House of Love
1904 Johnson Rd. Elizabeth City N.C.
252-338-6648 | 252-338-6648 |

fax

TO: DHSR Construction Section FROM: Angela Hardy

FAX: 919-733-6592 PAGES: 33 pages

PHONE: 919-855-3883 DATE: 4-5-2018

RE: Plan of Correction CC:

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL070011	A. BUILDING: 01 B. WING _____	02/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSE OF LOVE FAMILY CARE HOME	1904 JOHNSON RD ELIZ CITY, NC 27909

(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 6, 2018 from 3:00 PM to 5:00 PM at the above referenced facility. DHSR records indicate the home was first licensed on July 17, 2013 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 applicable portions of the 2012 North Carolina Building Code - Section 425.2 - 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	The corrective action that will be accomplished on areas of the facility found to have been affected by deficient practice, House of Love Family Care Home will have a monthly checklist for the inside and outside of the facility. This will be done at the end of each month starting April 2018, this is how we will identify other areas of the facility having potential to be affected by the same deficient practice.	
C 101	Existing Licensed-No Less than '71 Rules SECTION .0300 - THE BUILDING 10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each family care home shall be applied as follows: (2) Except where otherwise specified, existing licensed homes or portions of existing licensed homes shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration; however, in no case shall the requirements for any licensed home, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Family Care Homes", copies of	C 101	The corrective action that will take place is staff will sign off on a sheet stating what they found or did not find. To ensure the deficient does not recur, if anything needs to be repaired management will be notified to ensure that the deficient practice does not recur once the issue	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Angela Hardy — TITLE: administrator — (X6) DATE: 4-5-18

STATE FORM 6899 MVJP21 If continuation sheet 1 of 14

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C 101	Continued From page 1 which are available at the Division of Health Service Regulation - Construction Section, 701 Barbour Drive, Raleigh, North Carolina 27603 at no cost; This Rule is not met as evidenced by: 1.) The rule requires existing licensed homes or portions of existing licensed homes shall meet licensure and code requirements in effect at the time of construction: At the time of the survey it was observed that the rear ramp did not have a landing at the top of the ramp. This can result in injury for staff and residents of the facility. Based on our findings make arrangements to construct a minimum 3-foot-by-3-foot landing at the top of the rear rampas required by Code. Once completed, provide photos of the completed work as well as invoices/reciepts of the work to the DHSR Construction Section as verification of compliance.	C 101	is corrected management will sign off stating that the issue found was corrected the quality assurance program will be monitored by management by having a monthly log stating in what condition the facility is in and what areas need attention. Management must then write a statement on what corrective action has taken place to rectify the situation. C101 The corrective action for the rear ramp not having a 3 foot by 3 foot landing, A contractor was called to remove the ramp and replace it with hand rails photos and reciepts are attached.	
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.) The rule requires all exit door locks shall be easily operable:	~~C 147~~		

