NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

April 2, 2024
Lisa Murphy, Administrator (via email only)
6347 Fairway Drive
Grifton, NC 28530

RE: L & C Family Care Home – FC Biennial Survey
6347 Fairway Drive
Grifton (Pitt County)
FID #160429

Dear Ms. Murphy:

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 March 12, 2024. 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 April 17, 2024. 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 April 17, 2024. 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 April 17, 2024. 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 Harms, 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,

Jonathan Gamsey

Jonathan Gamsey
Architectural / Engineering Technician
DHSR – Construction Section

cc: DHSR – Adult Care Licensure Section
County Building Inspection Department – with attachment (via email only)
Pitt County DSS – with attachment (via email only)

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FORM APPROVED

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
	FCL074050	A. BUILDING: 01 B. WING _____	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
L AND C FAMILY CARE HOME LLC	6347 FAIRWAY DRIVE GRIFTON, NC 28530

(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 March 12, 2024 from 09:45 AM to 11:10 AM at the above referenced facility. DHSR records indicate the home was first licensed on December 19, 2017 as a Family Care Home for six (6) ambulatory Residents (able 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 and the applicable portions of the 2012 North Carolina Building Code - Section 425.2 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 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 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 family care home shall meet the applicable requirements of the North Carolina State Building	C 105		

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C 105	Continued From page 1 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 bedroom #2 window is only opening at approximately 14 inches. This is not compliant with the rule. Take the necessary steps to alter said window to open at least 16 inches and or replace the window.	C 105	window will be replaced 5/27/24 to go up 16"	
C 134	Bathroom-Location, Entrance Through SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (c) Entrance to the bathroom shall not be through a kitchen, another person's bedroom, or another bathroom. (d) The required residents' bathrooms shall be located so that there is no more than 40 feet from any residents' bedroom door to a resident use bathroom door.	C 134		

L AND C FCH
6347 Fairway Dr.
Grifton NC 28530
c/o Lisa Murphy

4/15/24

C-134

Dear Mr JEFF HARMES,

section C-134, the family Care home does not accept residents in wheelchairs nor walkers. I.E. this door is removed to make it 30", the toilet is right there and they would have to cut into the tile on the wall and there is no space on the other side, that wall seperates the bathroom/room the bedroom. I would have to remodle the bathroom I dont have the money on hand for that project, to remodel.

Thanks

Lisa Murphy

L AND C FCH.

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C 134	Continued From page 2 This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the master bedroom attached bathroom doorway is approximately 26 inches. This is not compliant with the rule. Take the necessary steps to submit plans to DHSR on how the doorway can be altered to meet the rule above.	C 134	review	4/15/24
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. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the bathroom next to the laundry room does not have mechanical ventilation per the rule above. This is not compliant with the rule. Take the necessary steps to submit plans to DHSR before installation to verify they meet the rule.	C 137	completed	4/4/24
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.	C 147	Completed	4/4/24

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C 147	Continued From page 3 This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the deadbolt was still operational at the front door. This is not compliant with the rule. Take the necessary steps to fully disable the deadbolt at the front door and or remove and plate it off.	C 147		
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 surveyors could not access the attic due to an ongoing Bat infestation. This is not compliant with the rule. Take the necessary steps to provide documentation from a pest company when the treatment plan is completed, and the attic is safe to access. 2.) At the time of the survey, it was observed where staff sleeps the emergency exit window is blocked by storage. This could impede emergency egress in a time of need. This is not compliant with the rule. Take the necessary steps to remove said storage to ensure a proper pathway to the window. 3.) At the time of the survey, it was observed that multiple fire extinguishers were in and near the laundry room unmounted.. This could potentially	C 174	Completed Completed removed	3/27/24 3/15/24 3/15/24

