

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 09/18/2024
NAME OF PROVIDER OR SUPPLIER CREEKVIEW FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3524 DICKEY MILL ROAD MEBANE, NC 27302		
(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 September 18, 2024 from 08:30 AM to 9:30 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 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 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	C 105		

Division of Health Service Regulation

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

TITLE

(X6) DATE

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C 105	Continued From page 1 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 the facility had 6 residents present in the house. The Residents did not respond, and none of them evacuated during the drill. 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. -One Resident was outside at the time of the fire drill. 2.) At the time of the survey, it was observed that the fire drills were not being fully filled out and missing the start time on multiple fire drills. This is not compliant with the rule. Take the necessary steps to fully fill out all fire drills to verify that fire drills are being performed correctly. 3.) At the time of the survey, it was observed that the staff was prompting during fire drills. This is not compliant with the rule due to the home being licensed for all ambulatory clients. Take the	C 105		

Division of Health Service Regulation

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C 105	Continued From page 2 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. 4.) At the time of the survey staff stated was a resident who was non-ambulatory in the facility and required prompting and assistance to evacuate the house during an emergency. Per our records, there has been no change of ambulatory status request for the license. Take the necessary steps to relocate the non-ambulatory residents or submit a change of ambulatory status request to our licensure section. 5.) At the time of the survey, it was observed that the staff was not trained on the fire alarm systems in the facility. This is not compliant with the rule. Take the necessary steps to ensure that all staff for the facility are trained on all assets of the facility.	C 105		
C 117	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the most recent fire inspection reports were not on-site and available for review. This is not	C 117		

Division of Health Service Regulation

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C 117	Continued From page 3 compliant with the rule. Take the necessary steps to provide the reports for review. Copies of said reports are to be kept on-site for periodic review by both Licensure and DHSR construction sections.	C 117		
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 attached bathroom for bedroom #1 does not have mechanical ventilation. This is not compliant with the rule. Take the necessary steps to install mechanical ventilation that meets the rule above. 2.) At the time of the survey, it was observed that the attached bathroom for bedroom #2 does not have mechanical ventilation. This is not compliant with the rule. Take the necessary steps to install mechanical ventilation that meets the rule above.	C 137		
C 146	Outside Entrances/Exits-Ramp(s) SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (c) At least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the	C 146		

Division of Health Service Regulation

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C 146	Continued From page 4 purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the home has any resident that must have physical assistance with evacuation, the home shall have two outside entrances/exits at grade level or accessible by a ramp. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the rear ramp of the facility had an uneven transition from the top ramp to the first platform. This is not compliant with the rule. Take the necessary steps to repair and or replace components of the ramp to ensure an even transition all the way down to grade.	C 146		
{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 smoke detectors were beeping due to low batteries. This is not compliant with a rule. This deficiency was previously cited during our 2022 biennial survey and action hasn't been taken to address the deficiency. This deficiency was corrected at the time of the follow-up survey.	{C 174}		

Division of Health Service Regulation

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{C 174}	Continued From page 5 New Deficiencies 2.) At the time of the survey, it was observed that the hallway bathroom mechanical ventilation was dirty. This is not compliant with the rule. Take the necessary steps to clean the mechanical ventilation. 3.) At the time of the survey, it was observed that bedroom #1 flooring is scratched in multiple areas. This is not compliant with the rule. Take the necessary steps to repair and or replace the flooring. 4.) At the time of the survey, it was observed that bedroom #1 blinds were damaged. This could potentially affect the privacy of the residents in the room. This is not compliant with the rule. Take the necessary steps to repair and or replace the blinds. 5.) At the time of the survey, it was observed that bedroom #2 attached bathroom had ceiling damage. This is not compliant with the rule. Take the necessary steps to find the root cause, and patch and paint the ceiling. 6.) At the time of the survey, it was observed that the den's light fixture had an open socket. This is not compliant with the rule. Take the necessary steps to ensure all sockets in light fixtures have bulbs. -Fixed at the time of the follow-up survey 7.) At the time of the survey, it was observed that the waterproof cover for the GFCI was missing. This is not compliant with the rule. Take the necessary steps to replace the GFCI waterproof cover.	{C 174}		

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{C 174}	Continued From page 6	{C 174}		
C 180	8.) At the time of the survey, it was observed that the rear steps had unsecured spindles. This is not compliant with the rule. Take the necessary steps to fasten all spindles at the facility as needed. Building Service Equipment-Call System SECTION .0300 - THE BUILDING 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, it was observed that the call system was not working. This is not compliant with the rule. Take the necessary steps to install an electrically operated call system that 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	C 180		

Division of Health Service Regulation

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C 180	Continued From page 7 stop providing a signal, and must function according to the intent of the Rules.	C 180			