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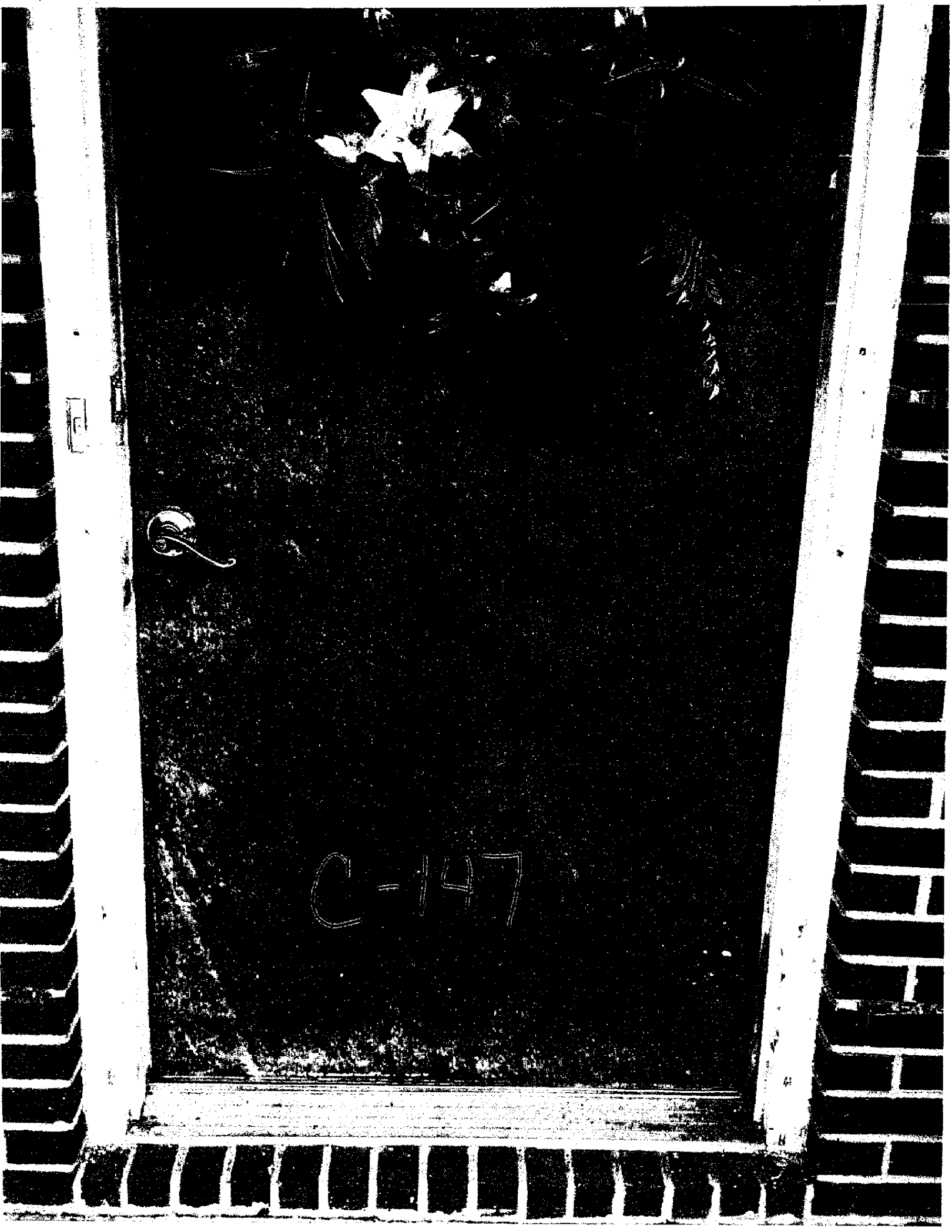
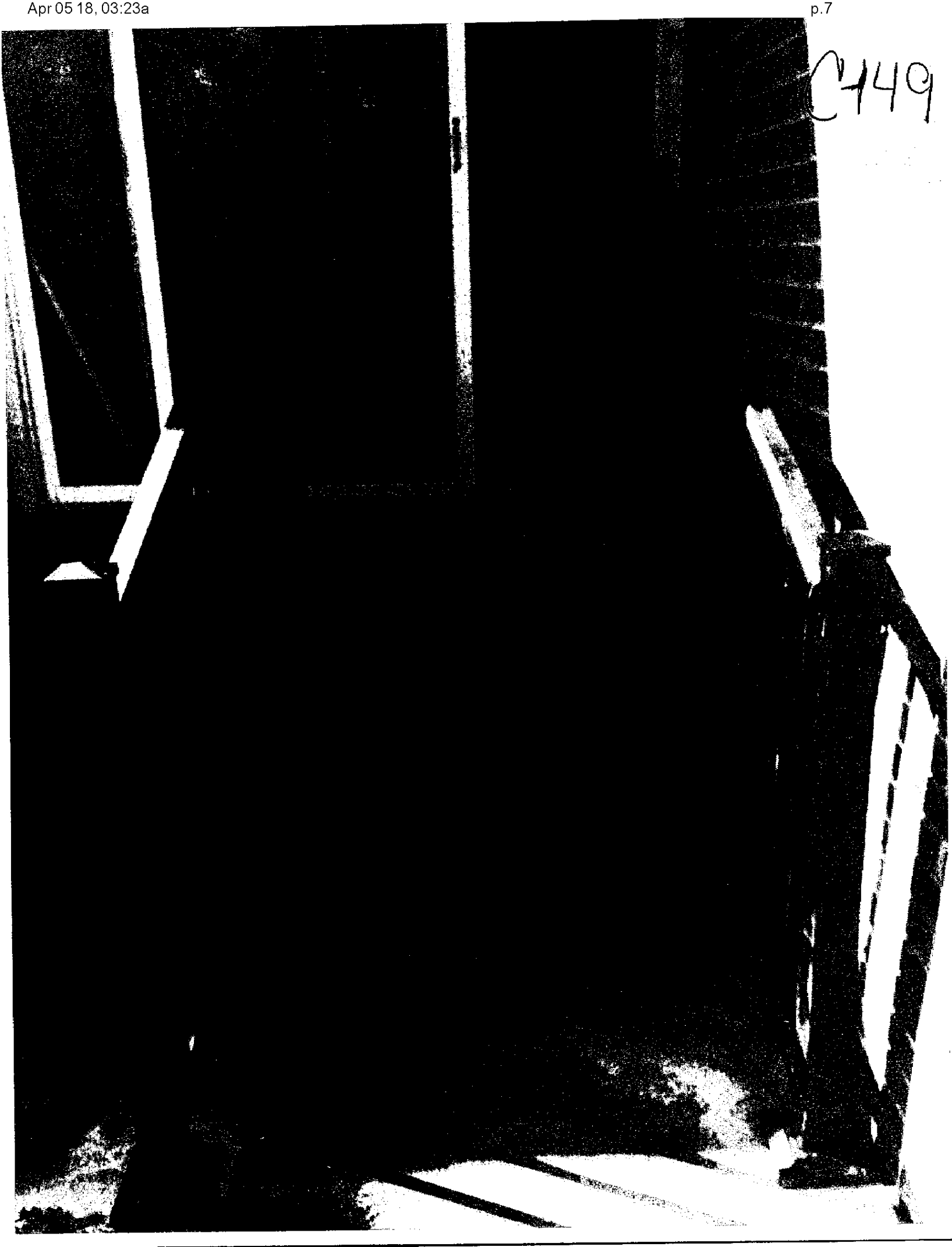
C 147	Continued From page 2 At the time of the survey it was observed that both the front and rear entrances to the facility had locks on the screen doors. This can impede the egress of residents during emergency situations Based on our findings make arrangements to remove or disable the lock from the screen doors. Once completed, provide photos of the completed work to the DHSR Construction Section as verification of compliance.	C 147	The corrective action for both screen doors front and rear having locks on them, the screen doors was removed If and when they are replaced, we will ensure that there are no devices to be locked or the lock will be disabled. Photos are attached	
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 that all ramps shall be provided with handrails and guardrails: At the time of the survey it was observed that the rear ramp had only one handrail. Failure to provide a second handrail may promote adverse conditions to residents utilizing the ramp. Based on our findings provide a handrail on the opposing wall that runs the full length of the ramp. Keep in mind you must maintain a minimum of a 3'-0' (36 inch) wide un-obstructed path of egress at all times for the run of the ramp. Once completed provide photos of the work completed as well as invoices/reciepts indicating all work performed to the DHSR Consturction Section as verification of compliance.	C 149	The corrective action that has taken place for the rear ramp not having a handrail on the opposing wall running full length of the ramp, a contractor was called the ramp was removed and hand rails has been put in place ensuring a minimum of 36 inches wide with an unobstructed path at all times. Photos attached	


