

Division of Health Service Regulation

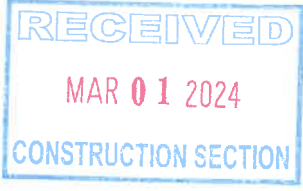
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL080024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/27/2023
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PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FAMILY CARE HOME

**4035 WOODLEAF-BARBER ROAD
CLEVELAND, NC 27013**

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 Kelly Myers DHSR Construction Section conducted a Biennial Survey on November 27, 2023 from 1:10 PM to 2:05 PM at the above referenced facility. DHSR records indicate the home was first licensed on October 22, 2007 as a Family Care Home for three (3) 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 2002 North Carolina State Building Code - Residential (One & Two Dwelling) - Section R101.2. 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 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	C 169		

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LABATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

J. B. Blackwell

Director

2-26-24

Division of Health Service Regulation

OF DEFICIENCIES
CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

FCL080024

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: **01**

B. WING _____

(X3) DATE SURVEY
COMPLETED

11/27/2023

NAME OF PROVIDER OR SUPPLIER

LIBBY FAMILY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

**4035 WOODLEAF-BARBER ROAD
CLEVELAND, NC 27013**

(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 1 connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be 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 access to the attic was very limited to confirm the presence of a heat detector. This is not compliant with the rule. Take the necessary steps to confirm and verify that there is a heat detector in the attic that is hard wired and sounds at the device or is connected to another sounding device. Provide documentation such as pictures or an invoice as proof of the presence of a heat detector and the rating. The heat detector must be of a minimum 194 degrees fixed temperature or 135 degrees rate to rise.	C 169	In compliance with C169 - 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 provided with battery backup. The Director of Libby Family Care Home has ensured the necessary steps to confirm and verify that there is a heat detector in the attic that is hard wired and sounds at the device or is connected to another sounding device.	
C 172	Fire Safety-Four Rehearsals SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved.	C 172	The Director of Libby Family Care shall ensure that the heat detector is at of a minimum 194 degrees fixed temperature or 135 degrees rate to rise.	3-15-2024

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NAME OF PROVIDER OR SUPPLIER LIBBY FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4035 WOODLEAF-BARBER ROAD CLEVELAND, NC 27013		
(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 172	Continued From page 2 This Rule is not met as evidenced by: 1. At the time of the survey a live fire drill was performed. At the time one (1) resident was on-site. The one resident did not respond or evacuated when the alarm was sounded. The resident remained in her bedroom. This is not compliant with the rule. Take the necessary steps to train the residents to respond or evacuate at the sound of the smoke alarms and any resident that requires physical or verbal prompting and or assistance may need to be relocated to another facility to better accommodate their needs. 2. At the time of the survey it was observed that there is a client that requires prompting during fire drill rehearsals. This is not compliant with the rule. Take the necessary steps to train clients to respond to the sound of a smoke detector alarm any time that one is activated. The license for this home is for ambulatory clients which means they should be able to evacuate without verbal or physical assistance in the event of a fire emergency.	C 172	In compliance with C169 - SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained in the home. Copies of the rehearsals shall be furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved. The Director of Libby Family Care Home is working and training clients to hear the sound of a smoke detector alarm any time that one is activated and to evaluate without verbal or physical assistance in the event of a fire emergency.	2-23-2024
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	C 174		

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C 174	Continued From page 3 bedroom #1 doorknob is loose and it doesn't latch. This is not compliant with the rule. Take the necessary steps to secure the doorknob and adjust it so that it will latch and allow for privacy. 2. At the time of the survey it was observed that bedroom #2 has a missing electrical cover just inside the door. This is not compliant with the rule. Take the necessary steps to install the electrical cover to prevent the potential for electrical shock. 3. At the time of the survey it was observed that there is a broken receptacle cover in the closet under the right side window that has the potential to cause electrical shock. This is not compliant with the rule. Take the necessary steps to replace the broken receptacle cover. 4. At the time of the survey it was observed that the light globe is missing at the closet light fixture in bedroom #3. Take the necessary steps to install a light globe. 5. At the time of the survey it was observed that there is a triple plug adapter at the kitchen countertop to the right that is not UL rated. This is not compliant with the rule. Take the necessary steps to remove the adapter that is not UL rated. 6. At the time of the survey it was observed that the rangehood fan was locked up and not spinning. This is not compliant with the rule. Take the necessary steps repair or replace the rangehood. 7. At the time of the survey it was observed that the front bathroom by bedroom #1 is missing the faucet aerator and has a loose doorknob. This is not compliant with the rule. Take the necessary	C 174	In compliance with C174 - 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. The Director of Libby Family Care Home shall ensure that all fire safety, electrical, mechanical, and plumbing equipment in the family home is maintained and in a safe and operating condition. 1. The doorknob has been repaired and no longer loose. The latch has been repaired so that it allows for privacy. 2. An electrical cover has been installed inside the door to prevent the potential for electrical shock. 3. The receptacle cover in the closet under the right side of the window has been replaced so there is no longer potential to cause electrical shock. 4. A light globe will be installed in the light fixture in the closet of bedroom #3. 5. The triple plug adapter at the kitchen countertop to the right has been removed and replaced with a UL rated plug adapter.	2-16-2024 2-16-2024 2-16-2024 3-22-2024 3-22-2024	

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C 174	Continued From page 4 steps to repair the faucet and loose doorknob. 8. At the time of the survey it was observed that the front bathroom by bedroom #1 has is loose at the base. This is not compliant with the rule. Take the necessary steps to secure the toilet at the base to prevent leaks that could be a slip hazard. 9. At the time of the survey is was observed that there are multiple holes in the vinyl siding, corner trim and shutters. This is not compliant with the rule. Take the necessary step to repair or replace the damaged vinyl siding, corner trim and shutters. 10. At the time of the survey it was observed that was a eye hook on the front storm door. This is not compliant with the rule. Take the necessary steps to remove the eye hook as it has the potential to impede egress in the event of an emergency. 11. At the time of the survey it was observed that there are two window sills and trim on the left side that are rotting. This is not compliant with the rule. Take the necessary steps to repair or replace the rotting windowsill and trim. 12. At the time of the survey it was observed that there is unfinished drywall in bedroom #3 in the closet area. This is not compliant with the rule. Take the necessary steps to repair the unfinished drywall. 13. At the time of the survey there were several damaged pickets at the back deck/ramp. This is not compliant with the rule. Take the necessary steps to repair or replace the damaged pickets.	C 174	In compliance with C174 - 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. The Director of Libby Family Care Home shall ensure that all fire safety, electrical, mechanical, and plumbing equipment in the family home is maintained and in a safe and operating condition. 6. The rangehood fan has been repaired. 7. The faucet aerator in the front bathroom #1 has been replaced. The doorknob has been repaired and is no longer loose. 8. The toilet in the front bathroom by bedroom #1 has been repaired at the base to prevent leaks. 9. The damaged vinyl siding, corner trim, and shutters are in the process of being replaced. 10. The eye hook on the front storm door has been removed.	2-16-2024 2-16-2024 3-8-2024 3-29-2024 2-16-2024	

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