Fax

6/11/2019

From:	Greg Fleming
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Company Name:	Clara's cottage #1
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Company Name:	NC Health & Human services Construction section

Comments:

Greg Fleming SIC

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

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
	FCL012043	A. BUILDING: 01 B. WING _____	05/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA'S COTTAGE # 2	5824 HOLLAND 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 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 screws in the grab bar in bathroom 2 were loose and hanging out causing a potential hazard. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 2. At the time of the survey it was observed that there were no grab bars for the toilet in bathroom 1. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 3. At the time of the survey it was observed that the toilet seat in bathroom 1 was not the correct seat and did not fit the toilet bowl opening properly. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 4. At the time of the survey it was observed that the carpet in bedroom two was stained and dirty. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 5. At the time of the survey it was observed that there were several tears in the hallway and living room area floors. This is not compliant with the rule. Take the necessary steps to correct this deficiency.	C 174		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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C 174	Continued From page 1 6. At the time of the survey it was observed that the filter in the hallway return vent was missing. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 7. At the time of the survey it was observed that the emergency egress window in the staff bedroom was hard to open. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 8. At the time of the survey it was observed that the nonwired smoke detectors needed batteries in them. 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 transition strip from the hallway to bedroom 2 was missing. 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 the walls in bedroom three had several repaired areas in the walls and needed to be painted to match the rest of the room. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 11. At the time of the survey it was observed that there were two multigang plugs being used in the kitchen outlets. This is not compliant with the rule. These items were removed at the time of the survey. Take the necessary steps to ensure that these are not used in the future. 12. At the time of the survey it was observed that the lines for the water heater were not properly sealed were they penetrated the wall. This is not compliant with the rule. Take the necessary steps	C 174		

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C 174	Continued From page 2 to correct this deficiency. 13. At the time of the survey it was observed that the fire extinguishers were not being monitored monthly by the staff. This is not compliant with the rule. Take the necessary steps to have the staff check the fire extinguishers and initial the tags accordingly. 14. At the time of the survey it was observed that the dryer vent exhaust was clogged with lint. 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 the storm door lock was not functioning as a self unlocking device. This is not compliant with the rule. Take the necessary steps to correct this deficiency.	C 174		
C 000	Initial Comments Report by David Hickman DHSR Construction Section conducted a Biennial Survey on May 16, 2019 from 11:00 AM to 11:45 AM at the above referenced facility. DHSR records indicate the home was first licensed on April 1, 1988 as a Family Care Home for six 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 (1987 Revision) Family Care Homes Minimum Standards and Regulations, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1978 (Revision 8) North Carolina State Building Code - Section 409.1 (g) -	C 000		

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C 000	Continued From page 3 Residential Care Facilities. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 126	Outside Premises IV. The Building C. Physical Environment 11. Outside Premises (10 NCAC 42C .2215) a. The outside grounds must be maintained in a clean and safe condition, in accordance with the rules of the Division of Health Services governing the sanitation of residential care facilities. b. If the home has a fence around the premises, the fence must not prevent residents for exiting or entering freely or be hazardous. c. General outdoor lighting must be adequate to illuminate walkways and drives. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the siding had areas that were mildewed and dirty. This is not compliant with the rule. Take the necessary steps to powerwash the house to correct this deficiency. 2. At the time of the survey it was observed that the holes in the soffit were the HVAC lines penetrated them were not sealed properly. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 3. At the time of the survey it was observed that the globe on the outside rear light was missing. This is not compliant with the rule. Take the necessary steps to correct this deficiency.	C 126		

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C 126	Continued From page 4 4. At the time of the survey it was observed that the storage building doors were not properly locked. This is not compliant with the rule. Take the necessary steps to correct this deficiency.	C 126		
C 138	Fire Safety-Fire Rehearsals IV. The Building E. Fire Safety Requirement (10 NCAC 42C .2213) 6. There must at least four rehearsals of the fire/disaster plan each year. Records of rehearsals are to be maintained and copies furnished to the county department of social services annually. The records must include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved. This Rule is not met as evidenced by: 1. At the time of the surey it was observed that the fire drills were not being conducted by using the alarms. This is not compliant with the rule. Take the necessary steps to ensure that the staff conduvts the drills by setting the alarm off each time.	C 138		

Clara's Cottages #2

Plan of corrections

C174 (1) The screws in the grab bar in bathroom 2 will be tightened up and made compliant.

Completion date 6/3/2019

C174 (2) Grab bars will be placed by the toilet in bathroom 1. Completion date 6/15

C174 (3) Will replace the toilet seat in bathroom 1. Completion date 6/1

C174 (4) The carpeting will be removed, and tile flooring will be put it its place.

Completion date 6/30

C174 (5) The tile flooring the is tore or ripped will be replaced. Completion date 7/15

C174 (6) The hallway return vent filter was replaced and cleaned. Completion date 6/2

C174 (7) The window in the staff bedroom will be greased and made easy to open or close.

Completion date 6/3

C174 (8) New batteries will be placed in the non-wired smoke detectors. Completion date 6/3

C174 (9) The transition strip in bedroom 2 will be replaced. Completion date 6/15

C174 (10) Bedroom 3 will be repainted. Completion date 6/20

C174 (11) The multi-gang plugs were removed. Completion date 5/29

C174 (12) The holes for the hot water lines were filled with silicon sealant.

Completion date 6/21

C174 (13) Fire extinguishers will be monitored monthly and recorded in the facility book.

Completion date 6/1

C174 (14) Dryer exhaust will be cleaned out and kept unclogged. Completion date 6/2

C174 (15) The storm door locks will be removed and kept compliant with the rules.

Completion date 6/5

C126 (1) The exterior walls will be cleaned, and pressure washed to remove all the mildew.

Completion date 6/30

C126 (2) The HVAC lines protruding through the soffit will be sealed with silicon.

Completion date 6/21

C126 (3) The globe on the rear outside light will be replaced. Completion date 6/15

C126(4) The doors on the storage buildings will remain properly locked.

Completion date 6/2

C138 (1) Fire/Disaster drills are being done with the fire alarms and being done 4X a year

Completion date 6/1

Clarissa Walker

6/11/19