

Attn:
To: Celia Keaton

PRINTED: 02/16/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060123	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/15/2018
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MCCLAIN'S FAMILY CARE HOME # 1

**5963 THE PLAZA ROAD
CHARLOTTE, NC 28215**

(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 February 15, 2018 from 11:30 AM to 12:45 PM at the above referenced facility. DHSR records indicate the home was first licensed on June 4, 2012 as a Family Care Home for five (5) 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 2009 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 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. At the time of the survey it was observed that the fire extinguisher in the kitchen was last inspected in October, 2016, and the fire	C 168		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6896

5L6G21

If continuation sheet 1 of 3

AM-7
04/06/18

PRINTED: 02/16/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060123	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 02/15/2018
NAME OF PROVIDER OR SUPPLIER MCCLAIN'S FAMILY CARE HOME # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 5963 THE PLAZA ROAD CHARLOTTE, NC 28215			
(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 168	Continued From page 1 extinguisher previously located in the main hallway was missing. This rule requires two 5 lb extinguishers in each facility.	C 168	This rule has been met. One fire extinguisher has been placed in the hallway and also in the kitchen. This was done on Feb. 16, 2018.	Completed Feb. 16, 2018	
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. At the time of the survey it was observed that the grill cover for the exhaust fan in the master bathroom was heavily clogged with dust and lint. This rule requires the mechanical equipment to be maintained in an operating condition. 2. At the time of the survey it was observed that the exterior flapper assembly for the clothes dryer exhaust was heavily clogged with lint. This rule requires the mechanical equipment to be maintained in an operating condition.	C 174	This rule has been met. The grill cover for the exhaust fan in the master bathroom was clean on Feb. 16, 2018. This rule has been met. The exterior flapper assembly for the clothes dryer was clean on Feb. 16, 2018.	Completed Feb. 16, 2018	
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. At the time of the survey it was observed that	C 183	This rule has been met. On Feb. 23, 2018, it was placed back on wall	Completed Feb. 16, 2018	

Division of Health Service Regulation
STATE FORM

6896

5L6G21

If continuation sheet 2 of 3

02/17
04/06/18

PRINTED: 02/16/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060123	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/15/2018
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MCCLAIN'S FAMILY CARE HOME # 1**5963 THE PLAZA ROAD
CHARLOTTE, NC 28215**

(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 2 on the left gable end of the home, a section of soffit has come loose and is hanging down. The rule requires that the facility be maintained in a clean and safe condition. For all deficiencies listed above provide documentation of completed work in the form of photographs, receipts, invoices, etc. All deficiencies listed above were discussed with on-site staff during the exit interview.	C 183	<i>to the same position as now not meet the state rule</i>	

Division of Health Service Regulation
STATE FORM

6869

5L6G21

If continuation sheet 3 of 3

*PMH
04/06/18*