

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 01/03/2017
NAME OF PROVIDER OR SUPPLIER LIVEWELL ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 6720 PAULINE DRIVE CHAPEL HILL, NC 27514		
(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 Glenn Hoppin DHSR Construction Section conducted a Biennial Survey on January 03, 2016 from 10:30 AM to 12:30PM 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 verified that not all of the previously cited deficiencies were corrected, and they have been recited in this report, new deficiencies that require an acceptable plan of correction have been cited. They 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 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	C 105		

Division of Health Service Regulation

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

Diane Beckett

TITLE

Administrator

2/16/17 (X6) DATE



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C 105	<p>Continued From page 1</p> <p>Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars (\$380.00).</p> <p>(b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home.</p> <p>This Rule is not met as evidenced by:</p> <p>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. (who are able to respond and evacuate the facility without assistance (physically or verbally) in the event of a fire or other emergency) At the time of our visit we conducted a live fire drill. After ten minutes into the drill it was cancelled due to resident and staff actions. The Life Safety Code defines the evacuation capability of a facility as Prompt, Slow (1 or 2) or Impractical. with staff assistance at 10 minutes the residents were still not at there area of refuge and with out assistance from staff the evacuation of residents will be seen as impractical.</p> <p>Please Note: One method of determining the evacuation capability of a facility is based on the time it takes residents to evacuate. For prompt evacuation all residents should be able to evacuate the building within 3 minutes, slow is over three minutes to under 8 minutes for slow (1) and from over 8 minutes to less than 13 minutes slow(2) and it is deemed impractical is if it takes a resident more than 13 minutes to evacuate . based on this it is determined that the four residents that were present at the time of the survey will be considered non ambulatory (in that they needed</p>	C 105		

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C 105	Continued From page 2 both verbal and physical assistance to evacuate during a fire or other emergency). This scenario hasn't changed since out last visit on June 10, 2015, at that time we gave you three options in a effort to maintain compliance, on your signed POC you indicated that you chose Option #2 outlined below: (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 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). As of January 13, 2017 there has not been an acceptable submittal of drawings for the permitting of a 13D sprinkler system and other provisions for compliance with Section 425.4 (and 425.3) of the current state building code to the Orange County Officials office. Failure to proceed and accomplish the permitting process and begin the installation of the system immediately will have a negative impact on your license. Provide to our office a timeline for the sequence of events to gain compliance with both Code and Licensure requirements.	C 105	LiveWell's Plan of Correction to address C 105 violation is as follows: 1) Installation of fire sprinkler system in accordance with NFPA 13D. The system is changing from one antifreeze system and one wet pipe system to an entire antifreeze loop system in accordance with NFPA 13D, covering all areas including bathrooms, toilets, closets, pantries, storage and utility spaces. This design change follows a 2/13/17 conversation between Billy Cole, Simplex Grinnell, and James Baxter, Orange County and Planning James Baxter accepted submittal drawings on 1/26/17. Original sprinkler drawings submitted to Jason Shepherd, Orange County Fire Marshall 2/2/17. James Baxter Orange County Plan review comments received 2/9/17.	3/31/17
C 112	Construction-Res. Areas Same Floor Level SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND	C 112	Simplex Grinnell submits revised sprinkler drawings to James Baxter and Jason Shepherd. LiveWell response to J Baxter Orange County plan 2 review.	2/17/17 2/24/17

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C 112	<p>Continued From page 3</p> <p>CONSTRUCTION</p> <p>(i) In homes licensed on or after April 1, 1984, all required resident areas shall be on the same floor level. Steps between levels are not permitted.</p> <p>This Rule is not met as evidenced by: Observations revealed that there are two steps leading into the facilities library room. At the time of the survey three residents were found to be occupying the room in question, the same three residents had to be assisted by staff to evacuate the room, during a live fire drill that was conducted by our office. Licensure Rule(s) require all resident use areas to be on the same level and steps between levels are not permitted. Based on this information you are left with three options</p> <ol style="list-style-type: none"> 1. Consult with your local building official(s) and obtain the appropriate information, guidelines and approvals to construct a ramp that is in compliance with both Code and Licensure rule requirements or; 2. Consult with your local building officials and obtain the appropriate information, guidelines and approvals to construct an exterior entrance at grade to the room in question, if this option is chosen you will also have to construct a permanent barrier that prevents entrance to the library through the currently established entrance. (Simply locking a door will not be an acceptable solution) or; 3. Consult with your local building officials and obtain the appropriate information, guidelines and approvals to raise the floor level of the library to match the adjacent space. <p>Chose which option you will follow and indicate it</p>	C 112	<p>LiveWell's Plan of Correction to address C112 violation includes:</p> <p>1) Implementing option 3- raise the floor level of the library to match the adjacent space. (See attached construction drawings)</p>	3/31/17

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C 112	Continued From page 4 on your Plan of Correction, once completed provide to our office copies of all permits, inspections, and approvals regarding this correction.	C 112		
C 172	Fire Safety-Four Rehearsals SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved. This Rule is not met as evidenced by: 1.) Based on documentation reviewed at the time of the survey no third quarter fire rehearsal has been conducted. Provide the DHSR Construction Section with copies of all fire drills conducted in the last year for cursory review to verify compliance. 2.) During the course of the survey a live drill was conducted at 11:30 AM, due to concerns with the residents and additional non-compliance of response procedures by staff after 10 minutes into the drill it was canceled, this was largely due to two issues " behavior of the residents (one who became agitated and began shouting and one who was extremely confused) also being that the residents in question that were removed from the living area (by staff) were congregated on the front porch, please note that a successful drill would require discharge of the residents on their	C 172	2016 Fire Drill Logs attached.	