C-147


C-147

C149



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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.) This rule requires that scatter rugs or throw rugs shall not be used: At the time of the survey it was observed that in the laundry room, a throw rug was being used. This creates a trip hazard for residents of the facility. Based on our findings the rug needs to be removed from the facility. Once completed, provide photos to the DHSR Construction Section as verification of compliance.	C 152	The corrective action that has taken place for the throw rug that was in the laundry room, the throw rug has been removed from the facility a photo is attached we ensure that no throw rugs are in the facility	
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.	C 169	The corrective action for the smoke alarms not working as a unit, not being inter connected with each other, An electrician was called, he replaced all smoke detectors and ensured that they are inter connected. AN invoice is attached	


2-16-17

Electric Lee of E.C. LLC

[illegible] Job To Small

[illegible] Indian Woods Road
Elizabeth City, NC 27909
(252) 338-2270
lpipkin@roadrunner.com

DATE: March 13, 2018

TO: House of Love
Angela & Amy

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
6.00	Smoke dectors installed/replaced	$ 17.05	$ 102.30
1.25	Labor	$ 85.00	$ 106.25
	Sub Total		$ 208.55
	Tax	6.75%	$ 14.08
	Total Due		$ 222.63

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C 169	Continued From page 4	C 169		

This Rule is not met as evidenced by:
1.) The rule requires that the building shall be provided with smoke detectors that are interconnected and provided with battery backup:

At the time of the survey it was observed that the smoke detectors were not interconncected with each other. This causes a portion of the facility to be alerted of a fire, rather than the entire facility.

Based on our findings make arrangements to have the smoke detectors interconnected with each other. Once completed, provide invoices/receipts indicating all work performed to the DHSR Construction Section as verification of compliance.

2.) The rule requires that heat detectors be connected to a dedicated sounding device located in the attic or basement:

At the time of the survey the heat detector located in the attic was a 135 degree rated device. The heat detector was also not connected to a dedicated sounding device. During the summer, the heat can raise the temperature in the attic enough to cause a false alarm. The heat detector should be a 194 to 212 degree rated device and have its own dedicated sounding device.

Based on our findings make arrangements to upgrade the heat detector in the attic. Once completed provide photos of the work as well as invoices/reciepts indicating all work performed to the DHSR Construction Section as verification of compliance.

The corrective action for the heat detector located in the attic being 135 degrees, An ordered was placed with City Electric 252-337-7870 they informed me that the standard was 135 degrees, I ordered a heat detector went on line and found one @ 194 degrees A copy of the order is attached. As soon as we recieve it the electrician will put it in place and ensure that it has its own dedicated sounding device photos and invoice will be sent. expected date of completion 4-17-18

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If you are having problems with adding more than one item to the shopping cart, please call us at 800 889 4471 or email us at alarminfo@aesecurity.com.

If you have any questions about your order, please Contact Us

Order Confirmation

Confirmation

Order Date: 04/05/2018

Order Number: yhst-35590451770694-15145

Ship To

Angela Hardy
1904 Johnson rd
Elizabeth City, NC 27909
252-455-1644

Shipping Method: Ground

Bill To

Angela Hardy
1904 Johnson rd
Elizabeth City, NC 27909
252-455-1644
angela.linnette@hotmail.com (Will send order confirmation to this email)

test

Your Order

	Item	Cost
1	5602 Heat Detector 194 Degrees for Attics, etc.	$12.95
	Subtotal:	$12.95
	Shipping:	$7.95
	Tax:	$0.00
	Total:	$20.90

