

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL012014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/16/2019
NAME OF PROVIDER OR SUPPLIER QUAKER MEADOWS FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 125 CAMELLIA GARDEN STREET MORGANTON, NC 28655		
(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 Luis Padilla DHSR Construction Section conducted a Biennial Survey on May 16, 2019 from 1:20 PM to 2:15 PM at the above referenced facility. DHSR records indicate the home was first licensed on March 8, 1983 as a Family Care Home for five (5) Ambulatory Residents. In accordance with the 1984 Family Care Home Rules, there was a capacity increase to six (6) ambulatory residents (able to evacuate and respond 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 1984 "Rules for Family Care Homes minimum and desired standards and regulations", the 2005 Rules 10A NCAC 13G for Family Care Homes, the 1978 North Carolina State Building Code - Section 409.1(g) - Residential Care Facilities NOTE: 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. 3.) At the time of the survey, the facility was not serving any residents. The cited deficiencies are as follows.	C 000		

Will collect receipts & photos & provide them via e-mail. 7/1/19

Division of Health Service Regulation

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

TITLE

(X6) DATE

Henry "Drew" Robertson

Administrator

6/18/19

STATE FORM

XDX021

If continuation sheet, 1 of 5

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER: QUAKER MEADOWS FAMILY CARE HOME
STREET ADDRESS, CITY, STATE, ZIP CODE: 125 CAMELLIA GARDEN STREET MORGANTON, NC 28655

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C 147	Continued From page 1	C 147		5/28/19
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 exit doors for the home were not single hand motion. This is not compliant with the rule.	C 147	Licensed Locksmith changed all entrance/exit doors with locks that have single hand motion & only lock/unlock from the outside.	5/28/19
C 153	Houskeeping And Furnishings-Clean, Repaired SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there was a hole in the living room wall of the home. This is not compliant with the rule. 2. At the time of the survey it was observed that the floor mat at the rear entrance of the home is beginning to unravel, creating a trip hazard. This is not compliant with the rule.	C 153	Hole has been fixed. Floor Mat has been removed & will be replaced with one that is stationary & does not curl up at all.	5/28/19

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

QUAKER MEADOWS FAMILY CARE HOME

125 CAMELLIA GARDEN STREET
MORGANTON, NC 28655

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G 154	Housekeeping-Must Have Approved Sanitation	C 154		
	SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (4) have a North Carolina Division of Environmental Health approved sanitation classification at all times; (e) This Rule shall apply to new and existing homes This Rule is not met as evidenced by: 1. At the time of the survey it was observed that on site staff was unable to present an up to date Fire/Sanitation Inspection form. This is not compliant with the rule.		* Administrator is calling to request for a fire a sanitation inspection very soon.	7/1/19
C 174	Building Equipment Maintained Safe, Operating	C 174		
	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 an open junction box located beside the furnace of the home. This is not compliant with the rule. 2. At the time of the survey it was observed that a multi-plug outlet was being used in the living room of the home. This is not compliant with the		This box has been covered with a metal plate. Multi-plug outlet has been replaced with a power strip instead.	5/26/19 5/26/19

Division of Health Service Regulation

STATE FORM

5899

X0X021

If continuation sheet 3 of 5

Division of Health Service Regulation

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C 174	Continued From page 3 rule. 3. At the time of the survey it was observed that the overhead light in the hallway was missing a lens. This is not compliant with the rule. 4. At the time of the survey it was observed that a light switch in Bedroom #4 was missing a faceplate receptacle cover. This is not compliant with the rule.	C 174	Overhead light has been covered with a protective sheath. 5/26/19 Light switch faceplate has been installed. 5/25/19	
C 179	Building Service Equipment-Night Lights SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (e) All resident areas shall be well lighted for the safety and comfort of the residents. The minimum lighting required is: (3) 1 foot-candle power at the floor for corridors at night. (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 night lights were missing in the hallways of the home. This is not compliant with the rule.	C 179	Night light has been installed. 5/26/19	
C 180	Building Service Equipment-Call System SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (f) Where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The	C 180	An appropriate call system is to be installed by the end of June. (Contractors were unable to come out sooner) 7/1/19 (Should be completed by end of June)	

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C 180	Continued From page 4 resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of resident lying on his bed. (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 staff was planning on having sleep in staff once residents are admitted. Based on the layout of the home and where the staff quarters would be, a viable call system would need to be installed.	C 180			
C 183	Outside Premises-Clean Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. This Rule is not met as evidenced by 1. At the time of the survey it was observed that the fascia around the exterior of the home was beginning to rot. This is not compliant with the rule. 2. At the time of the survey it was observed that there were multiple wasps nests located in the breeze way of the home. This is not compliant with the rule.	C 183	Contractor is scheduled to replace fascia the last week of June. (Contractors were unable to come out sooner). Wasp nests have been removed	7/1/19 (Should be completed by end of June)	