

PRINTED: 07/02/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL068028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/10/2015
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NAME OF PROVIDER OR SUPPLIER LIVEWELL ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 6720 PAULINE DRIVE CHAPEL HILL, NC 27514
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C 000	Initial Comments Report by Greg Williams DHSR Construction Section conducted a Biennial Survey on June 10, 2015 from 12:30 PM to 2:30PM at the above referenced facility. DHSR records indicate the home was first licensed on May 10, 2011 as a Family Care Home for six (6) ambulatory Residents (able to evacuate and respond 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 2006 North Carolina State Building Code - Building Code - Section 421.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
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CONSTRUCTION SECTION
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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 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	C 105		
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X5) DATE

Greg Williams Administrator 7/20/15

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C 105	Continued From page 1 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.) This Home as it stands is Classified under Section 421.2 of the 2006 North Carolina State Building Code as a Residential Care Home and can house up to a maximum of six all ambulatory residents. At the time of our visit we assessed the residents ambulatory status with the help of facility staff and determined that four of the six residents would be considered non ambulatory (needing verbal or physical assistance during a fire or other emergency). Based on our findings you are left with only one of the following three options as listed below; one of these following scenarios must be implemented to ensure the safety of residents and staff alike; Please indicate your option on the right hand side of your Plan of Correction along with an estimated completion date: (1) You can lower the facilities licensed capacity from six (6) to three (3). This will put you under the requirements of the North Carolina State Residential Code which does not have any restrictions on the ambulation status of residents You are currently governed by Section 421.2 of the North Carolina Building Code which requires all residents to be ambulatory. (2) You can bring your facility into compliance with Section 425.4 of the 2012 North Carolina State Building Code which will require the building to be sprinklered with a wet pipe system, in accordance with NFPA 13D, with a 30-minute	C 105	We will install a wet pipe sprinkler system NFPA 13D with a 30 minute water supply in all areas as indicated in Section 425.4 of the 2012 NC State Building Code. *Completion Date 10/31/15	

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C 105	Continued From page 2 water supply in all areas including bathrooms, toilets, closets, pantries, storage and utility spaces. This would allow you to keep up to six non-ambulatory residents. (NOTE if you do choose to sprinkle the home you are required to submit plans to our office for a written review prior to beginning any work). (3) Your third option would be to remove all of the non-ambulatory residents to another home that can better serve their needs and only serve all ambulatory residents as you are currently licensed for. *Please Note that if you do choose to allow the Non-Ambulatory Residents to remain, that licensure rules require two ramps for resident discharge as remote as possible to each other.	C 105	
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 noted that there was not an exhaust fan in the Bathroom off of Residents Bedroom #3 (front left). Have an exhaust fan installed in the Residents Bathroom, exhausted to the outdoors and provide documentation to our office when completed. (This work will require a permit)	C 137	Plans are underway to install an exhaust fan in the front left bathroom (Bedroom #1). Permit will be pulled and documentation will be provided upon completion. Completion Date: 8/10/15

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C 171	Continued From page 3	C 171		
C 171	Fire Safety- Evacuation Plan	C 171		
	SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (d) A written fire evacuation plan (including a diagrammed drawing) which has the approval of the local code enforcement official shall be prepared in large print and posted in a central location on each floor. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. This Rule is not met as evidenced by: 1. It was noted during the survey that the Evacuation Plan posted in Resident Bedroom #2 and several other areas of the home was directing residents in the wrong direction for exit discharge. Have the Evacuation Plans correctly orientated and provide documentation to our office.		The architect who prepared the original plans is re-drawing all evacuation plans to include correct orientation. Documentation will be provided. Completion Date: 7/27/15	
C 174	Building Equipment Maintained Safe, Operating	C 174		
	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. In the bathroom off of residents bedroom #3 (front left) the sink cabinets finish was peeling on the front and right side of the cabinet. Have the cabinet repaired or replaced and provide		We are currently screening building maintenance applicants and plan to hire this new position in August. This role will be responsible for maintaining building service equipment and monthly monitoring. Completion Date: 8/31/15 The sink cabinet in bedroom # 3 will be replaced. Completion Date: 7/31/15	

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C 174	<p>Continued From page 4</p> <p>documentation to our office when corrected.</p> <p>2. In the bathroom off of residents bedroom #1 (back right) there was an open outlet box on the wall next to the toilet. Have a blank cover installed on the outlet box and provide documentation to our office when completed.</p>	C 174	<p>Monthly property checks are in place and findings are documented. We anticipate with the hiring of the new building service position that the property will maintain regulatory compliance.</p> <p>Blank cover installed on day of inspection. Completion date: 6/10/15.</p>	