipts indicating the work performed to the DHSR Construction Section as validation of compliance.	C 183	Replaced the screen on Porch to left and replaced molding across screen. Removed and replaced molding. Painted All molding.	2/19/18 mpw 2/19/18 mpw