

Fax Cover Page

To: Glenn Hopkin
 Fax Number: (919) 733-6592
 Pages: 9 including cover
 Comments: Here is the Construction Report for
 Impact Family Care. Facility never received
 copy of report from Admin. sorry so late
 all any questions please give me a call
 at (919) 708-5565 or on my cell @ (704) 430-1684

Thank you

Angie Smith
 (facility manager)

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
 MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705
 www.ncdhhs.gov/dhsr/ • TEL: 919-855-3893 • FAX: 919-733-6592

CONSTRUCTION SECTION**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION**

You will need to type or print clearly your correction action and then **SIGN, DATE AND RETURN** the Plan of Correction to DHSR-Construction by December 11, 2018. Failure to return the signed Plan of Correction within this time period could potentially cause a suspension of admissions, provisional license or license revocation. The Provider may copy form(s) to be retained for your files.

As of the date of this letter, the Construction Section has not received your Plan of Correction. Enclosed is a copy of the letter and Statement of Deficiencies that was mailed or emailed to you.

The Division of Health Service Regulation (DHSR) - Construction Section conducted a Biennial Survey of your facility on August 15, 2018. This survey was conducted by Glenn Hopkin. As a result of this survey, deficiencies were cited which required an acceptable Plan of Correction that was to be returned to our office by October 24, 2018.

Dear Ms. Pristell:

Sanford Lee County
 211 Red Holly Drive
 FID #030172 Fcl053014

RE: Impact Family Care Home - FC Biennial Construction Survey

Syvilla Pristell (via E-mail only)
 211 Red Holly Drive
 Sanford, NC 27330

November 26, 2018

SECOND NOTICE

**NC DEPARTMENT OF
 HEALTH AND
 HUMAN SERVICES**



ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

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

Sincerely,
Glenn Hoppin

Glenn Hoppin
Architectural/Engineering Technician
DHSR - Construction Section

cc: DHSR - Adult Care Licensure Section
City Building Inspection Department-(via e-mail only)
LeeCounty DSS-(via e-mail only)

If continuation sheet 1 of 6

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STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING:		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		IMPACT FAMILY CARE HOME 211 RED HOLLY DRIVE SANFORD, NC 27330		
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
Report by Glenn Hoppin DHSR Construction Section conducted a Biennial Survey on August 15, 2018 from 8:30 AM to 10:30 AM at the above referenced facility. DHSR records indicate the home was first licensed on August 5, 2004 as a Family Care Home for six (6) 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 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2005 Rules for Family Care Homes 10A NCAC 13G, and the 2002 North Carolina State Building Code - Section 421.2 - Small Residential Care Homes At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows: 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. (f) 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 HVAC system is not working. The rule requires 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.		C 000 Initial Comments		(X4) ID PREFIX TAG		
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL053014		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING:		(X3) DATE SURVEY COMPLETED 08/15/2018		

Division of Health Service Regulation

PRINTED: 11/26/2018
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(X6) DATE

TITLE

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE

1/30/19

Manager who not
with Heating and
Air company and
received estimate
on repairs to be
made. Heating and
air company states
repairs will be made
within a timely manner
estimate date could
not be determined
because of multiple
appt. for winter weather.

If continuation sheet 2 of 6

MFF521

6699

STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		FCL053014		B. WING		08/15/2018	
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		(X4) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		211 RED HOLLY DRIVE SANFORD, NC 27330		IMPACT FAMILY CARE HOME	
(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)	
C 174	Continued From page 1	C 174	care home shall be maintained in a safe and operating condition. 2. At the time of the survey it was observed that the sink in the hall bathroom had no working hot water. The rule requires 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. 3. At the time of the survey it was observed that the ceiling fan in the staff bedroom was off balance and needed repair. The rule requires 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. 4. At the time of the survey it was observed that the rear deck was in a major state of disrepair. The rule requires 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. 5. At the time of the survey it was observed that a window ac unit in the rear of the facility is not properly secured and is in danger of falling out of the window. The rule requires 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. 6. At the time of the survey it was observed that the kitchen window is broken. The rule requires 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.	C 174	10/11/18 since repaired. plumber state water was turned off under sink 3) Ceiling fan has been tightened and 9/30/18 is in proper working condition 4) Maintenance manager has been notified 9/30/18 of deck issues and have since started on repairs. Railings and out dated boards are being replaced 5) All windows have been removed 9/30/18 and stored in a safe location 6) No kitchen window can be found that is broken. 9/30/18		

