Fax Cover Sheet

To: DHSR Construction Section

From: House of Love Family Care Home

Re: Corrective Action

Fax #: (919)-733-6892 **Pages:** 7th 7

Phone contact: 252-455-1644 **Date:** 8-13-19

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

July 29, 2019
Angela Hardy (via e-mail only)
P O Box 1292
Elizabeth City, NC 27906

RE: FC Follow-Up Biennial Construction Survey
FID #120474 Fcl070011
House Of Love Family Care Home
1904 Johnson Rd
Eliz City Pasquotank County

Dear Ms. Hardy:

On July 11, 2019, a Biennial Follow-Up Construction Survey was conducted at your facility by the Construction Section of the Division of Health Service Regulation to determine if your facility was in compliance. As a result of this survey, your facility is not in substantial compliance due to uncorrected deficiencies. Failure to correct the outstanding deficiencies may jeopardize the status of your license. Corrections are required and a **Signed Plan of Correction** must be submitted.

Plan of Correction (PoC)

A PoC for the deficiencies must be submitted August 13, 2019

Your PoC for the deficiencies must contain the following:

- What corrective action(s) will be accomplished by the facility to correct the deficient practice;
- How you will identify other life safety issues having the potential to affect residents 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. Any completion date greater than 15 days from date of survey requires a written waiver from DHSR-Construction Section.

  - Corrective action must begin immediately

Your **Signed 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

If you have any questions concerning the instructions contained in this letter, please contact me.

Sincerely,

Luis Padilla

Luis Padilla
Architectural/ Engineering Technician
DHSR - Construction Section

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

Division of Health Service Regulation

PRINTED: 07/29/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL070011	A. BUILDING: 01 B. WING _____	R 07/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSE OF LOVE FAMILY CARE HOME	1904 JOHNSON RD ELIZ CITY, NC 27909

(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 Follow-Up Survey on July 11, 2019 from 3:30 PM to 4:20 PM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required. The remaining deficiencies are as follows:	{C 000}	The correction action that will be put in place to correct the deficient practice will be to first apply for a waiver. This building has been in use since 2013, and the last time the door width passed the original inspection prior to licensing. If a waiver is not granted we will hire a contractor to widen the bathroom doors. This will take more than 15 days	
C 113	Construction-Door Width SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (j) The door width shall be a minimum of two feet and six inches in the kitchen, dining room, living rooms, bedrooms and bathrooms. This Rule is not met as evidenced by: NEW DEFICIENCY 1. At the time of the survey it was observed that the bathroom doors in the home only has a width of 24 inches. This does not meet the intent of the rule.	C 113		
{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	{C 169}	The heat detector that was removed at 135° was laying on top of some HVAC duct work under the original heat detector from 2/6/2018 that heat detector will be	

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{C 169}	Continued From page 1 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: 2.) The rule requires that heat detectors be connected to a dedicated sounding device located in the attic or basement: At the time of the survey the heat detector located in the attic was a 135 degree rated device. The heat detector was also not connected to a dedicated sounding device. During the summer, the heat can raise the temperature in the attic enough to cause a false alarm. The heat detector should be a 194 to 212 degree rated device and have its own dedicated sounding device. Based on our findings make arrangements to upgrade the heat detector in the attic. Once completed provide photos of the work as well as invoices/receipts indicating all work performed to the DHSR Construction Section as verification of compliance. LAP-7/11/2019 1 At the time of the survey it was verified that the new 194 degree heat detector (that replaced the previous 135 degree device located near the attic access door) is interconnected with the homes smoke detectors which will trip the breaker if activated and disable the homes residential smoke detectors below. This is not compliant with the rule.	{C 169}	disgarded. The new heat detector of 194 degrees will have its own sounding device a licensed electrician will be hired, Recipts and photos will be sent upon completion, The completion date will be 8-28-19	b

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{C 169}	Continued From page 2 2. At the time of the survey it was identified that the other 135 degree heat detector (in the attic above the living room) had been disconnected from its power source and was laying on top of some HVAC duct work. A new heat detector is required in this area of the attic rated at 194 degrees but from a different power source so as to not trip the breaker(s) as described above. 3. Please note that in reference to items #1 and #2 above the newly installed 194 heat detectors are required to be connected to a dedicated sounding device.	{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: 3.) The rule requires the building shall be maintained in a safe and operating condition: At the time of the survey it was observed that the laundry duct had a slight tear in it causing lint to be dispersed into the area. Failure to repair this duct will continue to allow lint to accumulate and present a fire hazard to the facility. Based on our findings make arrangements to have the laundry duct replaced and clean all excess lint from the affected area. Once	{C 174}	The debris and lint build up behind the dryer has been removed. A weekly check will be done behind the washer and dryer and signed off by the person who checked it. The weekly check will be on every Friday. This will ensure the identify of any issue the potential to affect having personal to affect residents by the same depart	

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{C 174}	Continued From page 3 completed provide photos of the work as well as invoices/receipts indicating all work performed to the DHSR Construction Section as verification of compliance. LAP-7/11/2019 At the time of the survey it was observed that the tear in the duct has been fixed, however there is a build up of lint and other debris behind the dryer unit. 6.) The rule requires that all electrical equipment shall be maintained in a safe and operating condition: At the time of the survey it was observed that the junction box located in the attic had exposed wires. If left unattended, this can promote an electrical hazard to the facility. Based on our findings make arrangements to have the junction box attended to. Once completed provide photos of the work as well as invoices/receipts indicating all work performed to the DHSR Construction Section as verification of compliance. LAP-7/11/2019 At the time of the survey it was observed that the junction box in the attic still had electrical wires exposed. When an new power source is provided for the two new 194 heat detectors in the attic, covers must be provided for the junction boxes of the two abandoned 135 degree heat detectors. This is not compliant with the rule.	{C 174}	practice. The measure that will be put in place to ensure that the deficient practice does not recur will be having staff to sign off after they have checked and corrected any issue pertaining to Lint or debris. And the corrective action will be to have a supervisor sign off checking behind staff. The exposed wires from the Junction box will be covered when the electrician come out to add a seperate sounding device to the 194 degree heat detector. Completion date 8-28-19 photo, And Receipts will be sent upon completion of the work.	