Serving Seniors and Their Families Since 1990

Enriching the lives of seniors
Supporting families caring for aging family members
Representing the community's commitment to its elders

EXECUTIVE DIRECTOR
Paul Klever

paul@charleshouse.org

CHARLES HOUSE ASSOCIATION

Helping People Age the Way They Have Lived

October 5, 2023

David Hickman
Architectural/Engineering Technician
DHSR—Construction Section
Via email: dhsr.construction.admin@dhhs.nc.gov

RE: Charles House-Yorktown Eldercare Home—FC Biennial Survey
FID #100253

Mr. Hickman:

Please find attached the Plan of Correction in regard to the biennial survey conducted on August 22, 2023.

Your letter informing us of the deficiencies is dated September 20, 2023, and received via email.

The letter specifies that any completion date [for the identified deficiencies] greater than 45 days from the date of survey [August 22, 2023] requires a written vaiver from DHSR—Construction Section.

Your notification of deficiencies was sent a full 29 days after the survey, which leaves only 16 days for us to complete the corrections within the 45 day limit, which is October 6,2023—tomorrow. While we find this limitation unreasonable, you'll see we have accomplished nearly all the corrections—an indication of Charles House's commitment to maintaining compliance with state rules for our family care homes.

Pursuant to the requirement for written waiver, we are requesting a written waiver for two incomplete items:

1. Item C 174 (3) Inspection / Replacement of the dryer vent. Work on this item has been scheduled for Oct. 9. Photo of the correction will be sent following completion.
2. Item C 174 (8). Replacement of damaged flooring. The flooring contractor has ordered a commercial grade flooring material for the replacement. The installation is schedule for Oct. 17, 2023.

Let us know if you have any questions or need further information regarding the Plan of Correction.

Sincerely,

Paul Klever

Paul Klever
Executive Director

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

September 20, 2023
Paul Klever, Administrator (via email only)
7511 Sunrise Road
Chapel Hill, NC 27514

RE: Charles House-Yorktown Elder Care Home – FC Biennial Survey
303 Yorktown Drive
Chapel Hill (Orange County)
FID #100253

Dear Mr.Klever:

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 22, 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

SIGN, DATE, AND RETURN the Plan of Correction to DHSR – Construction by October 5, 2023. 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:

Mailed to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Faxed to: (919) 733-6592

Emailed 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 October 5, 2023. 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 October 5, 2023. 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: Jeff Hams, Acting 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: DHSR – Adult Care Licensure Section
City Building Inspection Department – with attachment (via email only)
Orange County DSS – with attachment (via email 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
	fcl068027	A. BUILDING: 01 B. WING _____	08/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARLES HOUSE-YORKTOWN ELDER CARE I	303 YORKTOWN DRIVE CHAPEL HILL, NC 27516

(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: Jonathan Gamsey DHSR Construction Section conducted a Biennial Survey on August 22, 2023 from 9:00 AM to 10:10 AM at the above referenced facility. DHSR records indicate the home was first licensed on March 01, 2011 as a Family Care Home for six (6) 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 2009 North Carolina 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. 3.) At the time of the survey, it was identified that the home hasn't served any residents in the past 10 months. The cited deficiencies are as follows:	C 000		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE	C 174		

Division of Health Service Regulation

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C 174	Continued From page 1 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 only one heat detector was in the attic. The attic is blocked by an upstairs furnace, not allowing a safe way to verify additional heat detectors. This is not compliant with the rule. Take the necessary steps to add an additional heat detector in the attic to ensure the attic fully covered by the range of it and or show proof of additional heat detectors. *A new attic access maybe needed to meet this requirement; verify with your local code official that minimum code requirements are met. 2.) At the time of the survey, it was observed that no running water was in the building. This did not allow for the water temperature to be checked. This is not compliant with the rule. Take the necessary steps to ensure the hot water is in working order. Due to the condition of the unit on the exterior of the home, it is advised to have a professional do the start-up to verify the proper operation of the instant water heater. * A Temperature log was left with the owner to validate temperatures to send in once the water heater is operational. 3.) At the time of the survey, it was observed that the dryer vent exhaust is in an area that can't be accessed freely to check for the integrity of the dryer vent exhaust. This is not compliant with the rule. Take the necessary steps to send photos of	C 174	An additional heat detector was Installed in the specified portion of the attic on — 10/4/23 Photo # 1 Temperature Record for hot water was completed and sent via email to: Anthony Brinson, Residential Team Leader on 8/31/23 The dryer venting and exhaust were inspected on 9/29/23. Contractor is scheduled to replace the dryer vent on 10/9/23	

