

PRINTED: 06/07/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001122	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/30/2018
NAME OF PROVIDER OR SUPPLIER ABOVE AND BEYOND ADULT CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1616 E WEBB AVENUE BURLINGTON, NC 27217		
(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 DHRS Construction Section conducted a Biennial Survey on May 30, 2018 from 9:45 AM to 12:20 PM at the above referenced facility. DHRS records indicate the home was first licensed on September 18, 2007 as a Family Care Home for five (5) 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 2006 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. All deficiency's listed below were discussed with on-site staff during our exit interview, the noted deficiency's are as follows:	C 000		7/24/18
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 all floors in a family care home shall be kept in good repair: During our survey it was observed that the vinyl floor covering in the bathroom was curling up at the base of the tub. This is not compliant with	C 152	8/31/18- JP Spoke with Karen Patterson, Administrator, at 1:17 pm to have POC signed on her behalf. Will be repaired within 45 days *vinyl will be replaced at base of tub	7/24/18

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

TITLE

(X6) DATE

RECEIVED

AUG 31 2018

CONSTRUCTION SECTION

PRINTED: 06/07/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001122	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/30/2018
NAME OF PROVIDER OR SUPPLIER ABOVE AND BEYOND ADULT CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1616 E WEBB AVENUE BURLINGTON, NC 27217		
(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 152	Continued From page 1 the rule. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work.	C 152	Will have repaired within 45 days	7/24/18
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.) The rule requires U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement: During our visit it was observed that the heat detector in the attic had been dislodged from its base; and in the basement, we were unable to verify that a heat detector had been installed. This is not compliant with the rule. Make arrangements to have the deficiency corrected, ensure that the heat detectors (in the attic and basement) are connected to a dedicated	C 169	Will have repaired within 45 days *detectors will be replaced and connected	7/24/18

PRINTED: 06/07/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001122	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/30/2018
NAME OF PROVIDER OR SUPPLIER ABOVE AND BEYOND ADULT CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1616 E WEBB AVENUE BURLINGTON, NC 27217		
(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 2 sounding device. Provide documentation in the form of receipts and photos for all completed work.	C 169		7/24/18
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 all electrical equipment in a family care home shall be maintained in a safe and operating condition: During our visit it was observed that the GFCI receptacle in the Bathroom would not reset once tested. This is not compliant with the rule. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work. 2.) The rule requires all electrical equipment in a family care home shall be maintained in a safe and operating condition: During our visit it was observed that the light fixture in the bathroom had a blown bulb. This is not compliant with the rule. Make arrangements to have the deficiency corrected; provide documentation in the form of	C 174	Will have repaired within 45 days * GFCI receptacle will be replaced * blown bulb will be replaced	7/24/18

PRINTED: 06/07/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001122	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/30/2018
NAME OF PROVIDER OR SUPPLIER ABOVE AND BEYOND ADULT CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1616 E WEBB AVENUE BURLINGTON, NC 27217		
(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 3 photos for all completed work. 3.) The rule requires plumbing equipment in a family care home shall be maintained in a safe and operating condition: During our visit it was observed that the caulk around the drain of the bathtub had begun to deteriorate. This is not compliant with the rule. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work. 4.) The rule requires all fire safety equipment in a family care home shall be maintained in a safe and operating condition: During our visit it was observed that the smoke detectors in Bedroom #2 was closer than 3 from the paddle blades for the ceiling fan. This is not compliant with the rule. Make arrangements to have the smoke detector relocated to an area greater than 3 foot from the ceiling fan paddle blades and Ensure that all devices in the home are in compliance. Provide documentation in the form of photos for all completed work. 5.) The rule requires the building equipment in a family care home shall be maintained in a safe and operating condition: During our visit it was observed that the window for Bedroom #3 would not remain open once opened, impeding the residents path of egress in an emergency. This is not compliant with the rule. Make arrangements to have the deficiency	C 174	Will be repaired within 45 days *caulk will be replaced *smoke detector will be relocated	7/24/18

PRINTED: 06/07/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001122	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/30/2018
NAME OF PROVIDER OR SUPPLIER ABOVE AND BEYOND ADULT CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1616 E WEBB AVENUE BURLINGTON, NC 27217		
(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 4 corrected; provide documentation in the form of photos for all completed work.	C 174		7/24/18
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 be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (i) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1.) The rule requires the hot water temperature 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): During our visit it was observed that the hot water in the kitchen reached a temperature of 125 degrees F. This is not compliant with the rule. A Plan of Protection was issued on site, as well as a Hot Water Temperature Log. Three temperature readings are to be taken at three different times for three consecutive days. On the Plan of Protection, staff mentioned the residents are not allowed to enter the kitchen without supervision.	C 177	Will be repaired within 45 days Hot water temp will be adjusted to meet required temp	7/24/18
C 183	Outside Premises-Clean, Safe	C 183		7/24/18

PRINTED: 06/07/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001122	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/30/2018
NAME OF PROVIDER OR SUPPLIER ABOVE AND BEYOND ADULT CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1616 E WEBB AVENUE BURLINGTON, NC 27217		
(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 5 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: During our visit it was observed that certain sections of the soffit along the front porch of the home were damaged or missing. These are required to prevent vermin and weather from entering the attic space of the home. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work. 2.) The rule requires the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition: During our visit it was observed that the stone foundation had a hole in it at the front of the home leading into the basement of the home. This is not compliant with the rule. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work. 3.) The rule requires the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition: During our visit it was observed that the railings at the front and rear of the home were loose. This is	C 183	Will be repaired within 45 days * missing/damaged sections will be replaced/repared * hole will be repaired * railings will be repaired or replaced	7/24/18

PRINTED: 06/07/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001122	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/30/2018
NAME OF PROVIDER OR SUPPLIER ABOVE AND BEYOND ADULT CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1616 E WEBB AVENUE BURLINGTON, NC 27217		
(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 6 not compliant with the rule. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work. 4.) The rule requires the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition: During our visit it was observed that the walkway in the front of the home was damaged, creating a potential trip hazard. This is not compliant with the rule. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work. 5.) The rule requires the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition: During our visit it was observed that there were bricks being stored on the right side of the home. This is not compliant with the rule. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work. 6.) The rule requires the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition: During our visit it was observed that the attic window along the right gable of the home had missing wood slats and screens. This can allow vermin and other pests to enter the home.	C 183	Will be repaired within 45 days *walkway will be repaired/replaced *bricks will be removed *attic window will be corrected	7/24/18

PRINTED: 06/07/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001122	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/30/2018
NAME OF PROVIDER OR SUPPLIER ABOVE AND BEYOND ADULT CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1616 E WEBB AVENUE BURLINGTON, NC 27217		
(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 7 Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work.	C 183		7/24/18
C9999	Final Observation The City Fire Inspector was performing their yearly inspection at the same time DHSR staff was on site. The inspector spoke with staff of the home and mentioned that the smoke detectors were in need of replacement due to it being over 10 years, the provider needs to inform us when this upgrade is completed (a copy of the fire officials approval)..	C9999	Will be repaired within 45 days *detectors will be replaced	7/24/18