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
	FCL013046	A. BUILDING: 01 B. WING _____	04/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KANNAPOLIS FAMILY CARE HOME	2216 KANNAPOLIS HIGHWAY CONCORD, NC 28027

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C 000	Initial Comments Report by Glenn Hoppin DHSR Construction Section conducted a Complaint Survey on April 02, 2019 from 9:00 AM to 10:30 AM at the above referenced facility. DHSR records indicate the home was first licensed on November 3, 2017 as a Family Care Home for six ambulatory Residents (able to respond and evacuate without any physical or verbal assistance during a fire or other emergency.) Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the applicable portions of the 2012 North Carolina State 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 on-site 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	(1) C105 4-16-19 & 4-17-19 Had discussion C Glenn Hoppin that Plan would be revised after fcd inspection to occur in next 1-2 weeks & to be called a time of inspection to make plans for a sprinkler system. Facility is currently staffing 2 staff per shift. Facility is performing fire drills 2-3 times	4-17-19
C 105	Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building	C 105		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE administrator (X6) DATE 4-25-19

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C 105	Continued From page 1 Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars ($380.00). (b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home. This Rule is not met as evidenced by: At the time of the survey it was observed that three of the residents did not react to the smoke detectors going off when they were tested. Interviews with staff revealed that three residents require assistance getting in and out of bed, getting dressed, and moving around the facility. The facility is licensed for all ambulatory residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency.) The building does not meet the North Carolina State Building Code requirements for non-ambulatory residents. The rule requires any family care home to meet the applicable requirements of the North Carolina State Building Code. Based on our findings you have two options: Option one is to remove all non ambulatory residents from the facility and only serve ambulatory residents as you are currently	C 105	per day & residents that did not respond are walking out c assistance. Facility plans to install sprinkler system & work c construction section to do so. I am requesting a fire safety equivalency.	

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C 105	Continued From page 2 licensed for. Option two is to decrease your licensed capacity down to three. This option would allow you keep the three non-ambulatory residents in the home the other residents would need to be discharged. If this option is chosen a change of capacity application must be submitted to the DHSR Adult Care Licensure Section for approval. Please indicate your option on the right hand side of your Plan of Correction along with an estimated completion date, we must receive your written response within fifteen (15) day's of your receipt of this report, or additional actions may be taken against your license. Note: In addition until the conditions listed above can be effectively and satisfactorily addressed your facility will be placed under a fire watch, this is to ensure resident safety is maintained, this will require an additional staff person on a 24/7 basis to conduct the watch in 30 minute increments (checking all spaces throughout the home)with no other duties or assigned tasks; a log is to be kept indicating the times the watch is conducted and the spaces observed and the signature of the observer as verification.	C 105		
C 127	Bedrooms-Access Through SECTION .0300 - THE BUILDING 10A NCAC 13G .0308 BEDROOMS (c) A room where access is through a bathroom, kitchen or another bedroom shall not be approved for a resident's bedroom. This Rule is not met as evidenced by:	C 127	C127. This was approved by DHSR at initial approval. Dimensions of the kitchen are 22x15½	4-17-19

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C 127	Continued From page 3 At the time of the survey it was observed that bedroom number 2 is accessed through the kitchen. This is not compliant with the rule.	C 127	Spoke c Glenn Happin on 4-17-19 & this is supposed to be removed as a deficiency after talking c Steve Lewis.	
C 147	Outside Entrances/Exits-Single Hand Motion SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the front exit door was locked with a double cylinder dead bolt lock. This is not compliant with the rule. 2. At the time of the survey it was observed that the side entrance door had a hotel lock at the top of the door. This is not compliant with the rule. 3. At the time of the survey it was observed that the rear entrance had a lock latch and a hook latch on the door. This is not compliant with the rule.	C 147	C147 - This has been removed and replaced c plate cover.	4-25-19
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.	C 149	C149 This will be corrected by extending the handrails the length of the ramp.	4-30-19

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C 149	Continued From page 4 This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the hand rails on the rear handicap ramp are not the length of the entire ramp. This is not compliant with the rule. 2. At the time of the survey it was observed that the side entrance steps did not have a handrail on the left hand side of the steps. 3. At the time of the survey it was observed that there is a small ramp near the back door that has a drop off on both sides without any form of protection. This is not compliant with the rule.	C 149	This was also approved by DHSR construction & Cabarrus County prior to licensure - A handrail will be installed. - The drop off will be protected - Those all were approved a initial licensure.	
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. 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: At the time of the survey it was observed that there is no heat detector in attic. This is not compliant with the rule.	C 169	C-169 There is a heat detector in the attic. It has been there since initial licensure 2017	

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C 174	Continued From page 5	C 174	since license. Administrator can show inspector if needed	2017
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: At the time of the survey it was observed that there is a gas can being stored directly outside the rear exit door. This is not compliant with the rule.	C 174	C174 Gas can has been removed	4-10-19
C 177	Building Service Equipment-Hot Water SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: At the time of the survey it was observed that the hot water temperature was 97 degrees measured at two different sinks. This is not compliant with the rule.	C 177	C177 Hot water temp is being monitored & was adjusted & is not > 100.	4-10-19

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C 099	Continued From page 6	C 099	Exit plan will be changed to reflect this. This was also approved by DHSR a initial licensure.	4-30-19
C 099	10A NCAC 13G .0316 (d) Fire Safety And Disaster Plan 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. This Rule is not met as evidenced by: At the time of the survey it was observed that there is only one exit listed on the exit plan. Also the floor plan lists 2 bedrooms labeled as bedroom 2. This is not compliant with the rule.	C 099		
C 911	G.S 131D 21(1) Declaration of Resident's Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: (1) To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy. This Rule is not met as evidenced by: At the time of the survey it was observed that there are cameras in the resident bedrooms aimed directly at the beds. This is not compliant with the rule.	C 911	These have been disabled, but administration will appeal this d/t fact residents have requested cameras in their rooms.	4-25-19