

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL013046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER KANNAPOLIS FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2216 KANNAPOLIS HIGHWAY CONCORD, NC 28027		
(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 David Hickman DHSR Construction Section conducted a Biennial Survey on January 8, 2025 from 1:20 PM to 2:45 PM at the above referenced facility. DHSR records indicate the home was first licensed for six ambulatory Residents on November 3, 2017, due to non ambulatory residents they decreased their capacity down to three on July 31, 2019. On April 6, 2022 the facility was approved for six (6) non-ambulatory residents (unable 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 applicable portions of the 2018 North Carolina State Building Code - Section 428.4 - Small Non-Ambulatory Care Facilities. NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. 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	C 105		

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

TITLE

(X6) DATE

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C 105	Continued From page 1 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 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.	C 105		
	This Rule is not met as evidenced by: 1. At the time of the survey, it was observed that the room being used as a staff bedroom did not have an emergency egress window and the smoke detector had been removed causing an unsafe condition for the staff person using the room. This is not compliant with the rule. Take the necessary steps to discontinue the use of this room as a bedroom. A compliant bedroom needs to be provided for the staff or 24 hour shift staff needs to be provided. The smoke detector needs to be reinstalled or the wires need to be capped off properly. 2. At the time of the survey, it was observed that the smoke detector located outside of the left side bedroom was not interconnected with the other smoke detectors. This is not compliant with the rule. Take the necessary steps to have this smoke detector interconnected with the other		1.0 ① This room has been discontinued as a sleeping area for staff ② Smoke detector has been re-installed. 2 ① The smoke detector has been interconnected with the other smoke detectors.	

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C 105	Continued From page 2 smoke detectors.	C 105		
C 113	Construction-Door Width SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (j) The door width shall be a minimum of two feet and six inches in the kitchen, dining room, living rooms, bedrooms and bathrooms. This Rule is not met as evidenced by: 1. At the time of the survey, it was observed that the door for the right side bathroom was only 28 inches wide. This is not compliant with the rule. Take the necessary steps to widen the door to the minimum 30 inches of width.	C 113	① ① This door has been this way since it was originally licensed in 2017 + relicensed non-ambulatory. We will correct as budget allows	Dec 2025
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 staff did not know how to operate the alarm system properly. They could not put the system in test mode and did not understand how to reset the system after activation. The system could only be tested after another person came and put the system in test mode. This is not compliant with the rule. Take the necessary steps to train all	C 174	C 174 ① - We have asked Wayne Sprinkler to come + train all staff on a video. Waiting on a date from them.	4-26-25

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C 174	Continued From page 3 staff members to properly operate the alarm system. 2. At the time of the survey, it was observed that the water temperature was measuring 95 degrees. This is not compliant with the rule. Take the necessary steps to adjust the temperature so it is maintained between 100-116 degrees. 3. At the time of the survey, it was observed that the holly bush at the front rail was overgrown and protruding over the handrail. This is not compliant with the rule. Take the necessary steps to trim the bush away from the rail. 4. At the time of the survey, it was observed that the transitions for the ramps from the grade were not smooth and causing a trip hazard. This is not compliant with the rule. Take the necessary steps to smooth the transitions of the ramps. 5. At the time of the survey, it was observed that the exterior dryer vent was clogged with lint causing the dryer not to function properly and also causing a fire hazard. This is not compliant with the rule. Take the necessary steps to clean out the dryer vent.	C 174	2. We audit this weekly & have adjusted temps as needed between 100-116. 3. Holly Bush has been trimmed 4. We have reached out to a contractor to correct & should be done in the next week 5. This has been corrected	4-26-25 4-26-25 5-22-25 4-26-25
C 180	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	C 180		

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C 180	Continued From page 4 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 base unit for the resident call system was located in the dining room. This is not compliant with the rule. If a compliant bedroom is provided for the staff, the base for the call system will have to be located in the staff bedroom. (If 24 hour shift staff is provided, the call system is not a requirement.)	C 180	<u>C180</u> We have provided a call system in kitchen, staff room & staff paly	4-26-25