Division of Health Service Regulation

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C 174	Continued From page 2 the dryer vent. 4.) AT the time of the survey, it was observed that most of the windows in the household had debris on them. This is not compliant with the rule. Take the necessary steps to ensure the windows are kept clean of debris. 5.) At the time of the survey, it was observed that the fire extinguishers were not being checked by the staff monthly to evaluate the status of the extinguishers. This is not compliant with the rule. Take the necessary steps to have the staff inspect the extinguishers once a month and date the tags accordingly to prevent the extinguisher from becoming damaged or losing its charge and being unusable in a time of need. 6.) At the time of the survey, it was observed that the front sidewalk leading down the driveway had a step-off. This is not compliant with the rule. Take the necessary steps to build a railing and or build up the grading to remove the step-down. 7.) At the time of the survey, it was observed that the filters for the air returns were dirty and clogged preventing clean airflow for the HVAC unit. This is not compliant with the rule. Take the necessary steps to install clean air filters and change them out a regular interval so the HVAC unit can function properly. 8.) At the time of the survey, it was observed that the staff office flooring near the kitchen has peeling and gouges in it. This is not compliant with the rule. Take the necessary steps to replace the flooring. An office chair mat should help with any future damage to the flooring. 9.) At the time of the survey, it was observed that	C 174	Windows have been arranged to be cleaned prior to residents occupying the facility Starting in Oct, 2023, the fire extinguishers will be initialed monthy when inspected by staff 9/29/23 Gravel has been added to the driveway to match the level of the sidewalk Photo #2 9/29/23 The HVAC return vents have been cleaned and the filters replaced. Arrangement have been made to complete monthly 9/29/23 Flooring contractor has been secured to replace flooring in affected area waiting on delivery of new flooring material 10/17/23	

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C 174	Continued From page 3 the storage 2 door was dragging. This is not compliant with the rule. Take the necessary steps to repair the door to prevent any damage to the floor and or door frame. 10.) At the time of the survey, it was observed that in storage 2 chemicals are left unlocked. This is not compliant with the rule. Ensure all chemical storage is locked. * Corrected on site 11.) At the time of the survey, it was observed that the exhaust fans in multiple bathroom covers were dirty and had dust on it preventing proper exhaust of the air in the bathroom. This is not compliant with the rule. Take the necessary steps to clean the exhaust fans. 12.) At the time of the survey, it was observed that multiple windows in bedrooms do not stay open on their own. This is not compliant with the rule. Take the necessary steps to ensure all emergency egress points are in working order by repairing and or replacing them. 13.). At the time of the survey, it was observed that in bedroom 2 multiple large objects were blocking the emergency egress window. This is not compliant with the rule. Take the necessary steps to ensure all emergency egress points are kept clear in case of an emergency event.	C 174	The closet door has been removed, cut down and reinstalled Photo #3 9/28/23 onsite @ inspection The bathroom exhaust fans have been cleaned 9/29/23 The bedroom windows have been serviced to repair springs assuring secure opening Photo #4 9/28/23 Objects have been moved from window.	
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.	C 183	Outdoor yard service contractor has cleaned the outside premises. Photo #5 & #6	

