NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

May 24, 2019
Absolute Care Family Care Home (via e-mail only)
431 Junny Road
Angier, NC 27501

RE: Absolute Care Family Care Home - FC Biennial Survey
431 Junny Road
Angier Harnett County
FID #960004 Fcl043034

Dear Ms. Western :

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 May 23, 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 June 8, 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 June 8, 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 June 8, 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.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

David Hickman

David Hickman
Architectural/ Engineering Technican
DHSR - Construction Section

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

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
	FCL043034	A. BUILDING: 01 B. WING _____	05/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE CARE FAMILY CARE HOME	431 JUNNY ROAD ANGIER, NC 27501

(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 23, 2019 from 9:45 AM to 11:00 AM at the above referenced facility. DHSR records indicate the home was first licensed on May 8, 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 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	C 169	"See Attachment"	06/30/19

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C 169	Continued From page 1 connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. 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 there was no smoke detector in the hallway to the right of the home that was properly communicating with the other smoke detectors. This is not compliant with the rule. Take the necessary steps to install a smoke detector in this area that is interconnected with the other smoke detectors.	C 169		
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 smoke detectors were not being used to conduct the fire drills. This is not compliant with the rule. Take the necessary steps to sound the smoke detectors for all fire drills.	C 174	"See Attachment" 06/30/19	

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C 174	Continued From page 2 2. At the time of the survey it was observed that some of the evacuation plans had the incorrect layout and were also not oriented correctly as they hung on the walls. This is not compliant with the rule. Take the necessary steps to correct all evacuation plans to have the correct layout and orient them correctly on the walls. 3. At the time of the survey it was observed that the air filters were clogged and dirty. This is not compliant with the rule. Take the necessary steps to correct this deficiency and monitor periodically. * Corrected at the time of the survey. 4. At the time of the survey it was observed that multiple space heaters were being used in the bedrooms and office area. This is not compliant with the rule. Take the necessary steps to remove all space heaters from the facility. Cannot be stored on site. 5. At the time of the survey it was observed that the light fixtures in the foyer and the living room were hanging to low. This is not compliant with the rule. Take the necessary steps to adjust the light fixtures to have a minimum of 80 inches of clearance from the floor. 6. At the time of the survey it was observed that the in wall unit in bedroom three did not have the proper receptacle for the plug. This is not compliant with the rule. Take the necessary steps to install a proper receptacle so the unit can be utilized properly. 7. At the time of the survey it was observed that the smoke detector in the rear office was not communicating properly with the other smoke detectors. This is not compliant with the rule.	C 174	"See Attachment"	06/30/19

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C 174	Continued From page 3 Take the necessary steps to correct this deficiency. 8. At the time of the survey it was observed that the exhaust fan in the toilet room next to bedroom three was not working. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 9. At the time of the survey it was observed that the door opening to the hallway of the bathroom next to bedroom three would not latch when shut. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 10. At the time of the survey it was observed that there were throw rugs being used throughout the home. This is not compliant with the rule. Take the necessary steps to have all loose throw rugs removed. 11. At the time of the survey it was observed that there was a gap between the floor and the threshold at the rear egress door causing a trip hazard. This is not compliant with the rule. Take the necessary steps to fill in gap to make a smooth transition at the threshold. 12. At the time of the survey it was observed that the cover plate at the bottom of the refrigerator was missing. This is not compliant with the rule. Take the necessary steps to replace the cover plate. 13. At the time of the survey it was observed that the bathrroom next to bedroom two were missing the lens covers for the light over the mirror and the and the light on the exhaust fan. This is not compliant with the rule. Take the necessary steps to replace the lens covers.	C 174	1" See Attachment"	06/30/19

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C 174	Continued From page 4 14. At the time of the survey it was observed that the door to the hallway of the bathroom next to bedroom two would not latch when shut. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 15.At the time of the survey it was observed that there was an open junction box in the attic near the attic access. This is not compliant with the rule. Take the necessary steps to install a proper cover for the junction box. 16. At the time of the survey it was observed that the heat detectors in the attic were mounted too low and one of the detectors' face plate was loose and hanging down. This is not compliant with the rule. Take the necessary steps to mount the heat detectors in the upper portions of the attic and securely attach the face plates. 17. At the time of the survey a sounding device for the heat detectors could not be verified. This is not compliant with the rule. Take the necessary steps to have a proper sounding device installed for the heat detectors. 18. At the time of the survey it was observed that there was a surge protector being used in the attic that was laying in the blown insulation. Take the necessary steps to mount the surge protector to one of the wood trusses to prevent dust and damage to the device. 19. At the time of the survey it was observed that there were multiple torn and damaged screens in the windows. This is not compliant with the rule. Take the necessary steps to replace the damaged screens.	C 174	"See Attachment" 06/30/19	

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C 174	Continued From page 5 20. At the time of the survey it was observed that the water meter cover next to the end of the building was broken causing a possible fall or trip hazard. This is not compliant with the rule. Take the necessary steps to have the cover replaced. 21. At the time of the survey it was observed that the crawlspace access door's latch was broken causing it to be unsecure. This is not compliant with the rule. Take the necessary steps to repair the access door latch. 22. At the time of the survey it was observed that the light bulb in the crawlspace was missing leaving an open electrical socket. This is not compliant with the rule. Take the necessary steps to replace the bulb. 23. At the time of the survey it was observed that the water heater relief valve was not piped to a safe location and was discharging into the crawlspace. This is not compliant with the rule. Take the necessary steps to pipe the relief valve to discharge out of the crawlspace. 24. At the time of the survey it was observed that there were multiple window sills in the rear of the home that had rotten wood. This is not compliant with the rule. Take the necessary steps to replace the rotten wood in these areas. 25. At the time of the survey it was observed that the lower edges of the rear door frame had rotten wood present. This is not compliant with the rule. Take the necessary steps to replace the rotten wood in this location. 26. At the time of the survey it was observed that the end of the ramp at the rear of the home was not flush with the sidewalk causing a trip hazard.	C 174	"See Attachment"	06/30/19

