NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

September 19, 2023
Kudzai Mabunda, Administrator (via email only)
337 Overlook Terrace
Hendersonville, NC 28739

RE: Kay Family Care – FC Biennial Survey
337 Overlook Terrace
Hendersonville (Henderson County)
FID #010422

Dear Ms. Mabunda:

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 1, 2023. 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

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
	FCL045104	A. BUILDING: 01 B. WING	08/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KAY FAMILY CARE	337 OVERLOOK TERRACE HENDERSONVILLE, NC 28739

(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 1, 2023 from 2:20 PM to 3:35 PM at the above referenced facility. DHSR records indicate the home was first licensed on September 11, 2007 as a Family Care Home for four ambulatory residents on March 30, 2015 the home was approved for a capacity increase to six ambulatory residents (able to respond and evacuate 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 2006 North Carolina State Building Code - Section 421.2 - Residential Care Homes. 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. The cited deficiencies are as follows:	C 000		
C 105	Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a	C 105		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: A Gabunda | TITLE: Administrator | (X6) DATE: 09/27/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL045104	A. BUILDING: 01 B. WING	08/01/2023

RECEIVED
SEP 29 2023
CONSTRUCTION SECTION

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KAY FAMILY CARE	337 OVERLOOK TERRACE HENDERSONVILLE, NC 28739

(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 105	Continued From page 1 family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars ($380.00). (b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the additional staff bedroom did not have a smoke detector in the bedroom. This is not compliant per the building code. Take the necessary steps to add an interconnected smoke detector in this bedroom.	C 105	Smoke detector shall be installed in the additional bedroom by German	10/6/23
C 137	Bathroom-Mechanical Ventilation SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (g) The bathrooms shall be lighted to provide 30 foot candles of light at floor level and have mechanical ventilation at the rate of two cubic feet per minute for each square foot of floor area. These vents shall be vented directly to the outdoors.	C 137		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL045104	A. BUILDING: 01 B. WING	08/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KAY FAMILY CARE	337 OVERLOOK TERRACE HENDERSONVILLE, NC 28739

(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 137	Continued From page 2 This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the bathroom off the front bedroom did not have mechanical ventilation. This will not provide the proper air change necessary for the bathroom. This is not compliant with the rule. Take the necessary steps to add a mechanical exhaust fan in the bathroom.	C 137	The bathroom shall be installed with a mechanical ventilation to provide proper air. German will install this on 10/06/23	10/06/23
C 149	Outside Entrances/Exits-Handrails At Porches SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (f) All steps, porches, stoops and ramps shall be provided with handrails and guardrails. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there were no handrails at the small rear ramp and no guardrail at the drop off at the end of the rear walkway. This could cause a fall hazard for the residents. This is not compliant with the rule. Take the necessary steps to add rails at these areas or build up the grade in these areas to create a level area with no drop off.	C 149	Handrails shall be installed at the small rear ramp and a guardrail at the drop off at the end of the rear walkway. This will be done on 10/06/23	10/06/23
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	Heat detector with a back up battery shall be installed in the attic by German on 10/06/23	10/06/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL045104	A. BUILDING: 01 B. WING	08/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KAY FAMILY CARE	337 OVERLOOK TERRACE HENDERSONVILLE, NC 28739

(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 169	Continued From page 3 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: 1. At the time of the survey it was observed that the heat detectors in the attic were rated at 135 degrees fixed temperature. This may cause false alarms for the heat detectors. This is not compliant with the rule. Take the necessary steps to install the proper 135 degree rate of rise heat detectors or 194 degree fixed temperature heat detectors. These detectors need to be wired on a dedicated circuit.	C 169	The smoke detector and the heat detector shall be interconnected on 10/06/23 by German. See attached invoices	10/06/23

View order details

Order date	Sep 25, 2023
Order #	112-8986513-4720229
Order total	$40.65 (1 item)

Shipment details

Rush Shipping

Delivered

Kidde Heat Detector, Hardwired with Battery Backup & 2 LEDs,... $38.08

Qty: 1

Sold By: Amazon.com Services LLC

Track shipment >

Buy it again >

Payment information

Payment Method
Visa ending in 4196

Billing Address
358 RIDGEVIEW HILL DR
HENDERSONVILLE, NC 28791-7809

Shipping address

GREMAN CONTRACTOR

Mailing Address
231 Cedar Hill Road
Asheville NC 28806
(828)-301-1382

QUOTE

09/27/203

Client
Kay Family Care Home
337 N. Overlook Terrace
Hendersonville NC 28739

DESCRIPTION	AMOUNT
Install hard wired smoke detector in bedroom, interconnect heat detector in attic Install mechanical vent in the main bathroom Install guardrail at the drop of the end of the rear walkway all labor and material	$965.45
Total Due	
TOTAL	$965.45

Due Upon Completion of work

THANK YOU FOR YOUR BUSINESS!