Division of Health Service Regulation

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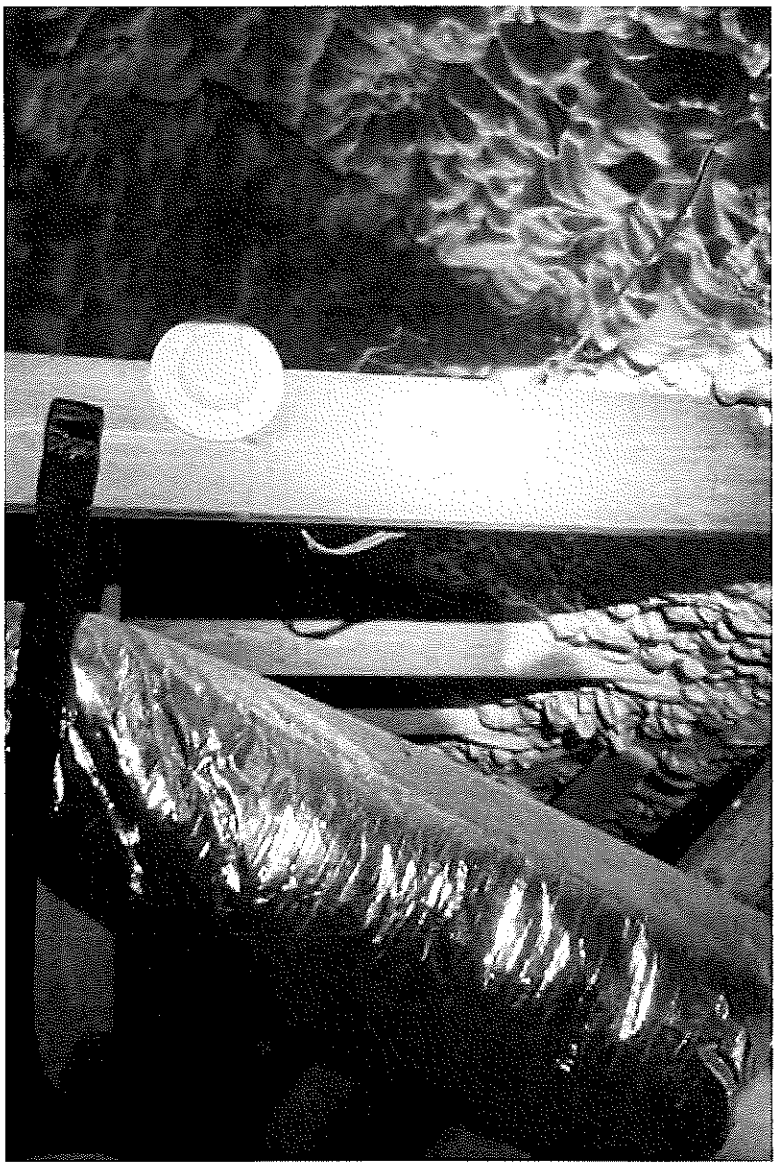
C 183	Continued From page 4 This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that a foundation vent was no longer in working order. This is not compliant with the rule. Take the necessary steps to replace the foundation vent. 2.) At the time of the survey, it was observed that debris was on the roof. This is not compliant with the rule. Take the necessary steps to ensure the roof is kept clean of debris. 3.) At the time of the survey, it was observed that overgrown foliage was around the home. This is not compliant with the rule. Take the necessary steps to ensure the area is kept clean and safe for the staff and residents. 4.) At the time of the survey, it was observed that the shed was in a state of decay. This is not compliant with the rule. Take the necessary steps to bring the shed back into working order, and be able to lock it. 5.) At the time of the survey, it was observed that a water hose was left in the yard, not in use. This is not compliant with the rule. Take the necessary steps to remove tripping hazards in the yard and ensure all tools have a home when not in use.	C 183	Foundation vent has been replaced Photo #7 9/29/23 The roof has been cleaned Photo #8 9/29/23 This was completed by yard contractor in item C183(a) (Photo #5, #6) This shed door was replaced. Photo #9 9/29/23 Water/garden hose has been removed 9/29/23	