Keep Shopping

BBB Rating: A+
as of 4/5/2018
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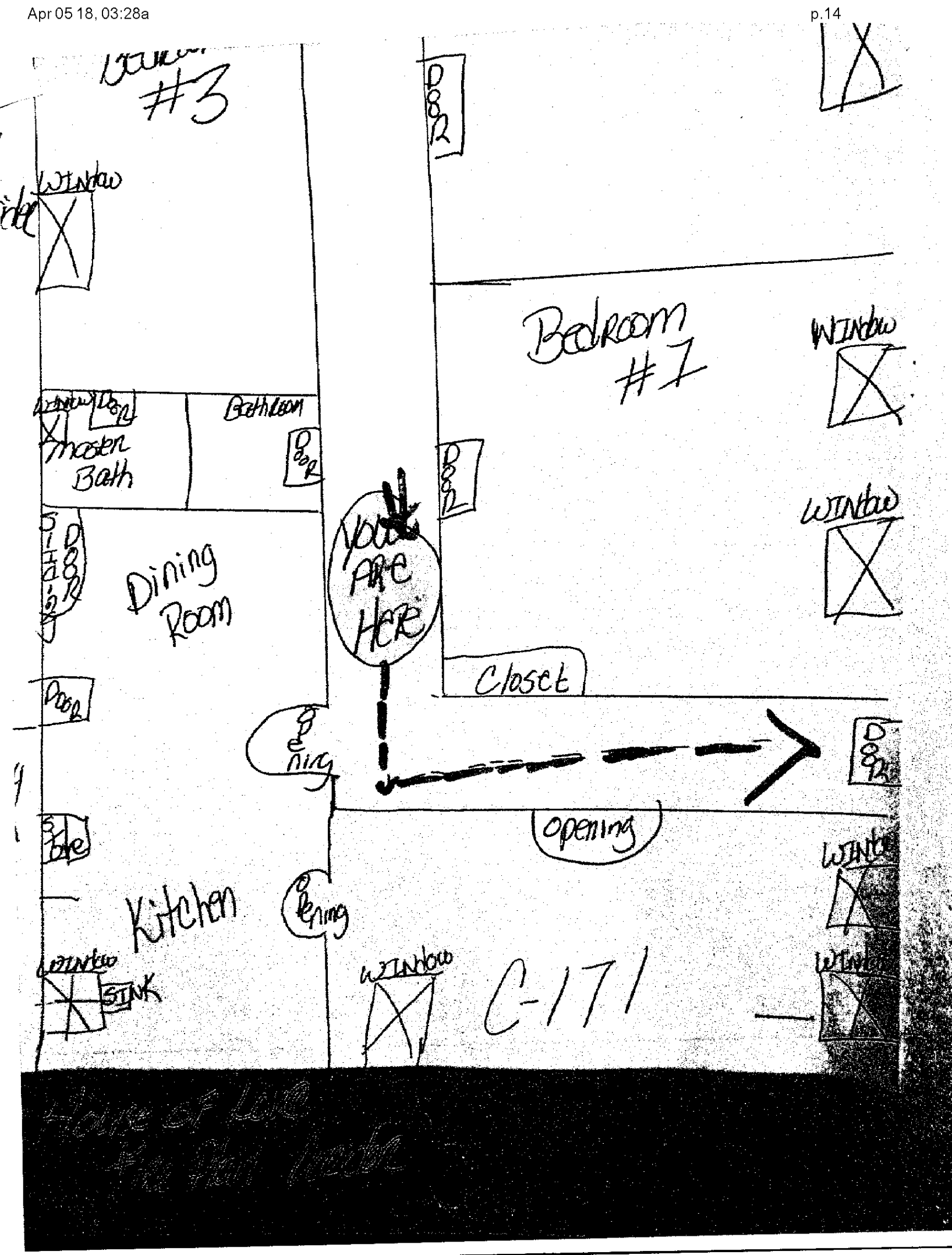
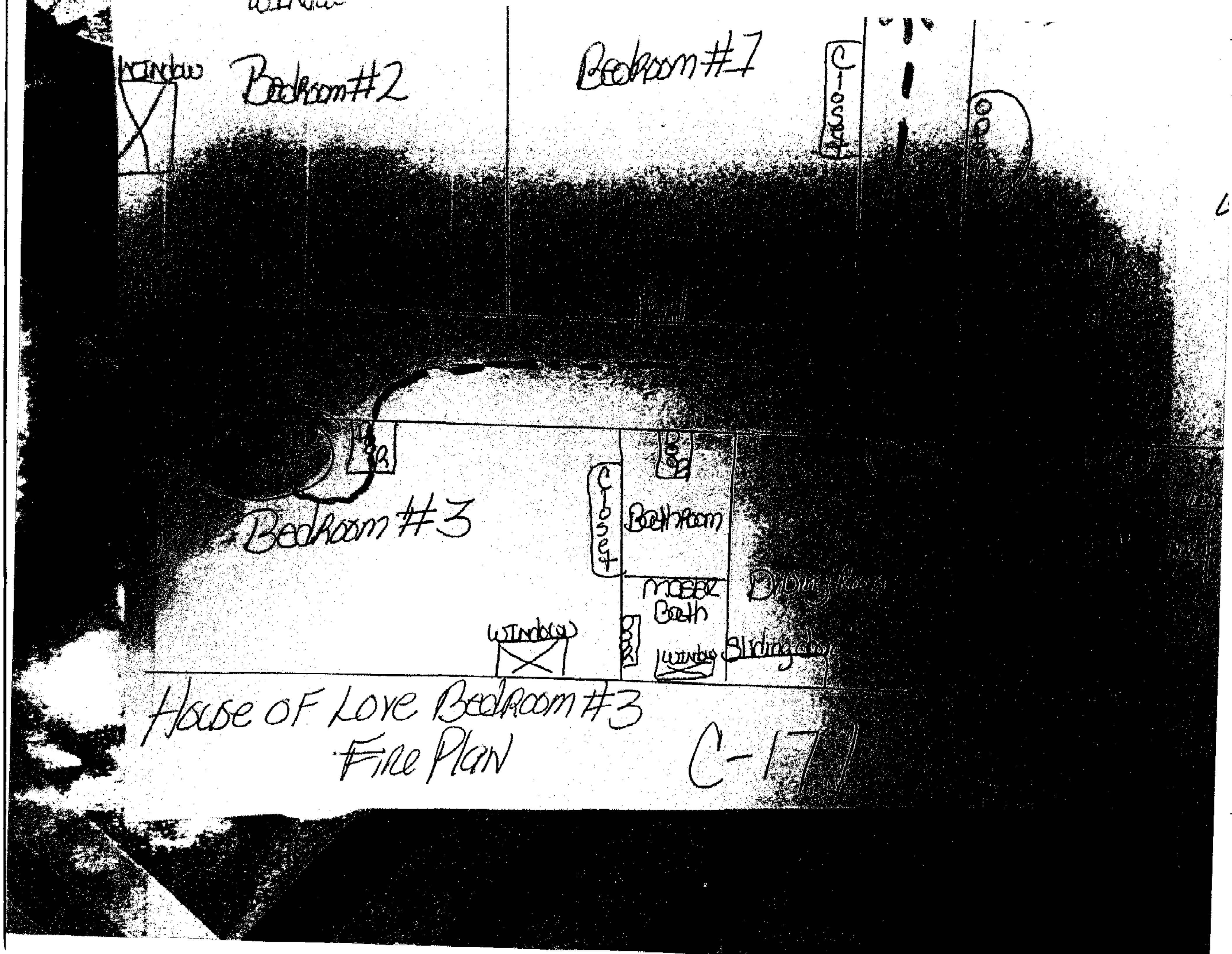
C 170	Continued From page 5	C 170	The corrective action for the old Fire extinguisher that had not been in service for years in the laundry room, we removed the fire extinguisher for it is not required to have. We will ensure that any old Fire extinguishers be out of the Facility,	
C 170	Fire Safety-Any Other City Ordinances SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (c) Any fire safety requirements required by city ordinances or county building inspectors shall be met. This Rule is not met as evidenced by: 1.) The rule requires that any fire safety requirements required by city ordinances or county building inspectors shall be met: At the time of the survey it was observed that the fire extinguisher located in the laundry room has not been serviced in several years. Failure to have this extinguisher serviced will cause the device to not function properly in the event of an emergency situation. Based on our findings make arrangements to have the fire extinguisher serviced, then conduct monthly inspections. Once completed, provide photos of the work to the DHSR Construction Section as verification of compliance.	C 170		
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 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.	C 171	The corrective action for the fire escape plan for the corridor and bedroom #3 has been corrected and is oriented to correspond with its specific location in the home. Photos are attached	