If continuation sheet 3 of 6

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6899

STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FCL053014		B. WING		08/15/2018	
IMPACT FAMILY CARE HOME		211 RED HOLLY DRIVE		SANFORD, NC 27330		NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
(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) DATE COMPLETE	
C 183	Continued From page 2	C 183	Outside Premises-Clean, Safe	C 183	Working material has been moved to storage building outside of home for safety.	C 183	Working material has been moved to storage building outside of home for safety.	9/30/18	
C 183	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: At the time of the survey it was observed that an unused or broken washing machine was being stored in the back yard. The rule requires the outside grounds of new and existing family care homes to be maintained in a clean and safe condition.	C 108	Construction-Sanitary Requirements T10: 42C (h) The building must meet sanitary requirements as determined by the North Carolina Department of Environment, Health and Natural Resources; Division of Environmental Health Services. This Rule is not met as evidenced by: At the time of the survey it was observed that the facility had no current approved sanitation inspection report available for review. The rule requires the facility to meet sanitary requirements as determined by the North Carolina Department of Environment, Health and Natural Resources; Division of Environmental Health Services.	C 108	Facility manager has been in contact with Environmental Health to obtain sanitation report and to schedule new inspection. No one has returned any calls. Manager will continue to call.	C 137	Outside Entrances/Exits-Ramps T10: 42C .2209 OUTSIDE ENTRANCES AND EXITS		

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Division of Health Service Regulation

If continuation sheet 4 of 6

MFF521

6899

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Division of Health Service Regulation

IMPACT FAMILY CARE HOME		NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		211 RED HOLLY DRIVE SANFORD, NC 27330	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	A. BUILDING: 01	B. WING	(X3) DATE SURVEY COMPLETED	08/5/2018		
Summary Statement of Deficiencies (Each deficiency must be preceded by full regulatory or LSC identifying information) Prefix TAG		ID Prefix TAG		Provider's Plan of Correction (Each corrective action should be cross-referenced to the appropriate deficiency) Date Complete (X5)			
C 137 Continued From page 3 (c) At least two outside entrances/exits for the residents' floor level must be at ground level or accessible by ramp with a 1 inch rise for each 12 inches of length of the ramp. If there are only two entrances/exits, the entrances/exits must be as remote from each other as reasonably possible. This Rule is not met as evidenced by: At the time of the survey it was observed that the rear handicap ramp did not have a 1 inch rise for each 12 inches of length of the ramp. The rule requires two outside entrances/exits for the residents' floor level must be at ground level or accessible by ramp with a 1 inch rise for each 12 inches of length of the ramp. C 140 Outside Entrances/Exits-Handrails T10: 42C 2209 OUTSIDE ENTRANCES AND EXITS (f) All steps, porches, stoops and ramps must be provided with handrails and guardrails. This Rule is not met as evidenced by: At the time of the survey it was observed that the front steps had handrails on only one side of the stoops and ramps must be provided with handrails and guardrails. C 143 Floors T10: 42C 2211 FLOORS (a) All floors must be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs are not to be used. (c) All floors must be kept in good repair.		C 137 Maintenance manager has been notified of missing repairs and noted that are needed and are working on these have to be fixed in a timely manner with proper agency C 140 Maintenance manager has been notified of these issues and is working with the proper agency to ensure repairs are done in a timely manner C 143 Maintenance has been notified of these issues and repairs are being scheduled for work.		PRINTED: 11/26/2018 FORM APPROVED			

If continuation sheet 5 of 6

MFF521

6899

STATE FORM

Division of Health Service Regulation

IMPACT FAMILY CARE HOME		NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		SANFORD, NC 27330	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		B. WING:	
FCL053014						08/15/2018	
(X3) DATE SURVEY COMPLETED							
(X4) ID TAG PREFIX	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 143	Continued From page 4	C 143	One to be done in a timely manner. Managers will perform walk thru if home monthly to ensure no further repairs are needed if no issues will be taken care of immediately	1/30/18			
C 144	Housekeeping and Furnishings-Clean	C 144	1) Bedroom dresser has been removed from home + disposed of properly + safely. 2) All beds that be replaced with new bed frames. 3) Bench on rear deck has been removed and disposed of properly + safely. Managers will do biweekly walk thru &	9/30/18			
C 143	Continued From page 4	C 143	1. At the time of the survey it was observed that the kitchen floor was in a state of disrepair. The rule requires all floors to be kept in good repair. 2. At the time of the survey it was observed that the hall bathroom floor was water damaged near the tub. The rule requires all floors to be kept in good repair. 3. At the time of the survey it was observed the floor tile in the entry foyer was in a major state of disrepair. The rule requires all floors to be kept in good repair.				
C 144	Housekeeping and Furnishings-Clean	C 144	1. At the time of the survey it was observed that dresser in the rear bedroom was in a major state of disrepair. The rule requires the facility to have furniture clean and in good repair. 2. At the time of the survey it was observed that a hospital bed in the rear bedroom was supported by cinder blocks. The rule requires the facility to have furniture clean and in good repair. 3. At the time of the survey it was observed that a bench on the rear deck is broken. The rule				

If continuation sheet 6 of 6

MFF521

6899

Division of Health Service Regulation
STATE FORM

C 144 Continued From page 5 requires the facility to have furniture clean and in good repair; 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 144	Facility to ensure any repairs are made to furniture and if any noted these repairs will be done in a timely manner.	Facility to ensure any repairs are made to furniture and if any noted these repairs will be done in a timely manner.	
(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
IMPACT FAMILY CARE HOME 211 RED HOLLY DRIVE SANFORD, NC 27330 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL053014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING	(X3) DATE SURVEY COMPLETED 08/15/2018	

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