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C 174	Continued From page 6 This Is not compliant with the rule. Take the necessary steps to taper the end of the ramp to create a smooth transition. 27. At the time of the survey it was observed that the dryer exhaust discharge was clogged with lint. This is not compliant with the rule. Take the necessary steps to clean the exhaust vent and ensure that the flaps close properly. 28. At the time of the survey it was observed that the lower portion of the handrail on the front ramp was broken at the side next to the house. This is not compliant with the rule. Take the necessary steps to repair the broken rail. 29. At the time of the survey it was observed that the two smoke detectors mounted on the wall in the hallway to the right were not working properly. This is not compliant with the rule. These detectors if present need to operate properly.	C 174	"See Attachment"	06/30/19

Absolute Care Family Care Home

431 Junny Road,
Angier, NC 27501
919-673-2146 or 919-639-5500

Absolute Care Family Care Home

Construction Biennial Survey Plan of Correction

FID #960004 Fc1043034

C 169 Fire Safety-Smoke Detectors

10A NCAC 13G .0316 Fire Safety and Disaster Plan

To be in compliance with the Rule/ Statue 10A NCAC 13G .0316 Fire Safety and Disaster Plan the facility install smoke detectors in the hallway to the right of the home that communicate properly with the other smoke detectors. The COO/ RCC will monitor the smoke detectors on a monthly basis for the next 90 days and then quarterly after that to ensure that the smoke detectors are working properly.

C 174 Building Equipment Maintained Safe, Operating

10A NCAC 13G .0317 Building Service Equipment

To be in compliance with the Rule / Status 10A NCAC 13G .0317 Building Service Equipment the facility:

1. The facility will begin using the smoke detector for all fire drill simulations to sound when conducting all drills.
2. All evacuation plans will be updated and revised to reflect the current layout of the facility and the location of each resident in their rooms and throughout the facility so that they will have accurate direction and guidance on how to evacuate the facility in the event of a fire. The evacuation plans will be hung appropriately to the correct layout and orient residents correctly on the walls.
3. The air filters were changed at time of survey. They will be checked on a monthly basis to ensure that they are unclogged and not dirty.
4. The space heaters where removed from residents rooms, offices and from the facility. They will not be allowed to be used at the facility in the future.
5. The light fixtures in the foyer and living room have been replaced with appropriate light fixtures that don't hang below 80 inches of clearance from the floor.
6. The proper receptacle was installed to operate the wall unit in bedroom #3.
7. The smoke detector in the rear office was replaced and connected with the other smoked detectors to communicate properly.
8. The exhaust fan in bathroom attached with bedroom #3 was replaced and is operating appropriately.

9. The door entering into the hallway for bedroom #3 bathroom was repaired and is now operating correctly.
10. All loose throw Rugs have been removed from all floors in the facility and will not be used in the facility.
11. The threshold at the rear egress door was repaired and there isn't a gap any longer which makes a smooth transition at the threshold.
12. The cover plate at the bottom of the refrigerator has been replaced and is attached to the refrigerator.
13. The lens covers for bathroom next to bedroom #2 have been replaced along with the light fixture.
14. The door to the hallway bathroom next to bedroom #2 has been repaired and is operating appropriately.
15. The junction box in the attic has been repaired and is covered properly and operating correctly.
16. The heat detector was mounted in the upper portion higher in the attic and the face plate was securely attached.
17. The sounding device for the heat detector has been installed and is working properly.
18. The surge protector has been mounted on the trusses higher in the attic, away from the floor and insulation to prevent dust and damage. To the device.
19. The Screens to all windows have been repaired and replaced.
20. The water meter covers have been replaced.
21. The crawlspace access doors latch has been repaired or replaced so it can be secured.
22. The light bulb is the crawlspace has been replaced.
23. The water heater relief valve was piped to the exterior of the facility so that it can discharge out of the crawlspace.
24. The wood in the windows sill that was rotten has been replaced or repaired.
25. The wood around the lower edge of the rear door frame that had rotten wood was replaced.
26. The ramp at the rear of the facility was made flush and tapered with the side walk to prevent any trip hazards.
27. The dryer exhaust has been unclogged and cleaned and the vent flaps have been repaired to prevent it from closing properly.
28. The lower portion of the handrail on the front ramp has been repaired and is no longer broken.
29. The smoke detectors in the hallway that were mounted to the right are now working properly.

The Owners/COO/ RCC/ Maintenance Supervisor will train all staff on the steps and procedures and forms to be used when conducting fire drills. A fire drill will be conduct monthly for the next 90 days and then quarterly thereafter to insure that the new process is being implemented correctly. In addition, all staff will be trained on how to conduct inspection and complete a log to report all needed maintenance in the facility. This log will be checked weekly for the next 90 days and then bi weekly thereafter to ensure that the repairs and necessary facility maintenance is being complete in a timely manner.