#3
WINDOW
DOOR
Bedroom #1
WINDOW
Master Bath
Bathroom
DOOR
DOOR
DOOR
WINDOW
DOOR
Dining Room
You are here
Closet
DOOR
DOOR
opening
Kitchen
opening
WINDOW
SINK
WINDOW
C-171


Window
Bedroom #2
Bedroom #1
Closet
Bedroom #3
Closet
Bathroom
Master Bath
Window
Window
Sliding door
House of Love Bedroom #3
Fire Plan
C-1

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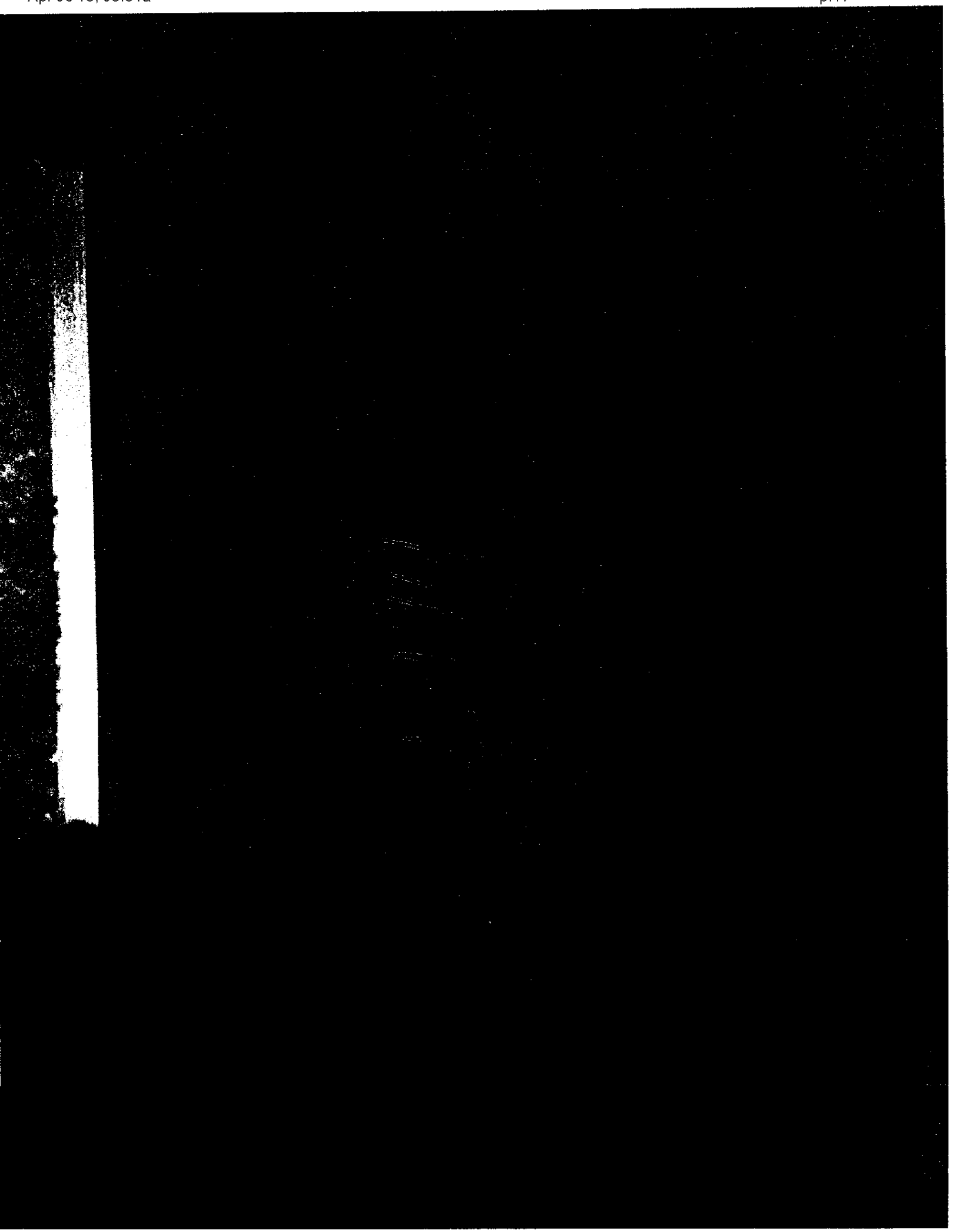
C 171	Continued From page 6 This Rule is not met as evidenced by: 1.) This rule requires that A written fire evacuation plan (including a diagrammed drawing) which has the approval of the local code enforcement official shall be prepared in large print and posted in a central location on each floor: At the time of the survey it was observed the fire escape plan was not oriented correctly in both the corridor and bedroom #3. Failure to have these plans properly oriented may promote confusion among new residents. Based on our findings have the fire escape plans properly oriented. It should be oriented to correspond with its specific location within the home. When the plan is located on a wall, up should be straight ahead. Once completed, provide photos to the DHSR Construction Section as verification of compliance.	C 171		
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.) The rule requires the building shall be maintained in a safe and operating condition: At the time of the survey it was observed that the	C 174	The corrective action for the strip between bedroom #1 and the hallway has been Repaired photo attached	



