NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

August 20, 2019
Dominica Davis (via e-mail only)
408 Mimosa Street
Oxford, NC 27565

RE: Davis Family Care Home - FC Biennial Survey
408 Mimosa Street
Oxford Granville County
FID #100521 Fcl039011

Dear Ms. Davis:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on August 14, 2019. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected 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.

1. Corrective action must begin immediately.
2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to

SIGN, DATE AND RETURN the Plan of Correction to DHSR-Construction by September 4, 2019. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your 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

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by September 4, 2019. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by September 4, 2019. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Steven C. Lewis, Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: https://info.ncdhhs.gov/dhsr/.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

David Hickman

David Hickman
Architectural/ Engineering Technician
DHSR - Construction Section

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

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
	FCL039011	A. BUILDING: 01 B. WING _____	08/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAVIS FAMILY CARE HOME	408 MIMOSA STREET OXFORD, NC 27565

(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 David Hickman DHSR Construction Section conducted a Biennial Survey on August 14, 2019 from 10:05 AM to 11:25 AM at the above referenced facility. DHSR records indicate the home was first licensed on December 20, 2011 as a Family Care Home for five (5) 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 2005 Rules 10A NCAC 13G for Family Care Homes and the 2009 North Carolina State Building Code - Section 421.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
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 fire and Sanitation inspection reports were unavailable for review. This is not compliant with the rule. Take the necessary steps to have these reports available.	C 174	going forward the administrator will have the fire and sanitation inspections reports cvailble for Reviews	9/30/2019

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [signature] TITLE Administrator (X6) DATE 9/9/19

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C 174	Continued From page 1 2. At the time of the survey it was observed that the fire drill logs were not kept up to date. This is not compliant with the rule. Take the necessary steps to cunduct proper fire drills and keep the log current. 3. At the time of the survey it was observed that the fire extinguishers were not being monitored on a monthly basis. This is not compliant with the rule. Take the necessary steps to have the staff check the extinguishers monthly and initial the tags. 4. At the time of the survey it was observed that the evacuation plans were not oriented on the walls correctly. This is not compliant with the rule. Take the necessary steps to correctly orient the plans. 5. At the time of the survey it was observed that there was a space heater in the front left bedroom. This is not compliant with the rule. Take the necessary steps to remove the space heater from the house. 6. At the time of the survey it was observed that the exhaust fan in the back bathroom was dirty. This is not compliant with the rule. Take the necessary steps to clean the exhaust fan. 7. At the time of the survey it was observed that the bathroom in the hallway had a loose toilet at its base, there was not a grab bar for the toilet and there was a hole in the wall at the top of the shower. This is not compliant with the rule. Take the necessary steps to correct these deficiencies. 8. At the time of the survey it was observed that there was a build up of lint behind the dryer. This	C 174	2. At the time of survey the fire log was filed not in the ~~wrong~~ normal place the are up to date but was not avaible for Review Administrater will have Reports avaible for Review going forward 9/31/19 3. Going forward the admin. will monitor the extinguisher on a monthly basis. 8/14/19 4. going forward the admin will continue to ensure the evacuation plans are on the walls correctly. 8/14/19 5. The space heater was not being or have been used. A Resident family member brought it to the Resident and would not come back to get it. Going forward the Admin. will ensure space heater will not be in the Facility. 8/14/19 6. Going forward the exhaust fan continue to be cleaned on a Regular basis. 8/14/19 7. Going forward the Admin will ensure the toilet be tightened at all times and a grab bar for the toilet and all walls be free from holes 8/15/19 8. Admin will ensure after each time the Lint Filter is Cleaned	

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C 174	Continued From page 2 is not compliant with the rule. Take the necessary steps to clean out behind the dryer. 9. At the time of the survey it was observed that the storm doors on the front and rear doors did not have single motion locking devices. This is not compliant with the rule. Take the necessary steps to change or remove the locks. 10. At the time of the survey it was observed that the light over the stove was missing a bulb. This is not compliant with the rule. Take the necessary steps to replace the bulb. 11. At the time of the survey it was observed that there was not a night light in the hallway. This is not compliant with the rule. Take the necessary steps to add a night light. 12. At the time of the survey it was observed that there was a smoke detector that was chirping. This is not compliant with the rule. Take the necessary steps to change the batteries as needed. 13. At the time of the survey it was observed that the heat detector in the attic was rated at 135 degrees and was mounted too low. This is not compliant with the rule. Take the necessary steps to add a properly rated heat detector and mount it at the correct height. 14. At the time of the survey it was observed that there was no call system in the home. This is not compliant with the rule. Take the necessary steps to add a call system.	C 174	8. To wipe off the top of the dryer to keep the dryer clean from the ~~lint from~~ dust from the lint.	8/14/19
			9. Admin. will ensure the front and back storm doors ~~have~~ single motion ~~locking~~	9/5/19
			10. Going forward Admin will keep light bulbs on hand when light blows. ensure it can be replace immediately	8/14/19
			11. Going forward Admin. will ensure a night light to be in the hallway at all times	8/14/19
			12. Going forward Admin will ensure to replace the smoke detector when its defective or replace batteries when needed	8/17/19
			13. Admin. will purchase a heat dector rated 175 degrees and mounted according to the instruction on the heat dector	9/30/19
			14. Admin. will purchase a In home call system	9/30/19
C 183	Outside Premises-Clean, Safe	C 183		

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C 183	Continued From page 3 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 there was not a handrail on the house side of the ramp. This is not compliant with the rule. Take the necessary steps to add a handrail. 2. At the time of the survey it was observed that there was an abandoned vehicle stored on the property. This is not compliant with the rule. Take the necessary steps to properly register or remove the vehicle. 3. At the time of the survey it was observed that the dryer exhaust vent was clogged. This is not compliant with the rule. Take the necessary steps to clean the exhaust vent. 4. At the time of the survey it was observed that the dryer vent pipe in the crawlspace was a flexible vent. This is not compliant with the rule. Take the necessary steps to hardpipe the vent from the floor of the house to the exterior. 5. At the time of the survey it was observed that there were gas cans stored in the crawlspace. This is not compliant with the rule. Take the necessary steps to remove the gas cans and store in a proper place. 6. At the time of the survey it was observed that the crawl door latch was broken. This is not compliant with the rule. Take the necessary steps to repair the latch.	C 183	1. Admin. will install a hand rail on the ~~house~~ side of the ramp. 2. Administor will move the vehicle 3. Admin will continue ~~to keep make exhaust vent~~ to make sure the exhaust vent stay clean to keep from clogging. 4. Admin will purchase a metal pipe for the crawlspace dryer vent and install it. 5. Admin will Ensure gas cans will not be stored in the crawlspace admin will Remove the gas can from crawl space 6. Admin. will Replace the broken latch on the crawl space door	9/5/19 9/30/19 8/14/19 8/17/19 8/14/19 9/5/19

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C 183	Continued From page 4 7. At the time of the survey it was observed that the cover to the air conditioner was not sealed where it connects to the house. This is not compliant with the rule. Take the necessary steps to reseal the cover.	C 183	Admin. will contact the heat and air company to to seal the air conditioner cover and seal ~~at~~ where it connets to the house	9/30/19