NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

August 29, 2018

Mary Crandell-(via e-mail only)
5312 Six Forks Road Suite 301
Raleigh, NC 27609

RE: Ann's - FC Biennial Survey
400 Parnell Street
Raleigh Wake County
FID #920686 Fcl092232

Dear Ms. Crandell:

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 July 12, 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;
- 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;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- 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.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

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10/3/2018

1. Corrective action must begin immediately.
2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to **SIGN, DATE AND RETURN** the Plan of Correction to DHSR-Construction by September 13, 2018. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by September 13, 2018. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by September 13, 2018. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Steven C. Lewis, Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: http://www.ncdhhs.gov/dhsr/acls/idr.html.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Wendy Chester

Wendy Chester
Architectural/Engineering Technician
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
City Building Inspection Department - with attachment-(via e-mail only)
Wake County DSS - with attachment-(via e-mail only)

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
	FCL092232	A. BUILDING: 01 B. WING _____	07/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANN'S NEW DAY	400 PARNELL STREET RALEIGH, NC 27610

(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 Wendy Chester DHSR Construction Section conducted a Biennial Survey on July 12, 2018 from 3:10 PM to 5:20 PM at the above referenced facility. DHSR records indicate the home was first licensed on November 01, 1970 as a Family Care Home for five (5) residents. On November 21,1994 the home was granted a capacity increase and is currently licensed for six (6) all-ambulatory residents (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 be in compliance with the 1992 Family Care Homes T10:42C, and the applicable portions of the 2005 Rules (10A NCAC 13G) for the Licensing of Family Care Homes, and the 1991 (1994 revision) North Carolina State Building Code Section 419.2 - Residential Care Homes. At the time of our visit we cited deficiencies which will require an acceptable plan of correction. All deficiencies were reviewed with the on-site staff during the exit interview. The listed deficiencies are as follows:	C 000	RECEIVED IN OCT - 3 2018 CONSTRUCTION SECTION	
C 153	Houskeeping And Furnishings-Clean, Repaired SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes.	C 153		

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C 153	Continued From page 1 This Rule is not met as evidenced by: 1) The Rule requires that each family care home shall have and floors or floor coverings kept clean and in good repair. During the survey the vinyl in the Kitchen is loose from the wall near the Corridor entryway which creates a wrinkle across the path into the Kitchen. Repair the vinyl and remove the wrinkle. Provide a documented description of the work performed.	C 153	The vinyl was reglued will be monitored more closely to Prevent from happening again	7/12/18
C 155	Housekeeping-Free of Obstructions SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1) The Rule requires that each family car home shall be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards. At the time of the survey there was a wasps nest in the front Bedroom window closest to the Living Room. The Staff removed the nest during the survey. No further action is required. Take measures to ensure against reoccurrence.	C 155	I will remind maintance person to check more for insect nest ect. to avoid reoccurances	7/12/18

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C 159	Continued From page 2	C 159		
C 159	Housekeeping-Curtains, Blinds, Res. Privacy SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (9) have curtains, draperies or blinds at windows in resident use areas to provide for resident privacy; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1) The Rule requires that each family care home shall have curtains, draperies or blinds at windows in resident use areas to provide for resident privacy. During the survey the rear right bedroom has broken blinds in the rear window. Repair/ replace the blinds. Provide photos as documentation of the work performed.	C 159	Broken blind was replaced with curtains to avoid residence continous breaking blinds. 7-13-18	
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 that the building shall be maintained in a safe and operating condition.	C 174		

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C 174	Continued From page 3 At the time of the survey there were multiple concerns with the building being maintained in a safe and operating condition and they are described as follows: a. In the first front Bedroom closest to the Living Room the window would not open. The Staff opened the window during the survey; however, the window would not stay open without human intervention. b. In the first front Bedroom closest to the Living Room the door will not latch. c. In the front Bedroom at the right of the home the door struck the frame at the top left edge due to the top two hinges being loose. The Staff repaired during the survey. d. In the front Bedroom at the right of the home the window was difficult to open. The Staff repaired during the survey. e. In the rear right Bedroom the door will not latch. f. The front Bathroom door latch assembly and face plate is removed and the knob is loose. Repair/ replace the remaining items above. Provide documented descriptions of the work performed. 2) The Rule requires that all fire safety equipment in a family care home shall be maintained in a safe and operating condition. During the survey there is a fire extinguisher in the floor of the Laundry Room. Properly hang the fire extinguisher on a mounting bracket. Provide photos or a description of the work performed.	C 174	see photo repaired will monitor closer to Prevent for repeating repaired see photo work was done in surveyor Presence. will monitor more bequently to Prevent from happening. see Photo	7/12/18 7/12/18

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C 174	Continued From page 4 3) 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 the heat detector closer to the middle of the home was loose from it's base and the heat detector closer to the right of the home was not installed on the base. The Staff reinstalled the right heat detector during the survey; however, the battery was chirping upon our departure. Secure the middle heat detector and replace the batteries in the heat detector in the right portion of the home. Provide photos and a battery receipt as documentation of the work performed. 4) The Rule requires that the electrical equipment in a family care home shall be maintained in a safe and operating condition. During the time of the survey there are multiple concerns with electrical equipment and they are as described below: a. The rear Crawlspace contains an open junction box. b. The middle Crawlspace contains two open junction boxes. Provide covers for the open junction boxes. Provide photos as documentation of the work performed. 5) The Rule requires that the electrical equipment in a family care home shall be maintained in a safe and operating condition. At the time of the survey the call system was not functioning.	C 174	repaired see photo repaired see photo	7/20/18 Pending

