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	R 05/01/2024

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 Jonathan Gamsey DHSR Construction Section conducted a Biennial Follow-up Survey on May 1, 2024 from 10:30 AM to 11:20 AM at the above-referenced facility. At the time of the survey, not all deficiencies were corrected therefore further action is required. Additional deficiencies were also observed. 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. There were previous deficiencies that were not closed out from an open biennial survey, these deficiencies were brought forward from the previous survey. 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 112	Construction-Res. Areas Same Floor Level SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (i) In homes licensed on or after April 1, 1984, all required resident areas shall be on the same floor level. Steps between levels are not permitted. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the laundry room was down a step down. This is not compliant with the rule. Take the necessary steps to submit policy and procedures to DHSR	C 112	The home was approved in 2007 with the laundry downstairs. This was because all the residents are not allowed to do their laundry according to Kay's polices. Find attached policy for your perusal.	

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	R 05/01/2024

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 112	Continued From page 1 stating that the facility does the laundry for the residents.	C 112		
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. This Rule is not met as evidenced by: * New Deficiencies * 1.) At the time of the survey, it was observed that the facility is not performing fire drills on 3rd shift. This is not compliant with the rule. Take the necessary steps to perform fire drills on all 3 shifts, 1st, 2nd, and 3rd. 2.) At the time of the survey, it was observed that only one of the three residents present in the house responded and evacuated at the time the smoke detectors were activated. This is not compliant with the rule due to the home being licensed for all ambulatory clients. Take the necessary steps to train the residents to respond and evacuate, without staff prompting or assistance, at any time the smoke detectors are activated. The residents must perform this take on their own for the home to maintain its ambulatory status.	C 172	Staff shall do rehearsals of fire drills on all the shifts. On 05/15/24 staff performed a fire drill on 3rd shift All the residents were able to evacuate the building without prompting. Staff will continue to train residents on each rehearsal until they are used to evacuate without prompting.	

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	R 05/01/2024

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 174	Continued From page 2	C 174		
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: * New Deficiencies * 1.) At the time of the survey, it was observed that the 2nd private bedroom is missing globes on the light fixture. This is not compliant with the rule. Take the necessary steps to replace globes on the light fixture.	C 174	The light bulbs and the light fixture was replaced on 5/16/24 Staff will do a monthly monitoring to make sure that all the bulbs and light fixtures are operational.	

Kay FCH, LLC

Standard Operating Policy and Procedure

Resident Laundry Policy — Date Effective: 01/15/2007

- It is the facility policy that no residents are permitted to do their own laundry.
- No resident is permitted to enter the lower level.
- Staff will wash all resident clothing.
- Facility will provide enough laundry collection bags for each resident to place their clothes in.
- Staff will appropriately label each bag for the resident that has dirty clothes.
- Subsequently, washing for all the residents is made easier and more efficient at Kay Family Care Home.

Prepared by; Kudzai Mabunda, MS

Administrator/Owner

mylowe's Rewards

LEARN MORE AT LOWES.COM/MYLOWESREWARDS

LOWE'S HOME CENTERS, LLC
19 MCKENNA ROAD
ARDEN, NC 28704 (828) 650-8000

- SALE -

SALES#: FSTLAN06 3915827 TRANS#: 891584375 05-16-24

1037128 DP 16.9-FL OZ SPRK WTR LI 3.76
1.98 DISCOUNT EACH -0.10
2 @ 1.88
1276706 2=5 BOUNTY DOUBLE PLUS (- 5.68
5.98 DISCOUNT EACH -0.30
1133113 52-IN HB ARMITAGE BRZ LED 56.98
59.98 DISCOUNT EACH -3.00
107204 LCC SYSTEM USE ONLY 0.00

New fan installed 05/16/24

SUBTOTAL:	66.42
TOTAL TAX:	4.46
INVOICE 78203 TOTAL:	70.88
MLRCC:	70.88

TOTAL SAVINGS THIS TRIP: $3.50

MLRCC: XXXXXXXXXXXXXX6261 AMOUNT: 70.88 AUTHCD: 000833
SWIPED REFID:782030 05/16/24 14:13:03

STORE: 2201 TERMINAL: 38 05/16/24 14:13:13
OF ITEMS PURCHASED: 4
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS

THANK YOU FOR SHOPPING LOWE'S.
FOR DETAILS ON OUR RETURN POLICY, VISIT
LOWES.COM/RETURNS
A WRITTEN COPY OF THE RETURN POLICY IS AVAILABLE
AT OUR CUSTOMER SERVICE DESK

****

SHARE YOUR FEEDBACK!
ENTER FOR A CHANCE TO BE
ONE OF FIVE $500 WINNERS DRAWN MONTHLY!
¡ENTRE EN EL SORTEO MENSUAL
PARA SER UNO DE

KAY FCH, LLC
Standard Operating Procedure

Fire Drill Schedule

Date Effective: 01/15/2010

(Drills must be conducted once a quarter on each shift)

Name of Adult Care Home: KAY FAMILY CARE HOME

Address: 337 N. Overlook Ter Hendersonville NC 28739

Date of rehearsal: 05/03/24 Time of rehearsal: 11:04PM

Person in charge: Kudzai Mabunda

Other staff members present: Amos Wachira, Masodzi Matambo

Time for evacuation: 2:30mins

Areas covered: (check any that apply)

Fire extinguishers instructions Yes Fire alarm operation Yes

Fire evacuation maps Yes Discuss fire hazards to look for Yes

Other: Odors

****

Date of rehearsal: _____ Time of rehearsal: _____

Person in charge: _____

Other staff members present: _____

Residents

1. Carol Payne
2. Karen Johnson
3. Aubrey Debenard
4. Zachaia Swanson
5. Jose Domenge
6. Drake Levi