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
	FCL092247	A. BUILDING: 01 B. WING _____	05/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VAL'S PLACE AT DODSWORTH	6021 DODSWORTH DRIVE RALEIGH, NC 27612

(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 23, 2019 from 12:45 PM to 1:50 PM at the above referenced facility. DHSR records indicate the home was first licensed on April 5, 2018 as a Family Care Home for three (3) non-ambulatory Residents (Unable to respond and evacuate without any physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes the applicable portions of the 2012 North Carolina State Building Code - Residential (One & Two Family Dwelling) - Section R103. NOTES: 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.) This home is currently under Project #FC-4387-DLJ to increase the capacity of the home six non-ambulatory residents under the applicable requirements of the North Carolina Building Code 425.4. The cited deficiencies are as follows:	C 000	All deficiencies were corrected and provided with photos of corrections on November 20, 2019	
C 146	Outside Entrances/Exits-Ramp(s)	C 146		

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

V. June — OWNER — 11.20.19

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C 146	Continued From page 1 SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (c) At least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the home has any resident that must have physical assistance with evacuation, the home shall have two outside entrances/exits at grade level or accessible by a ramp. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there is no ramp installed for the front entrance/exit door of the home. Per a letter concerning Project #FC-4387-DJL, staff has been aware of this since November of 2018. This is not compliant with the rule.	C 146		
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 a chain lock was being utilized at the front door of	C 147		

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C 147	Continued From page 2 the home. This is not compliant with the rule.	C 147		
C 171	Fire Safety- Evacuation Plan SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (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 the fire evacuation plans for the home were not oriented correctly. This is not compliant with the rule.	C 171		
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 heat detector in the attic had dislodged itself. This is not compliant with the rule. Ensure that this device is suitable for attic space use.	C 174		

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C 174	Continued From page 3 2. At the time of the survey it was observed that there was a build up of lint and debris behind the dryer of the home, possibly due to a hole in the dryer duct. This is not compliant with the rule. 3. At the time of the survey it was observed that there was an open light socket in the dining room of the home. This is not compliant with the rule. Ensure all light bulb sockets have functional light bulbs. 4. At the time of the survey it was observed that the fire extinguisher for the home were not being inspected on a monthly basis. This is not compliant with the rule.	C 174		
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 there were multiple trip hazards around the rear of the home, specifically at the ends of the ramps and concrete walkway. This is not compliant with the rule.	C 183		
C 918	G.S 131D 21(8) Declaration of Resident's Rights Every resident shall have the following rights: 8. To associate and communicate privately and without restriction with people and groups of his or her own choice on his or her own or their initiative and any reasonable hour.	C 918		

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C 918	Continued From page 4 This Rule is not met as evidenced by: 1. At the time of the survey it was observed that a baby monitor was being used for Bedroom #3, violating the resident's right to privacy. This is not compliant with the rule.	C 918		

PLAN OF CORRECTION
VAL'S PLACE AT DODSWORTH
License #: FCL-092-247
Reference: Construction Section Biennial Survey Dated 05/23/2019

(C 147) Outside Entrances/Exits-Single Hand Motion

SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS

1. In order to correct Item 1 (One) from the statement of deficiencies, **the chain lock at the front door of the home has been removed** as evidenced by the photo below:

Front Door Entrance view from Front Entrance Hallway

(C 171) Fire Safety-Evacuation Plan

SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN

1. In order to correct Item 1 (One) from the statement of deficiencies, **the Fire Evacuation Plans have been updated for proper orientation of staff and residents** as evidenced by the photo below:

Evacuation Plan (Front Entrance Hallway location)

(C 174) Building Equipment Maintained Safe, Operating
SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT

1. In order to correct Item 1 (One) from the statement of deficiencies, **the heat detector in the attic has been securely mounted and is no longer dislodged** as evidenced by the photo below:

Attic Heat Detector securely mounted

2. In order to correct Item 2 (Two) from the statement of deficiencies, **the dryer duct has been replaced and resealed to prevent lint and any other debris build-up behind the dryer** as evidenced by the photo below:

Behind the dryer view

3. In order to correct Item 3 (Three) from the statement of deficiencies, **the light bulb socket have been tested and light bulb installed appropriately** as evidenced by the photo below. **All light bulb sockets around the house are functional and have working light bulbs.**

Light fixture in the Dining Room (all sockets have light bulbs and working properly)

4. In order to correct Item 4 (Four) from the statement of deficiencies, **the proper monthly check-up of the fire extinguishers has been performed as advised during the Biennial inspection** as evidenced by the photos below:

