

Division of Health Service Regulation

CONSTRUCTION SECTION

JUN 08 2015

RECEIVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL013034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2015
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NAME OF PROVIDER OR SUPPLIER THE CARRIAGE HOUSE OF CAREMOOR	STREET ADDRESS, CITY, STATE, ZIP CODE 4838 CAREMOOR PLACE KANNAPOLIS, NC 28081
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(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 of Biennial Construction Survey by Frank Strickland on 06/12/2015: Records indicate that this facility was first submitted on 06/08/2007 as a Family Care Home. This facility is licensed for a capacity of six (6) non-ambulatory residents (unable to evacuate without physical or verbal assistance during an emergency). Based on this information, this facility is required to be in compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2006 Edition of the North Carolina State Building Code Section 421.4-Residential Care Facilities. There were deficiencies cited at the time of this survey and a Plan of Correction is required.	C 000		
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-Based on observation, the facility has not maintained the finishes in the kitchen. This will eventually effect all residents and staff during Kitchen operations. Findings on 06/12/2015 The back-splash adjacent to the Kitchen sink has delaminated due to water migration and is about	C 174		6-15-15

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Alita Under</i>	TITLE <i>Director of Operations</i>	(X6) DATE <i>7-6-15</i>
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STATE FORM 6899 E32M21 If continuation sheet 1 of 2

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C 174	<p>Continued From page 1</p> <p>to become unattached to the wall allowing unwanted environmental elements to be present.</p> <p>2-Based on observation, the facility has not maintained the plumbing piping located in the Mechanical Room. This will eventually effect all residents and staff during normal operations.</p> <p>Findings on 06/12/2015 There is a water leak at the mixing valve that is located above the water heater in the Mechanical Room.</p> <p>3-Based on observation, the facility has not maintained the ceiling construction and finishes in the facility. This could effect all residents and staff..</p> <p>Findings on 06/12/2015 There is a hole in the ceiling due to a previous plumbing repair that has left a 2" X 6" hole in the Mechanical Room ceiling that is open to the attic.</p>	C 174	<p>This back splash has been replaced. Maintenance will try to check more often</p> <p>The plumber was called and have taken care of leak. staff has been in serviced on reporting any leaks.</p> <p>Maintenance fixed this the hole is now covered. Maintenance will check facility after company's are here to fix (repair) equipment.</p>	<p>6-15-15</p> <p>6-15-15</p> <p>6-15-15</p>