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 _____	R **06/27/2019**

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 Anthony Brinson DHSR Construction Section conducted a Complaint Follow-up Survey on June 27, 2019 from 2:15 PM to 3:30 PM at the above referenced facility. Not all of the previously cited deficiencies have been corrected, in addition deficiencies were cited in regards to the recently implemented FSES all cited deficiencies in this report require an acceptable plan of correction. Notes: 1.) 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}		
{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 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,	{C 105}		

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{C 105}	Continued From page 1 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 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	{C 105}		

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{C 105}	Continued From page 2 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. 20190627-ARB - An FSES was conducted on 5/09/2019 at the time of this visit one non-ambulatory resident remains in the home, on 6/28/2019 we received a letter from the provider dated 6/10/2019 acknowledging she will comply with our FSES agreement letter dated 5/22/2019.	{C 105}		
{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	{C 169}		

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{C 169}	Continued From page 3 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 is no heat detector in attic. This is not compliant with the rule. 20190627- ARB - A heat detector was observed in the attic space directly above the resident bedrooms, there is a horn in the attic compartment above what was once the garage, verify that the horn device is operable.	{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 there is a gas can being stored directly outside the rear exit door. This is not compliant with the rule. 20190627 - ARB - In reference to the FSES	{C 174}		

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{C 174}	Continued From page 4 conducted on 5/09/2019 all storage was to be removed from the lower level storage room (garage) at the time of the follow-up survey the following items were observed in this space: (a) a full gas can; (b) two mattresses; (c) a Chester drawers Per the conducted FSES and your signed agreement no storage is allowed in this area; take action to correct the cited deficiencies and provide verification to our office. 20190627 - ARB - In reference to the FSES conducted on 5/09/2019 all bedroom doors were required to be provided with closures, at the time of survey three of the bedroom doors would not latch; either adjust or add additional spring coils to meet the intent of the requirement; take action to correct the cited deficiencies and provide verification to our office. 20190627 - ARB - In reference to the FSES conducted on 5/09/2019 all bedroom doors were required to be provided with closures, at the time of survey it was observed that the door for bedroom #4 was propped open by a chair, this is not allowed and facility staff was told to remove the chair ; take action to ensure against re-occurrence and provide verification to our office.	{C 174}		
{C 099}	10A NCAC 13G .0316 (d) Fire Safety And Disaster Plan 10A NCAC 13G .0316 Fire Safety And Disaster Plan	{C 099}		

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{C 099}	Continued From page 5 (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: 1.) 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. 20190627 - ARB - Since the home is currently serving non-ambulatory residents and will be licensed to serve non-ambs once the sprinkler system is installed and the home is re-classified under the code; the two designated exits on the evacuation plan will need to be the ramped exits. Revise the posted plan to indicate the side and rear porch exits on the evacuation plan since both are ramped; take action to correct the cited deficiencies and provide verification to our office.	{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: 1.) At the time of the survey it was observed that there are cameras in the resident bedrooms	{C 911}		

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{C 911}	Continued From page 6 aimed directly at the beds. This is not compliant with the rule. 20190627 - ARB - At the time of the follow-up survey it was observed that the cameras remained in place but the monitor was unplugged, this is not compliant with the rule; take action to correct the cited deficiencies and provide verification to our office.	{C 911}		