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C 174	Continued From page 7 transition strip between Bathroom #1 and the Hallway needed to be repaired. Failure to repair this can promote a trip hazard to both residents and staff of the facility. Based on our findings make arrangements to have the transition strip repaired. Once completed, provide photos of the work as well as invoices/reciepts indicating all work performed to the DHSR Construction Section as verification of compliance. 2.) The rule requires the building shall be maintained in a safe and operating condition: At the time of the survey it was observed that the light bulbs for the overhead lamp in the Master Bathroom was not functional. This may promote inadequete lighting for the bathroom. Based on our findings make arrangements to have the light bulbs replaced. Once completed, provide photos as well as invoice/reciepts indicating all work performed to the DHSR Construction Section as verification of compliance. 3.) The rule requires the building shall be maintained in a safe and operating condition: At the time of the survey it was observed that the laundry duct had a slight tear in it causing lint to be dispersed into the area. Failure to repair this duct will continue to allow lint to accumulate and present a fire hazard to the facility. Based on our findings make arrangements to have the laundry duct replaced and clean all excess lint from the affected area. Once completed provide photos of the work as well as	C 174	The corrective action for the light bulb not working in the master bath, the light bulb has been replaced and works properly photo is attached The corrective action for the return filter and the dirt around the outside frame. The old return filter has been replaced and the outside frame is clean photo attached	

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(4)

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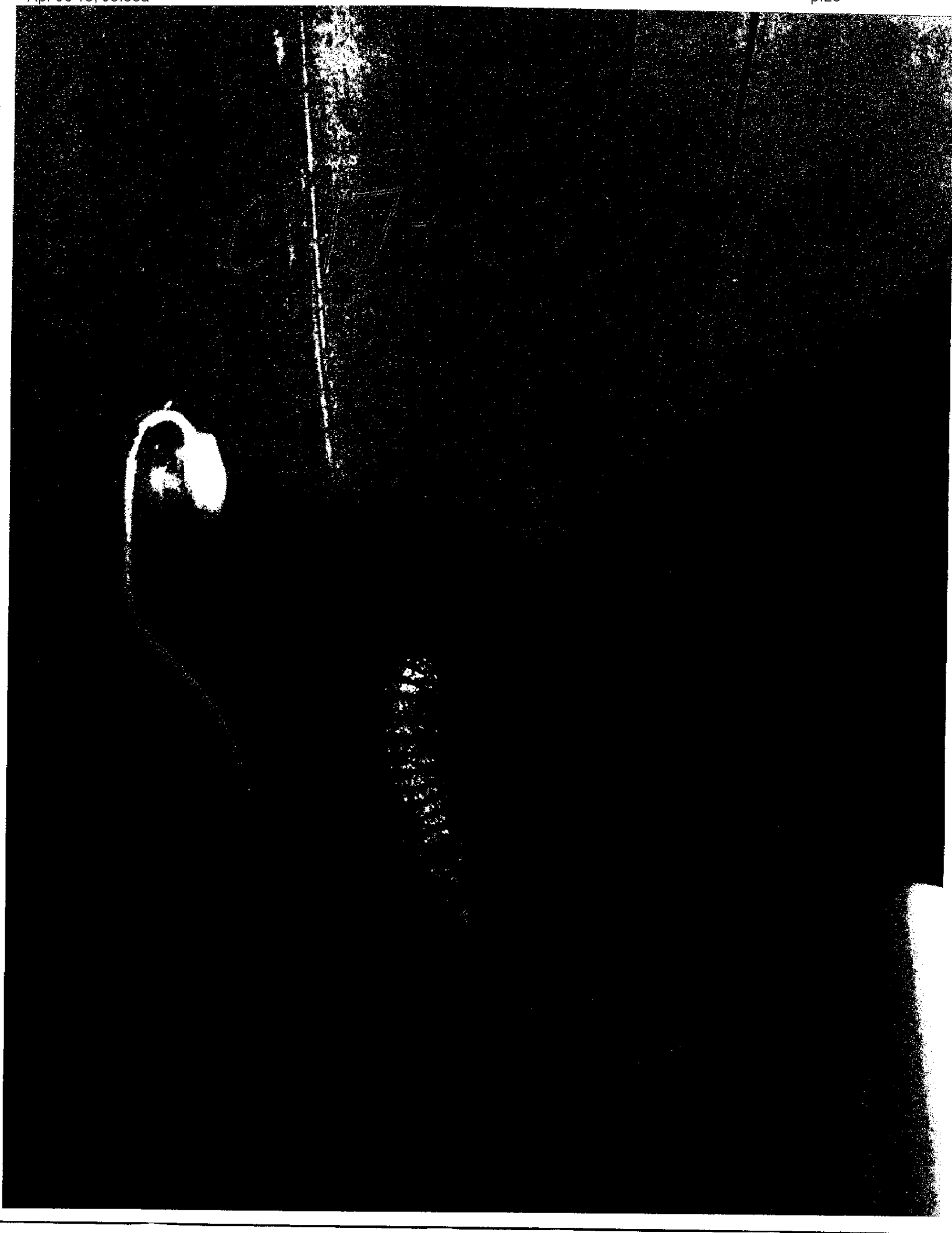
C 174	Continued From page 8 invoices/reciepts indicating all work performed to the DHSR Construction Section as verification of compliance. 4.) The rule requires the building shall be maintained in a safe and operating condition: At the time of the survey it was observed that the return filter was in need of a replacement and the outside frame was dirty. Failure to do so can compromise the quality of the air inside the facility. Based on our findings make arrangements to have the return filer replaced and its frame cleaned. Once completed provide photos of the work as well as invoices/reciepts indicating all work performed to the DHSR Construction Section as verification of compliance. 5.) The rule requires that all plumbing equipment shall be maintained in a safe and operating condition: At the time of the survey it was observed that the sink in Bathroom #1 would not drain properly. If left unattended, the sink can over flow at times. Based on our findings make arrangements to have the sink repaired. Once completed provide photos of the work as well as invoices/reciepts indicating all work performed to the DHSR Construction Section as verification of compliance. 6.) The rule requires that all electrical equipment shall be maintained in a safe and operating condition: At the time of the survey it was observed that the	C 174	The corrective action for the laundry duct having a tear in it, the laundry duct has been replaced all excess lint has been removed from the area photo attached The corrective action for the sink in bathroom #1 not draining properly, the sink has been repaired the original sink stopper has been removed and the water drains properly, photo is attached	



