FAX

CORPORATE OFFICE P.O. BOX 1803 SHELBY, NC 28151

ATTN: DHSR CONSTRUCTION SECTION

FAX: 1-919-733-6592

PHONE:

FROM: Kyerstin Bridges – Corporate Assistant

FAX: 704-481-7817

PHONE: 704-284-4997

PAGES: (7) including cover

RE:

CC:

COMMENTS:

PLEASE LET ME KNOW IF YOU NEED ANY ADDITIONAL INFORMATION

Thank you
Kyerstin Bridges
Corporate Office Assistance

☐ URGENT

☐ PLEASE COMMENT

☐ PLEASE REVIEW

☐ FOR YOUR RECORDS

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

December 5, 2018

Georgette Johnson (via e-mail only)
Po Box 1803
Shelby, NC 28151

RE: St Marks Road Care Home - FC Biennial Survey
1230 St Mark's Church Road
Cherryville Gaston County
FID #971258 Fcl036024

Dear Ms. Johnson:

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 November 29, 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.

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 December 20, 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 December 20, 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 December 20, 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,

Luis Padilla

Luis Padilla
Architectural/ Engineering Technician
DHSR - Construction Section

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

PRINTED: 12/05/2018
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
	FCL036024	A. BUILDING: 01 B. WING _____	11/29/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST MARKS ROAD CARE	1230 ST MARK'S CHURCH ROAD CHERRYVILLE, NC 28021

(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 November 29, 2018 from 9:05 AM to 10:25 AM at the above referenced facility. DHSR records indicate the home was first licensed on October 27, 1997 as a Family Care Home for five (5) Residents ambulatory residents (able to respond and evacuate without 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 1992 Family Care Homes T10 42C, the applicable portions of the 2005 Rules for Family Care Homes 10A NCAC 13G, and the 1996 North Carolina State Building Code - Section 419.2 - Residential Care Homes. NOTE: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site staff during the exit interview. 2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed. The cited deficiencies are as follows:	C 000		
C 105	Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable	C 105		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Georgette Johnson | Admin/Owner | 12/6/18

Division of Health Service Regulation

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C 105	Continued From page 1 requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars ($380.00). (b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home. This Rule is not met as evidenced by: 1. At the time of our visit it was observed that the Staff Bedroom window would not retain an opening of 16 inches for emergency egress without assistance. Replace/repair the window such that it is in compliant with the rule.	C 105	Staff bedroom properly open and closing.	11/29/18
C 117	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that on site staff was unable to provide an up to date	C 117	12/03/18 Sanitation Completed Gaston Health Inspection- See attached copy	12/3/18

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C 117	Continued From page 2 Sanitation Inspection Report. This is not compliant with the rule.	C 117		
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 our visit it was observed that the Dryer/Washer Unit for the home was not installed. This is not compliant with the rule.	C 174	Washer/Dryer unit installed 12/5/18	12/5/18
	2. At the time of our visit it was observed that the hallway Bathroom ventilation system was not functional. This is not compliant with the rule.		Bathroom ventilation fan replaced	11/29/18
	3. At the time of our visit it was observed that the Fire Extinguishers for the home were not mounted along the walls of the home. This is not compliant with the rule.		Fire Extinguishers mounted to wall	11/29/18
	4. At the time of our visit it was observed that the Hot Water Tank's discharge valve was not properly piped to the outside. This is not compliant with the rule.		Hot water tank's discharge piping installed	11/03/18
C 183	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing	C 183		

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C 183	Continued From page 3 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 our visit it was observed that the handrails for the back ramp did not extend to the full extent of the ramp, this creates a trip hazard for the area. This is not compliant with the rule. 2. At the time of our visit it was observed that along the left exterior of the home the window frame for Bedroom #1 was rotting. This is not compliant with the rule. 3. At the time of our visit it was observed that the there was an opening on the right side of the home where the previous dryer exhaust was located. This is not compliant with the rule.	C 183	Rear deck handrail will be extended fully to end of ramp Bedroom#1 Window frame will be repaired Previous dryer exhaust hole covered	12/15/18 11/15/18 11/29/18