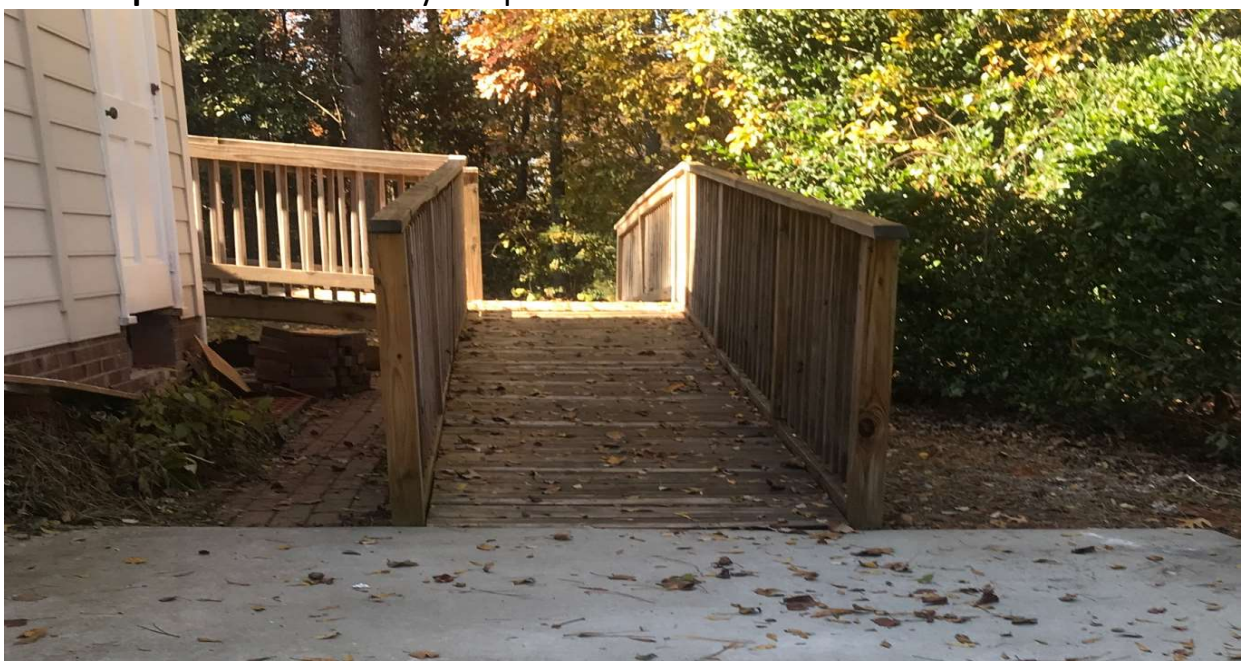
Front Entrance Fire Extinguisher

Rear Entrance Fire Extinguisher

(C 183) Outside Premises-Clean, Safe

SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES

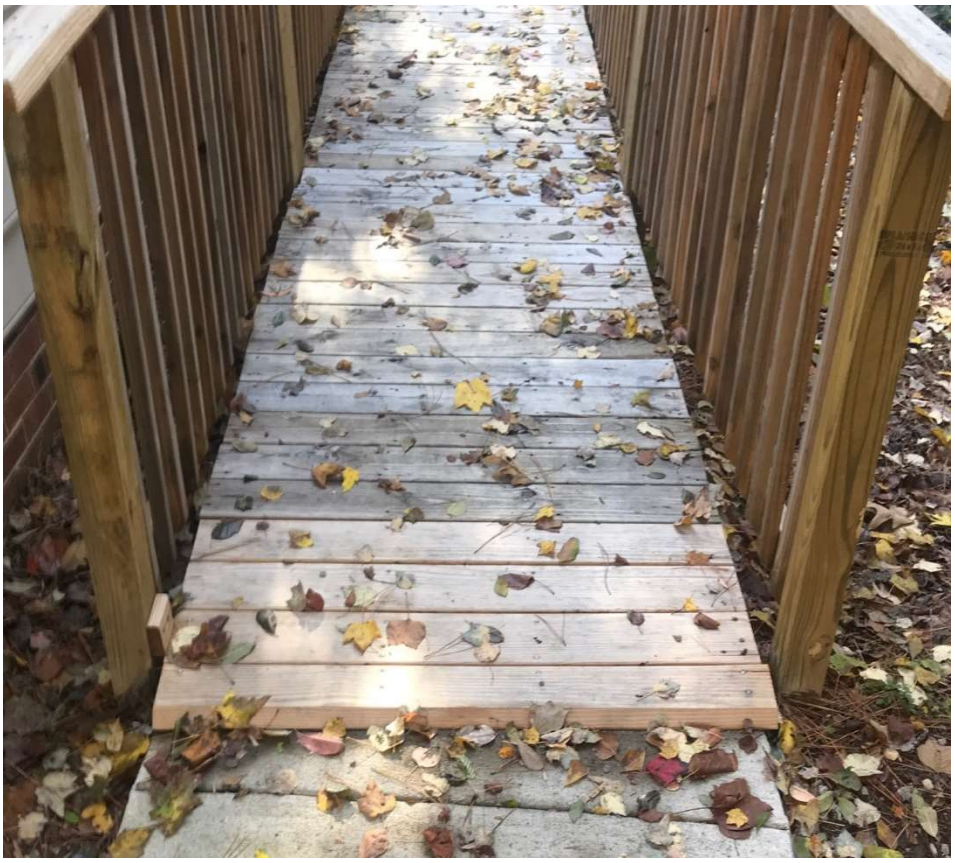
1. In order to correct Item 1 (One) from the statement of deficiencies, **the ends of each ramp behind the house have been corrected to safer and lower slopes** as evidenced by the photo below:



Right Side of the House Ramp Entrance (Ramp 1)

Right Side of the House Ramp Exit (Ramp 1)

Back of the House Ramp Exit (Ramp 2)



Back of the House Ramp Entrance (Ramp 2)

(C 918) Declaration of Resident's Rights - G.S 131D 21(8)

1. In order to correct Item 1 (One) from the statement of deficiencies, **the baby monitor has been removed from the resident 3 room to adhere to the resident's right for privacy** as evidenced by the photo below: