

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL080024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING	NAME OF PROVIDER OR SUPPLIER LIBBY FAMILY CARE HOME 4035 WOODLEAF-BARBER ROAD CLEVELAND, NC 27013	(X3) DATE SURVEY COMPLETED 02/02/2017
(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)	
<p>(C 000) Initial Comments</p> <p>Report by Suzanna Fay</p> <p>DHSR Construction Section conducted a Biennial Follow-up Survey on February 2, 2017 from 10:45 AM to 11:15 AM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required. The remaining deficiencies are as follows:</p> <p>(C 111) Construction-Ceiling</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (h) The ceiling shall be at least seven and one-half feet from the floor.</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that several areas in the home did not meet the minimum ceiling height requirements for Family Care Homes. These areas include: Bedroom 2, Bedroom 3, the hallway to the rear exit and the ceiling in the half bath. The Provider has submitted an equivalency request. This request is under review. Therefore, no response is required at this time.</p> <p>02/02/17: SF-Interview with the Owner revealed that she had submitted a written request asking for a waiver for the ceiling heights. Review of documents on file with DHSR/Construction does not have a copy of any written waiver requests. Per the last site visit, the Owner indicated that she was looking at increasing the ceiling height in the low areas. Provide documentation as to how you intend to raise the ceilings or submit a current waiver request to:</p>	(C 111)	<p>in reference with SECTION .0300 - DESIGN AND CONSTRUCTION, (C THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION, (C 111), the Owner has submitted a written request asking for a waiver for the ceiling heights. The equivalency request has been submitted to Steven Lewis, Section Chief, North Carolina Department of Health and Human Services, Division of Health Service Regulation Construction Section 2705 Mail Service Center, Raleigh, NC 27699-2705.</p>	

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

TITLE

(X5) DATE

2-23-17

Director

ZY2822

STATE FORM

If continuation sheet 1 of 5

(X3) DATE SURVEY COMPLETED	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL080024	NAME OF PROVIDER OR SUPPLIER LIBBY FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4035 WOODLEAF-BARBER ROAD CLEVELAND, NC 27013				
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(X3) DATE SURVEY COMPLETED 02/02/2017 R	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	(X4) ID PREFIX TAG
	<p>In reference with SECTION 10A NCAC 13G .0308 BEDROOMS, {C 128}, The Owner has submitted a written request asking for a waiver for the undersized bedroom. The equivalency request has been submitted in writing to Steven Lewis, Section Chief, North Carolina Department of Health and Human Services, Division of Health Service Regulation Construction Section 2705 Mail Service Center, Raleigh, NC 27699-2705.</p>	<p>Continued From page 2 {C 112} Division of Health Service Regulation Construction Section 2705 Mail Service Center Raleigh, NC 27699-2705 Bedrooms-Minimum Area {C 128}</p>	<p>{C 112} {C 128}</p>
<p>9-23-17</p>		<p>02/02/17: SF-Interview with the Owner revealed that she had submitted a written request asking for a waiver for the undersized bedroom. Review of documents on file with DHSR/Construction does not have a copy of any written waiver requests. Provide documentation as to how you intend to increase the size of the room or submit a current waiver request to:</p> <p>Steven Lewis, Section Chief North Carolina Department of Health and Human Services Division of Health Service Regulation</p>	

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SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX AND LSC IDENTIFYING INFORMATION)	(X4) ID PREFIX TAG	ID PREFIX TAG	In reference with LSC Form 0300 - BEDROOMS, (C 130), The Owner EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY.	Continued From page 3 Construction Section 2705 Mail Service Center Raleigh, NC 27699-2705	{C 128}
SECTION 13G.0308 BEDROOMS (g) Each resident bedroom must have one or more operable windows and be lighted to provide 30 foot candles of light at floor level. The window area shall be equivalent to at least eight percent of the floor space. The windows shall have a maximum of 44 inch sill height.	{C 130}	{C 130}	The Owner shall ensure that each resident bedroom have one or more operable windows and be lighted to provide 30 foot candles of light at floor level. The window area shall be equivalent to at least 8 percent of the floor space. The windows shall have a maximum of 44 sill height.	Bedrooms-Windows	{C 130}
SECTION 0300 - THE BUILDING 10A NCAC 13G.0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair.	{C 153}	{C 153}	02/02/17: SF-At the time of this survey, the catches were still in place. Remove or disable the safety catches. Provide documentation of the repairs through copies of receipts or work orders.	Housekeeping And Furnishings-Clean, Repaired	{C 153}

<p>3-6-17</p>	<p>0233285070 1/2X8 LITE <A> 1/2" X4" X8" NATIONAL HS LITE DRYWALL 208.49 611942032631 FITTING <A> 2" X1-1/2" DMV ELUSH BUSHING SPGXH 611942032891 FITTING <A> 3" DMV MALE ADAPTER HXMPT 203.24 056198677494 GLN INT SG <A> GLID PREM INT SG PURE WHITE 1240Z 48.41 SALES TAX 3.27 TOTAL 51.68 AUTH CODE 023769/9034023 1A</p>	<p>02/02/17: SF-Observations revealed that some of the ceilings had been repaired. The ceilings in Bedrooms 3 and 1 had not. The stains were still visible. Have a qualified technician investigate for leaks and make all necessary repairs. Provide documentation of the repairs in the form of photos, receipts or work orders.</p>	<p>(e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1. Observations revealed that the ceilings in the facility were not maintained in good repair. Areas that require repair are: c. The ceiling in Bedroom 3 was stained in the back corner by the window. d. There was a large discolored area on the ceiling in Bedroom 1 in the middle of the room. Provide documentation of the repairs through photos or copies of receipts or work orders. 02/02/17: SF-Observations revealed that some of the ceilings had been repaired. The ceilings in Bedrooms 3 and 1 had not. The stains were still visible. Have a qualified technician investigate for leaks and make all necessary repairs. Provide documentation of the repairs in the form of photos, receipts or work orders.</p>
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<p>LIBBY FAMILY CARE HOME NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4035 WOODLEAF-BARBER ROAD CLEVELAND, NC 27013</p>			
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