

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL019011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2024
NAME OF PROVIDER OR SUPPLIER LIVEWELL ON 11472 CLUB DRIVE		STREET ADDRESS, CITY, STATE, ZIP CODE 11472 CLUB DRIVE CHAPEL HILL, NC 27517		
(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 April 03, 2024 from 11:40 AM to 12:45 PM at the above referenced facility. DHSR records indicate the home was first licensed on July 15, 2021 as a Family Care Home for six non-ambulatory Residents (unable 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 2012 North Carolina State Building Code - Section 425.4 - Small Non-Ambulatory Care Facilities. NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with onsite 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 911	G.S 131D 21(1) Declaration of Resident's Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: (1) To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy.	C 911		

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

TITLE

(X6) DATE

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C 911	Continued From page 1 This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the first bedroom on the right-hand side of the main hallway has a video camera. This is not compliant with the rule. Take the necessary steps to remove the said camera, and or show documentation that shows that the facility is allowed to monitor via camera with no audio from the client and or family member.	C 911		
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 hallway leading to the west porch had multiple wheelchairs that could impede egress in a time of need. This is not compliant with the rule. Take the necessary steps to properly store wheelchairs to ensure a path of egress is available to the west porch. 2.) At the time of the survey, it was observed that the hallway for bedroom 4b had water damage around the light fixture. This is not compliant with the rule. Take the necessary steps to find the root cause and patch, prep and paint the area and monitor for further water damage.	C 174		

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C 174	Continued From page 2 3.) At the time of the survey, it was observed that multiple oxygen tanks were found in bedroom #3 that were not properly secured. This could potentially lead to injury. This is not compliant with the ferrule. Take the necessary steps to properly secure oxygen tanks in the facility in an approved device.	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 on the left side of the facility the soffit is starting to show rot. This is not compliant with the rule. Take the necessary steps to repair and or replace the soffit.	C 183		