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
	FCL008043	A. BUILDING: 01 B. WING _____	05/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOME PLACE	404 W RIVER STREET COLERAIN, NC 27924

(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 David Hickman DHSR Construction Section conducted a Biennial Survey on May 2, 2019 from 11:00 AM to 11:55 AM at the above referenced facility. DHSR records indicate the home was first licensed on July 24, 2017 as a Family Care Home for six (6) 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 2012 North Carolina Building Code - Section 425.2 Residential Care Homes. NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with onsite 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 137	Bathroom-Mechanical Ventilation SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (g) The bathrooms shall be lighted to provide 30 foot candles of light at floor level and have mechanical ventilation at the rate of two cubic feet per minute for each square foot of floor area.	C 137	C 137 g (1) Bathroom ventilation fans will be installed on or before June 16,2019. Awaiting availability of electrician. Photos and/or documentation will be provided. This work will be completed on or before June 16, 2019 and photos and/or written documentation will be provided on/before June 16, 2019	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Daniel Duncan, Admin 4-18-19

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ID FIX G	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)	(COM D
137	Continued From page 1 These vents shall be vented directly to the outdoors. This Rule is not met as evidenced by: At the time of the survey it was observed that the central bathroom in the hallway and the bathroom in the laundry room did not have proper mechanical ventilation. This is not compliant with the rule. Take the necessary steps to correct this deficiency.	C 137		
148	Outside Entrances/Exits-Free of Obstructions SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (e) All entrances/exits shall be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency. This Rule is not met as evidenced by: At the time of the survey it was observed that the header along the path of the egress ramp was too low. This is not compliant with the rule. Take the necessary steps to highlight the area as a hazard.	C 148	C 148 (e)-Both sides of the low overhang have been highlighted with yellow reflective tape in order to highlight the area as a hazard and to make aware those enterng and exiting building of the low overhang. Please see attached photos.	
171	Fire Safety- Evacuation Plan SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (d) A written fire evacuation plan (including a diagrammed drawing) which has the approval of the local code enforcement official shall be prepared in large print and posted in a central location on each floor. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff.	C 171	C171 (d) - All approved and posted written fire evacuation plans have been reoriented in directions to directly flow with the layout of the home. Fire evacuation is always reviewed with each new admission and new staff member as well as evacuation drills are performed with all new admissions, and new staff members. In addition, the facility performs drills on shifts 1,2,3 for a total of 12 evacuation drills per year. Please see attached photos.	

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171	Continued From page 2 This Rule is not met as evidenced by: At the time of the survey it was observed that the evacuation plans on the walls were not oriented correctly. This is not compliant with the rule. Take the necessary steps to correct this deficiency.	C 171		
: 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 there was a build up of lint behind the dryer. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 2. At the time of the survey the hot water heater drain termination was unable to be verified. Take the necessary steps to provide the location of the drain termination. 3. At the time of the survey it was observed that the handrails at the rear exit were loose. This is not compliant with the rule. Take the necessary steps to secure the handrails. 4. At the time of the survey the proper documentation for the treatment of the wood panelling was not available. Take the necessary steps to provide the documentation for the panelling treatment or have the panelling	C 174	C 174 a (1) Build up of lint has been removed from behind dryer. Monthly monitoring by Facility Administrator/SIC and/or designated employee to prevent future buildup will be completed to maintain compliance.See attached photos C174 a (2) Hot water heater drain termination verification has not yet been completed. Awaiting availability of licensed plumber. If drain termination verification determines that the drain termination is not 2012 NC Residential Building Code compliant, it will be corrected to become code compliant. This work will be completed on or before June 16, 2019 and photos and/or written documentation will be provided on/before June 16, 2019. C 174 a (3) Additional supports have been added to handrails. Handrails are no longer loose. Handrails will be monitored by Facility Administrator/SIC and/or designated employee monthly for looseness/security, to prevent reoccurence. See attached photos.	

Tonya Quinn Administrator

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Continued From page 3 retreated. 5. At the time of the survey a call system was not observed. Take the necessary steps to provide a call system or provide proper information detailing that there is awake staff present. 6. At the time of the survey it was observed that an additional fire extinguisher was being used at the smoking area outside. If the extinguisher is going to continue to be available for use, take the necessary steps to properly mount the extinguisher.	C 174	C 174 a (4) All wood moulding/walls/paneling had bee treated prior to inspection. Unable to provi documentation at time of inspection. All Wood has been treated with FR-1 Fire Retardant . See attached photos of produ used. C 174 a (5) Nurse call system has been present in facility since September 2017. Central call system monitor is located in the staff bedroom. A wearable pager type system monitor for is located in the comm room (living room). Individual wearable call bells for each resident are located on the head of each reside bed. It is encouraged that each resident at an increased risk for falls, wear the call bell when up & out of bed. There are additiona call bells located in each bathroom for resident safety and convenience. See attached photos. C 174 a (6) Additional fire extinguisher has been removed. Any and all future fire extinguishers will be properly mounted. Monthly monitoring by the Facilit Administrator/SIC and/or designated staff t verify proper mounting will be completed. See attached photos. Tonya C Freeman Administrator 4-18-19	