

Division of Health Service Regulation

|                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                           |                                                                                                                          |                                                        |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>fcI092229</b>             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>05/22/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VAL'S PLACE AT BROOKHAVEN</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6112 WINTHROP DRIVE<br/>RALEIGH, NC 27612</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                             | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID<br>PREFIX<br>TAG                                                                       | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C 000                                                                | <p>Initial Comments</p> <p>Report by David Hickman</p> <p>DHSR Construction Section conducted a Biennial Survey on May 22, 2019 from 12:20 PM to 1:10 PM at the above referenced facility. DHSR records indicate the home was first licensed on November 18, 2016 as a Family Care Home for three (3) non-ambulatory residents(unable 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 Residential Code.</p> <p>NOTES:</p> <p>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.</p> <p>2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed.</p> <p>The cited deficiencies are as follows:</p> | C 000                                                                                     |                                                                                                                          |                                                        |
| C 149                                                                | <p>Outside Entrances/Exits-Handrails At Porches</p> <p>SECTION .0300 - THE BUILDING<br/>10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS<br/>(f) All steps, porches, stoops and ramps shall be provided with handrails and guardrails.</p> <p>This Rule is not met as evidenced by:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | C 149                                                                                     |                                                                                                                          |                                                        |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

|                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                           |                                                                                                                          |                                                        |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>fcI092229</b>             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>05/22/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VAL'S PLACE AT BROOKHAVEN</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6112 WINTHROP DRIVE<br/>RALEIGH, NC 27612</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                             | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ID<br>PREFIX<br>TAG                                                                       | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C 149                                                                | Continued From page 1<br><br>1. At the time of the survey it was observed that there was not a handrail on the right side of the front steps. This is not compliant with the rule. Take the necessary steps to add a handrail to this location.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | C 149                                                                                     |                                                                                                                          |                                                        |
| C 174                                                                | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT<br>(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.<br>(j) This Rule shall apply to new and existing family care homes.<br><br>This Rule is not met as evidenced by:<br>1. At the time of the survey it was observed that the fire extinguishers were not being checked by the staff on a monthly basis. This is not compliant with the rule. Take the necessary steps to train staff to check the extinguishers and date and initial the tags accordingly.<br><br>2. At the time of the survey it was observed that the range hood vent was not properly sealed where it penetrated the ceiling. This is not compliant with the rule. Take the necessary steps to correct this deficiency.<br><br>3. At the time of the survey it was observed that the Bathroom door in the hallway would not latch properly. This is not compliant with the rule. Take the necessary steps to correct this deficiency.<br><br>4. At the time of the survey it was observed that the cover plate for the receptacle in the master | C 174                                                                                     |                                                                                                                          |                                                        |

Division of Health Service Regulation

|                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                           |                                                                                                                          |                                                        |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>fcI092229</b>             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>05/22/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VAL'S PLACE AT BROOKHAVEN</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6112 WINTHROP DRIVE<br/>RALEIGH, NC 27612</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                             | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ID<br>PREFIX<br>TAG                                                                       | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C 174                                                                | <p>Continued From page 2</p> <p>bathroom was loose. This is not compliant with the rule. Take the necessary steps to correct this deficiency.</p> <p>5. At the time of the survey it was observed that the exhaust fan in the master bathroom had a hole beside the cover. This is not compliant with the rule. Take the necessary steps to correct this deficiency.</p> <p>6. At the time of the survey it was observed that the water supply pipe for the toilet in the bathroom of the family room was not properly sealed. This is not compliant with rule. Take the necessary steps to seal the hole properly.</p> <p>7. At the time of the survey it was observed that the bathroom across from the laundry area did not have mechanical ventilation. This is not compliant with the rule. Take the necessary steps to have a proper ventilation fan installed.</p> <p>8. At the time of the survey it was observed that the dryer vent hose was not properly sealed where it penetrated the wall. This is not compliant with the rule. Take the necessary steps to seal the vent connection with the proper materials.</p> <p>9. At the time of the survey it was observed that the seam for the kitchen exhaust vent in the attic was not properly sealed. This is not compliant with the rule. Take the necessary steps to correct this deficiency.</p> <p>10. At the time of the survey it was observed that the handrails on the ramp from the left side exit were loose. This is not compliant with the rule. Take the necessary steps to secure the handrails properly.</p> | C 174                                                                                     |                                                                                                                          |                                                        |

Division of Health Service Regulation

|                                                                      |                                                                                                                                                                                                                                                                    |                                                                                           |                                                                                                                          |                                                        |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                  |                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>fcI092229</b>             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>05/22/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VAL'S PLACE AT BROOKHAVEN</b> |                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6112 WINTHROP DRIVE<br/>RALEIGH, NC 27612</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                             | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                       | ID<br>PREFIX<br>TAG                                                                       | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C 174                                                                | Continued From page 3<br><br>11. At the time of the survey it was observed that the transitions from both ramps to grade was not smooth, causing a possible trip hazard. This is not compliant with the rule. Take the necessary steps to correct this deficiency. | C 174                                                                                     |                                                                                                                          |                                                        |