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C 174	Continued From page 4 cause injury if not properly stored and or mounted. This is not compliant with the rule. Take the necessary steps to properly mount, store, and or remove from the facility. 4.) At the time of the survey, it was observed that the water temperature for the bathroom sink, located near the laundry didn't fall into the allowable range as referenced in the rule above, the reading taken was 122 degrees Fahrenheit. This is not compliant with the rule. Take the necessary steps/actions to ensure that the water temperature is maintained between 100 to 116 degrees Fahrenheit. Once corrections have been made provide written verification to our office. 5.) At the time of the survey, it was identified that the joints of the kitchen range hood ductwork were sealed with cloth-type tape. This is not compliant with the rule. Take the proper steps to properly seal the seams with an approved metallic tape to ensure proper exhaust. 6.) At the time of the survey, it was observed that the light fixture in the living room is at 74 inches, Ceiling mounted electrical fixtures shall be a minimum of 80 inches above the finished floor unless mounted over a barrier that prevents occupants from traveling under the fixture. This is not compliant with the rule. Take the necessary steps to alter said height of 80 inches and or replace said fixture. 7.) At the time of the survey, it was observed that behind the front door was wall damage. This is not compliant with the rule. take the necessary steps to properly patch, prep, and paint. 8.) At the time of the survey, it was observed that the window in bedroom #3 was not opening as	C 174 4 5 6 7	Completed Completed Completed Completed	4/4/24 4/4/24 4/15/24 4/15/24

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C 174	Continued From page 5 intended. This could impede egress in a time of need. This is not compliant with the rule. Take the necessary steps to repair and or replace said window.	C 174	not yet completed	5/27/24
	9.) At the time of the survey, it was observed that bedroom #3 had an extension cord. This is not compliant with the rule. Take the necessary steps to remove all extension cords from the facility, and if needed replace them with a surge protector.	9	completed	4/4/24
	10.) At the time of the survey, it was observed that bedroom #3 door is not properly latching. This is not compliant with the rule. Take the necessary steps to repair said door to ensure the privacy of residents.	10	Completed	4/4/24
	11.) At the time of the survey, it was observed that the water heater panels were both open. This could potentially lead to electrical shock. This is not compliant with the rule. Take the necessary steps to ensure access panels are kept shut unless in use.	11	completed	4/4/24
	12.) At the time of the survey, it was observed that the bedroom #4 light switch cover plate was cracked and could lead to electrical shock. This is not compliant with the rule. Take the necessary steps to replace the cover plate.	12	completed	4/4/24
	13.) At the time of the survey, it was observed that bedroom #4 flooring was dirty. This is not compliant with the rule. Take the necessary steps to clean said flooring.	13	not yet completed	5/27/24
C 180	Building Service Equipment-Call System SECTION .0300 - THE BUILDING	C 180	not yet completed	5/27/24

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C 180	Continued From page 6 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (f) Where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of resident lying on his bed. (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, where the bedroom of the live-in staff is in a separate area from resident's bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of the resident lying on his bed." For any wireless system to be approved, the base unit must use the house power, must recognize when any of the activators stop providing a signal, and must function in accordance with the intent of the Rules.	C 180	not yet completed	5/27/24
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		

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C 183	Continued From page 7 This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed on the right-hand side of the facility a wasp nest could be seen in the gable. This is not compliant with the rule. Take the necessary steps to remove the nest.	C 183 1	will be completed	4/22/24
	2.) At the time of the survey, it was observed that at the rear of the facility near the gate, multiple loose bricks were observed. This is not compliant with the rule. Take the necessary steps to properly secure bricks at the rear of the facility.	2	3/27/24 not yet completed	4/4/24
	3.) At the time of the survey, it was observed on the left side of the facility the water outlet cover was not in place. This could potentially lead to injury and or tripping hazards. This is not compliant with the rule. Take the necessary steps to install a cover plate over the water outlet.	3	completed	4/4/24
	4.) At the time of the survey, it was observed that the front gutter downspout was loose. This is not compliant with the rule. Take the necessary steps to properly secure the gutter downspout.	4	Completed	4/4/24
	5. At the time of the survey, it was observed that the front steps had foliage growing through the bricks. This could potentially lead to a tripping hazard. This is not compliant with the rule. Take the necessary steps to remove foliage and monitor.	5	sprayed completed	