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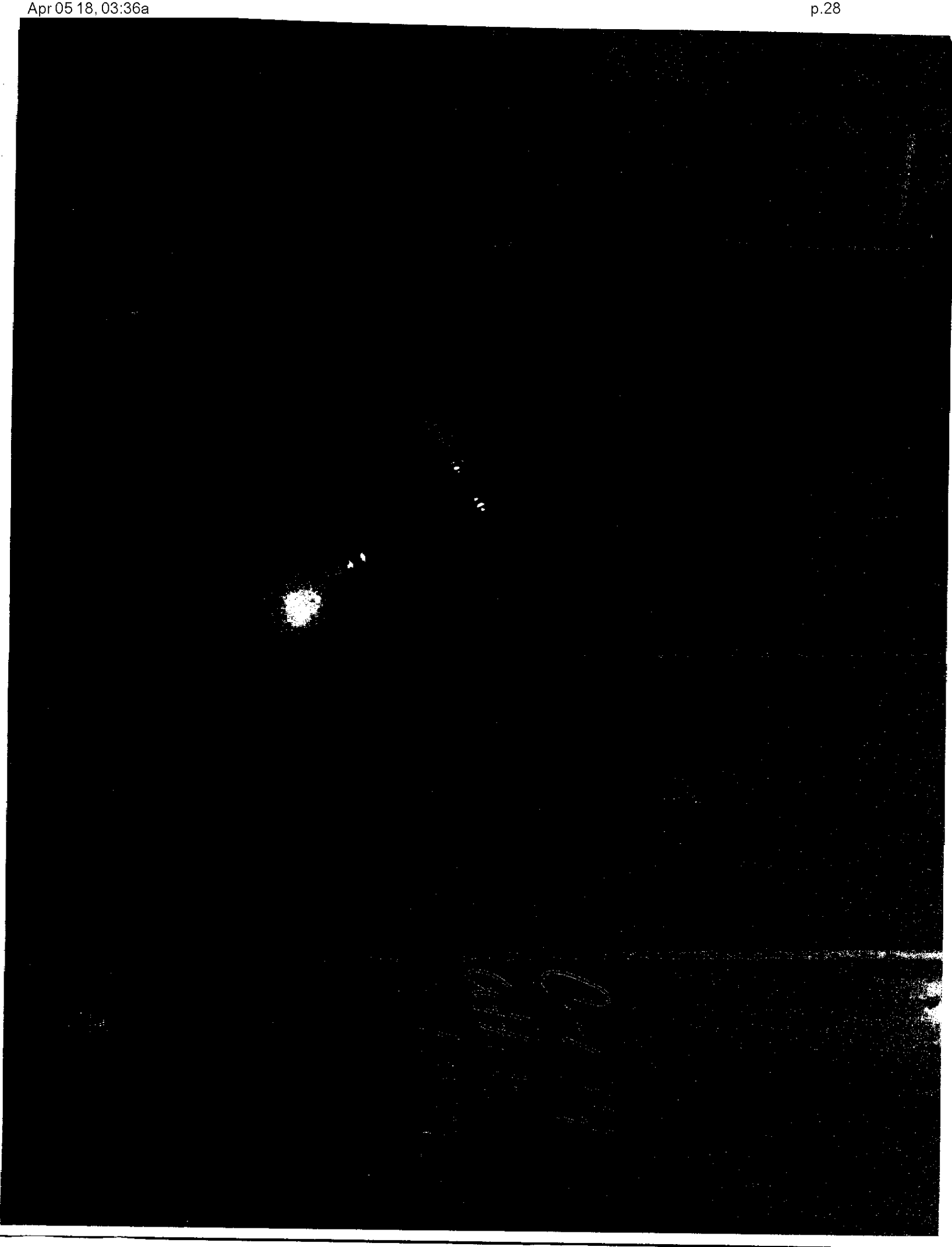
C 174	Continued From page 9 junction box located in the attic had exposed wires. If left unattended, this can promote an electrical hazard to the facility. Based on our findings make arrangements to have the junction box attended to. Once completed provide photos of the work as well as invoices/reciepts indicating all work performed to the DHSR Construction Section as verification of compliance. 7.) The rule requires that all electrical equipment shall be maintained in a safe and operating condition: At the time of the survey it was observed that there was improper wiring located in both the attic and laundry area. The attic had a spliced fixture cord and and extension cord to plug into an outlet socket adapter to run a lamp. The laundry room had a spliced extension cord into the light under the cabinets for power. Based on our findings make arrangements to have these wires replaced with the proper wiring. Once completed provide photos of the work as well as invoices/recipets indicating all work performed to the DHSR Construction Section as verification of compliance.	C 174	The corrective action for the junction box in the attic with exposed wires, An electrician will come to the facility to install the heat detector as well as attend to the junction box, Pictures invoices will be sent Expected date of completion 4-17-2018 The corrective action for the spliced fixture cord and extension cord in the attic has been removed photos attached The corrective action for the spliced fixture cord and extension cord under laundry room sink, the lamp above SINK has been removed photo attached.	
C 177	Building Service Equipment-Hot Water SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall	C 177		

