NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

April 1, 2019

Lisa Murphy (via e-mail only)
6347 Fairway Drive
Grifton, NC 28530

RE: L & C Family Care Home - FC Biennial Survey
6347 Fairway Drive
Grifton Pitt County
FID #160429 Fcl074050

Dear Ms. Murphy:

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 March 28, 2019. 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 April 16, 2019. 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 April 16, 2019. 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 April 16, 2019. 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.

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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
	FCL074050	A. BUILDING: 01 B. WING _____	03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
L & C FAMILY CARE HOME	6347 FAIRWAY DRIVE GRIFTON, NC 28530

(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 147	Continued From page 1 buttons on the inside of exit doors shall be removed or disabled. This Rule is not met as evidenced by: 1.) It was also observed that the rear sliding door did not have a single hand motion door lock. All exit doors are required to be easily operable and unlocked by a single motion. Take the necessary steps to correct the door lock.	C 147	C 147. Patio doors removed wall and large door was put in, door single hand motion	
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.) At the time of the survey it was observed that no handrails or guardrails were present at the front porch and steps. The rules require that all porches and steps have proper handrails and guardrails. Take the necessary steps to correct this deficiency.	C 149	C149 Front porch hand rails & guardrails have been put onto the front porch.	
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.	C 169	C169 Smoke detector put outside of small bedroom hallway and staff room & laundry room	

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C 169	Continued From page 2 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.) At the time of the survey it was observed that a smoke detector was missing outside of small bedroom at the end of the main hall and outside of the staff sleeping room. A smoke detector was also missing in the staff sleeping room. Smoke detectors are required outside of all sleeping rooms and inside of all sleeping rooms. All smoke detectors are also required to be interconnected and have battery backup in place. Take the necessary steps to correct this deficiency.	C 169	cont C 169 Heat detector is Rated at 200F interconnected on a seperate Circuit Breaker w/ sounding device. All detectors are Home battery backup.	
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 the survey it was observed that the bathroom exhaust fan was not properly vented in the attic. Bathroom exhaust vents are required to vent directly to the exteroir. Take the necessary steps to vent this to the exterior. 2.) At the time of the survey it was observed that	C 174	C174- Repair was made to bathroom exhaust fan	

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C 174	Continued From page 3 the heat detector in the attic was rated for 135 degrees. A higher teperature rated detector is required in this location due to the higher temperatures in the attic. Take the necessary steps to install a properly rated heat detector in this location. 3.) At the time of the survey it was observed that the water temperature was below 100 degrees. The rules require that the water temperature be maintained at a minimum of 100 degrees and a maximum of 116 degrees. Take the necessary steps to maintain the proper water temperature. 4.) At the time of the survey a portable space heater was observed in the staff bedroom. Portable heaters are prohibited. Take the necessary steps to remove the portable heater from the residence. 5.) It was also observed that the gas logs in the den were unvented. Gas logs may be used if they are of the vented type. Take the necessary steps to vent the gas logas or disconnect the gas supply to the logs. 6.) At the time of the survey it was observed that the wood paneling was untreated and no documentation was on site to show any treatment had been completed. All interior finishes are required to meet flame spread requirements and meet a minimum of a Class C finish. Take the necessary steps to treat the wood paneling and provide the proper documentation for the treatment. 7.) At the time of the survey deteriorated wood was observed on multiple windows on the end of the house outside of the staff bedroom. Take the necessary steps to replace the deteriorated wood	C 174	See C169 Cont. C174 - Plumber came out adjusted water heater temp was reading at 113degrees C-174 (4) Portable heater Removed from staff bedroom C-174 (5) Gas supply disconnected C 174(6) Wood paneling sanded down and treated w/fire Retardent Coating C 174(7) All deteriorated wood removed replaced	

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C 174	Continued From page 4 that was present. 8.) It was also observed that several areas of the fascia boards had deterioration and chipping paint. Take the necessary action to correct this deficiency around the entire house. Lisa Murphy L & C FCH 4-15-19	C 174	C174(8) All chipped paint on fascia removed house washed down primer + paint applied entire house	