Signed: Paul Klever
PAUL KLEVER

Date: Oct. 5, 2023

Charles House - Yorktown Photo #1
C 174 (1) Additional heat detector in attic



Charles House - Yorktown Photo #2

C 174 (6) Build up grading to remove step-down

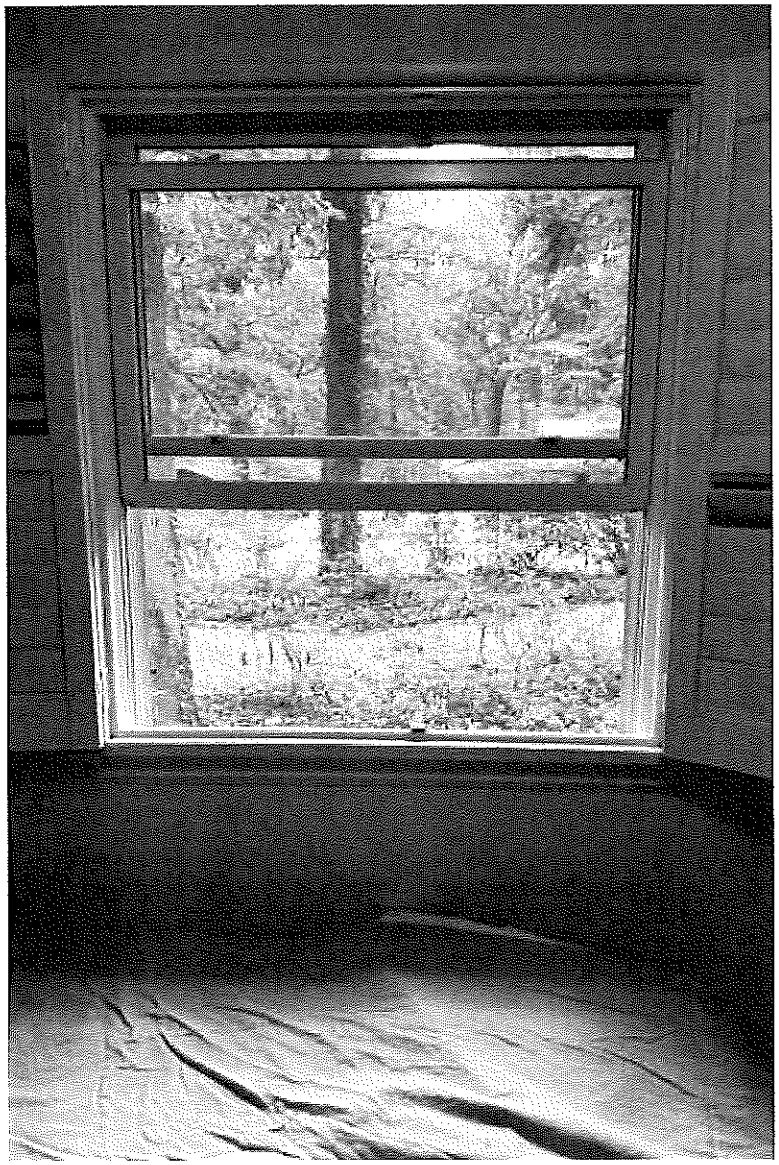
Charles House - Yorktown Photo #3

C 174 (9) Closet door dragging

Charles House - Yorktown

Photo #4

C 174 (12) Bedroom windows repaired to stay open



Charles House - Yorktown

Photo #5

C 1884 (3)

Charles House - Yorktown

Photo #6

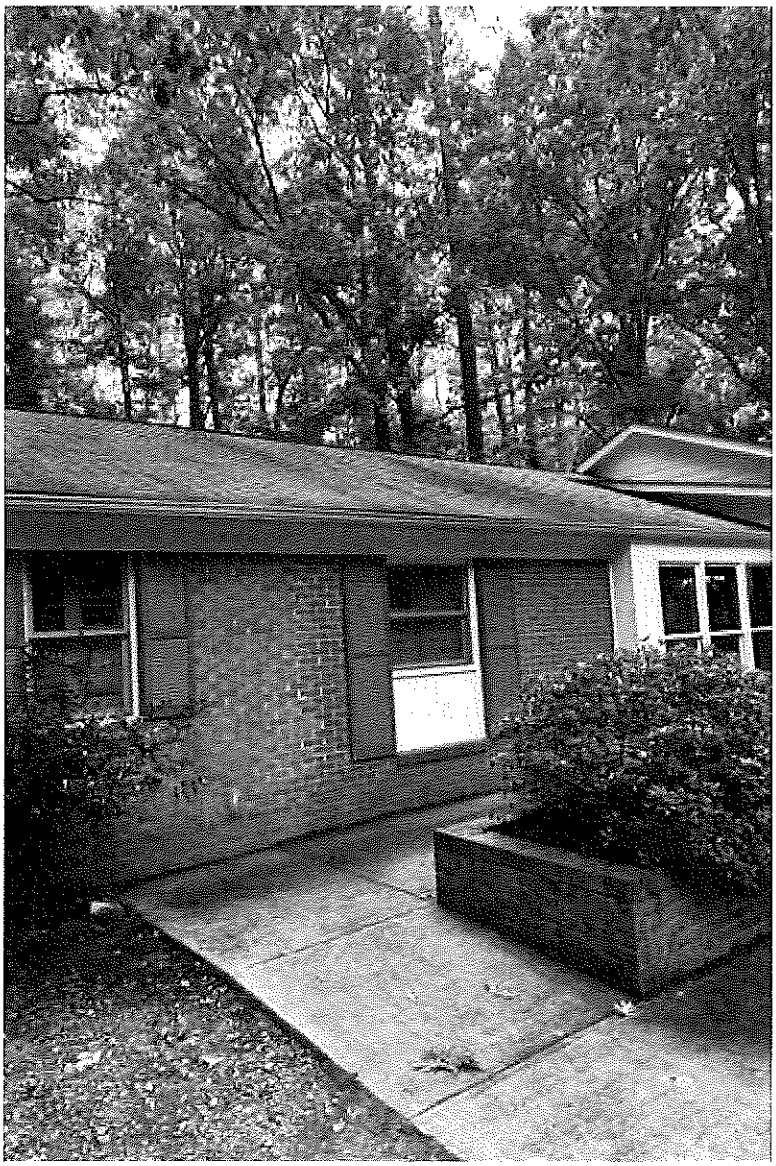
C 183 (3)

Charles House - Yorktown Photo #7

C 183 (1) Foundation vent replaced

Charles House - Yorktown Photo # 8

C 183 (2) Roof cleared of debris



Charles House - Yorktown Photo #9

C 183 (4) shed door replacement