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C 174	Continued From page 5 Repair/ replace the call system. Provide documentation, receipts, or invoices describing work performed. 6) The Rule requires that the mechanical equipment in a family care home shall be maintained in a safe and operating condition. During the survey there are multiple concerns with mechanical equipment and they are as described below: a. Both Bathrooms have dusty exhaust fan covers. b. The HVAC air return register in the main Corridor floor was clogged with dust and debris. Staff cleaned the register and replaced filter during survey. c. The Crawlspace is being conditioned with cooled air from the HVAC system. Clean and maintain the exhaust fan covers. Determine the source of leaked conditioned air into the crawlspace and make necessary repairs. Provide photos as documentation of the work performed. 7) The Rule requires that the plumbing equipment in a family care home shall be maintained in a safe and operating condition. At the time of the survey there are multiple concerns with plumbing equipment not being maintained and they are as described below: a. In the front Bathroom to the right of the home the toilet is loose at the floor. b. In the front Bathroom to the right of the home the sink is slow to drain.	C 174	Pending Cleaned see photo Cleaned Cleaned see photo toilet is tightened see Photo operates will monitor closer to award repeat	7/12/18 7/12/18 7/12/18 7/14/18 7/14/18

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C 174	Continued From page 6 c. In the rear Bathroom in the center of the home the toilet seat is loose. d. The Corridor water heater is piped into the Crawlspace and no exterior outlet was discovered. Secure the toilet and seat. Unclog the sink. Confirm that the water heater is piped outside the Crawlspace or repair it so that it does. Provide a documented description or photos of the work performed.	C 174	Photo included Completed 7/13/18 after ~~Aud~~ visit Please see photo included	7/12/18 7-13-18
C 179	Building Service Equipment-Night Lights SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (e) All resident areas shall be well lighted for the safety and comfort of the residents. The minimum lighting required is: (3) 1 foot-candle power at the floor for corridors at night. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1) The Rule requires 1 foot-candle power at the floor for corridors at night. During the survey the night light in the middle section of the main Corridor did not have a bulb. Replace the bulb. Provide photos as documentation of the work performed.	C 179	Please see Photo	7/12/18
C 183	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES	C 183		

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C 183	Continued From page 7 (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. During the survey there were multiple concerns with the outside grounds not being maintained safe and they are as described below: a. The front and back Porches each have metal handrails that have rusted at the base connections and become loose at their stairs. b. At the right front entrance pathway the stepping stones lead to a large root that is a trip hazard. c. The exterior window glazing in the Staff Bedroom window is deteriorated. d. The exterior siding around the Laundry room is water damaged and is in especially poor condition at the side near the water spigot. e. The ceiling of the rear Porch is detached and sagging at the seams. f. The fascia and soffit at the rear Porch nearest the right side bedrooms is rotted. Secure the handrails. Reroute or level the pathway. Repair the window glazing and Porch ceiling and repaint. Replace the siding, soffit and fascia. Provide photos as documentation of the work performed.	C 183	repaired photo included 7/15/18 owner is out of state waiting for his response e) repaired f) owner expense waiting for his response photo included	Pending 7/19/18 Pending
C 120	Bathroom-For Each Five T10: 42C .2206 BATHROOM (a) Facilities licensed as of April 1, 1984 must	C 120		

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C 120	Continued From page 8 have one full bathroom for each five or fewer persons including live-in staff and family. (b) If there is a question whether a home licensed before April 1, 1984 has a sufficient number of bathrooms, the Division of Facility Services is responsible for determining the size and number of bathrooms required based on the number of persons living in the home. This Rule is not met as evidenced by: 1) The Rule requires that facilities licensed as of April 1, 1984 must have one full bathroom for each five or fewer persons including live-in staff and family. At the time of the survey the rear Bathroom at the middle of the home has a sign on the door restricting it's use to Staff only. There are only two Bathrooms in the home. The home is licensed for six Residents which requires two Bathrooms remaining available for Residents and Staff use. Remove the sign and allow both Residents and Staff to use both Bathrooms at all times. Provide photos as documentation of work performed.	C 120	sign stating STAFF only was removed Done	7/13/15 7/12/15
C 158	Fire Safety-Evacuation Plan T10: 42C .2213 FIRE SAFETY EQUIPMENT (d) A written fire and disaster plan (including a diagrammed drawing) which has the approval of the local fire department must be prepared in large print and posted in a central location on each floor. This plan must be reviewed with each resident on admission and must be a part of the orientation for all new staff.	C 158	see Photo Plans have been in home 5 yrs reviewed by fire dept.	

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C 158	Continued From page 9 This Rule is not met as evidenced by: 1) The Rule requires a written fire and disaster plan (including a diagrammed drawing) which has the approval of the local fire department must be prepared in large print and posted in a central location on each floor. This plan must be reviewed with each resident on admission and must be a part of the orientation for all new staff. During the survey there were evacuation plans; however, they were not all oriented properly with regard to their location in the home and the exits. Reorient the evacuation plans. Provide photos as documentation of the work performed.	C 158	Staff has meeting weekly and this information is included. see Photo	1/14/19