G-1740

lamp that was above SINK

C174C13



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FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL070011	A. BUILDING: 01 B. WING _____	02/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSE OF LOVE FAMILY CARE HOME	1904 JOHNSON RD ELIZ CITY, NC 27909

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C 177	Continued From page 10 be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1.) This rule requires the hot water temperatures at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C): At the time of the survey it was observed that the hot water temperature in both Bath #1 and the Master Bath exceeded 120 degrees F. The high temerature can cause injury to residents in minutes. Based on our findings a Plan of Protection was issued, as well as a Hot Water Temp Log. Arrangements are to be made to lower the temperature so that it is within the rule. Once completed, record the water temperature three times a day for three days in the Hot Water Temp Log. 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 177	The corrective action that has been put in place for the hot water exceeding a temperature of 120 on bathroom 1 and bathroom #2. A plumber was called out to the Facility to adjust the hot water temperature. The water temperature was checked and recorded on Hot water log for 3 days ~~consecutive~~ as attached.	
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	The corrective action for the cracked gutter has been repaired and all gutters were cleaned. Photo attached. No invoices for this work, it was provided by landlord. Photos attached	

Hot Water Temp Record

Name of Facility House of Love FID # 010-011

Surveyor _____

Date	Reading Location	Temperature	Signature	Print Names	Comments
2/18/2018	Bathroom 1	112	Angela Hardy	Angela Hardy	
2/18/2018	Bathroom 2	112	Angela Hardy	Angela Hardy	
2/19/2018	Bathroom 1	112	Angela Hardy	Angela Hardy	
2/19/2018	Bathroom 2	112	Angela Hardy	Angela Hardy	
2/20/2018	Bathroom 1	112	Angela Hardy	Angela Hardy	
2/20/2018	Bathroom 2	112	Angela Hardy		

Hot Water Temp – 100 – 116 Deg

Recommend Record Temp once/week

RECEIPT DATE 02-12-18 **No.** 672550

RECEIVED FROM House of Love Family Care Home $ 20.00

Twenty dollars DOLLARS

○ FOR RENT
⊘ FOR Adjusting hot water heater

ACCOUNT	
PAYMENT	
BAL. DUE	

⊘ CASH
○ CHECK
○ MONEY ORDER
○ CREDIT CARD

FROM _____ TO _____

BY Russel Rousen

3-11

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C 183	Continued From page 11 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 above the rear ramp, the gutter was cracked. The water accumulated here would drip onto the ramp, causing it to have a slippery surface. Failure to repair the cracked gutter may promote adverse conditions for residents and staff of the facility. Based on our findings make arrangements to have the cracked section of the gutter repaired as well as other damaged locations around the facility. Once completed, provide photos and 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 crawl space vent was partially torn off, making the crawl space easily accessible. If left unattended for, different kinds of vermin will be able to enter the crawl space and bring disease with them into the facility. Based on our findings make arrangements to have the damage vent repaired as well as at other necessary locations. Once completed provide photos and invoices/reciepts of the work 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	C 183	A New Roof was put on as well and trimming around the house is scheduled to be painted. The corrective action for the crawl space, the crawl space door has been repaired photo attached.	

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C 183	Continued From page 12 maintained in a clean and safe condition: At the time of the survey it was observed that flood lights were missing from the sockets at the rear of the facility. This presents an electrical hazard to both residents and staff of the facility. Based on our findings make arrangements to replace the missing flood lights. Once completed, provide photos as well as invoices/reciepts of the work to 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 window frames around the exterior of the facility were beginning to deteriorate. Faliure to repair this condition may hinder the window to operate properly. Based on our findings make arrangements to have the window frames repaired or replaced. Once completed provide photos of the work as well as invoices/reciepts of all work performed to DHSR Construction Section as verification of compliance. 5.) The rule requires the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition: It was observed at the time of the survey that to the left of the front porch a section of the fasica has suffered some damage. Failure to repair this condition may promote adverse conditions to the structure.	C 183	The corrective action for the flood lights missing at the rear of the facility, flood lights have been put in place and they are working properly. Photo is attached. The corrective action for the fasica on the left side of the front porch, the landlord was contacted her construction crew is in the process of painting and the fasica board on the	

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C 183	Continued From page 13 Based on our findings make arrangements to repair the fascia of the porch. Once completed, provide photos of the work to DHSR Construction Section as verification of compliance.	C 183	front porch will be repaired as well by a qualified contractor by 4-13-2018. We will send photos of completed work. C-183(4) The corrective action for the window frame that was deteriorating has been repaired. A photo is attached.	


C-1838

C-18347