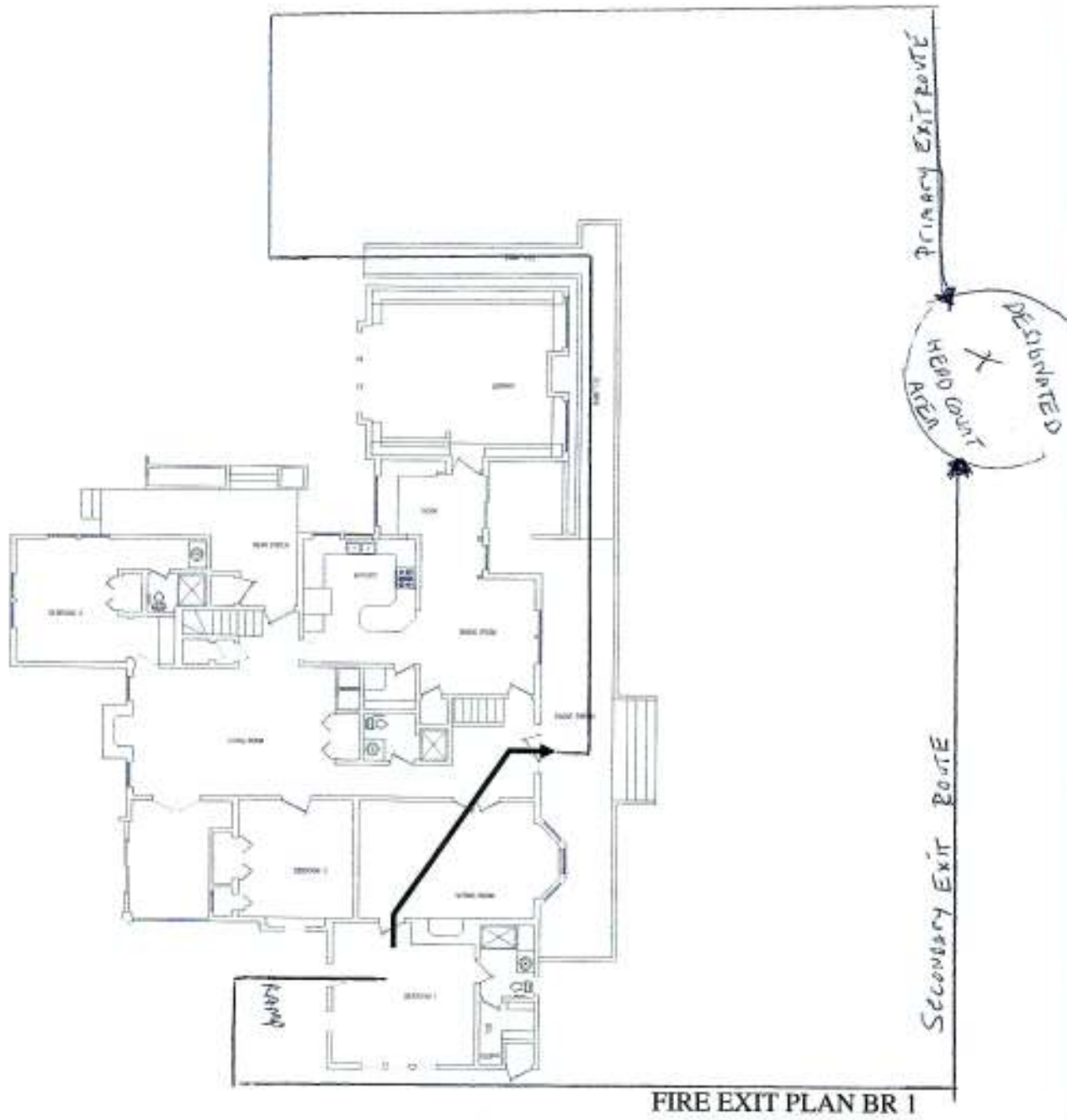
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C 172	Continued From page 5 own accord and for staff and residents to meet at a pre-designated area of refuge which will keep residents and staff alike out of harms way in the event of a fire or other emergency. There was no congregation or area of refuge indicated on the evacuation plan's or actions implemented by staff, as to a meeting or head count location, away from the dwelling, based on this indicate to our office the following: (a) Provide a revised evacuation plan , indicating primary and secondary evacuation routes as well as indication in print of a designated area on site where a head count can be conducted during the required fire drills. (b) consult with your local fire official and ensure that training is implemented with all staff responsible for the safety and well being of the residents and that all required response procedures are followed. Provide to our office the requested revised evacuation plan and communication from the local fire official that staff have successfully been trained in fire prevention, evacuation and fire safety processes.	C 172	LiveWell Plan of Correction to address C172 violation includes: 1) Monthly fire evacuation drills until sprinkler is in place. (see attachment). 2) Biweekly evacuation policy review and walk-thru (see attachment). Revised fire evacuation plan attached. New Hope Fire will conduct staff safety training (see email).	3/31/17 3/31/17 2/16/17 2/24/17
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.	C 174		

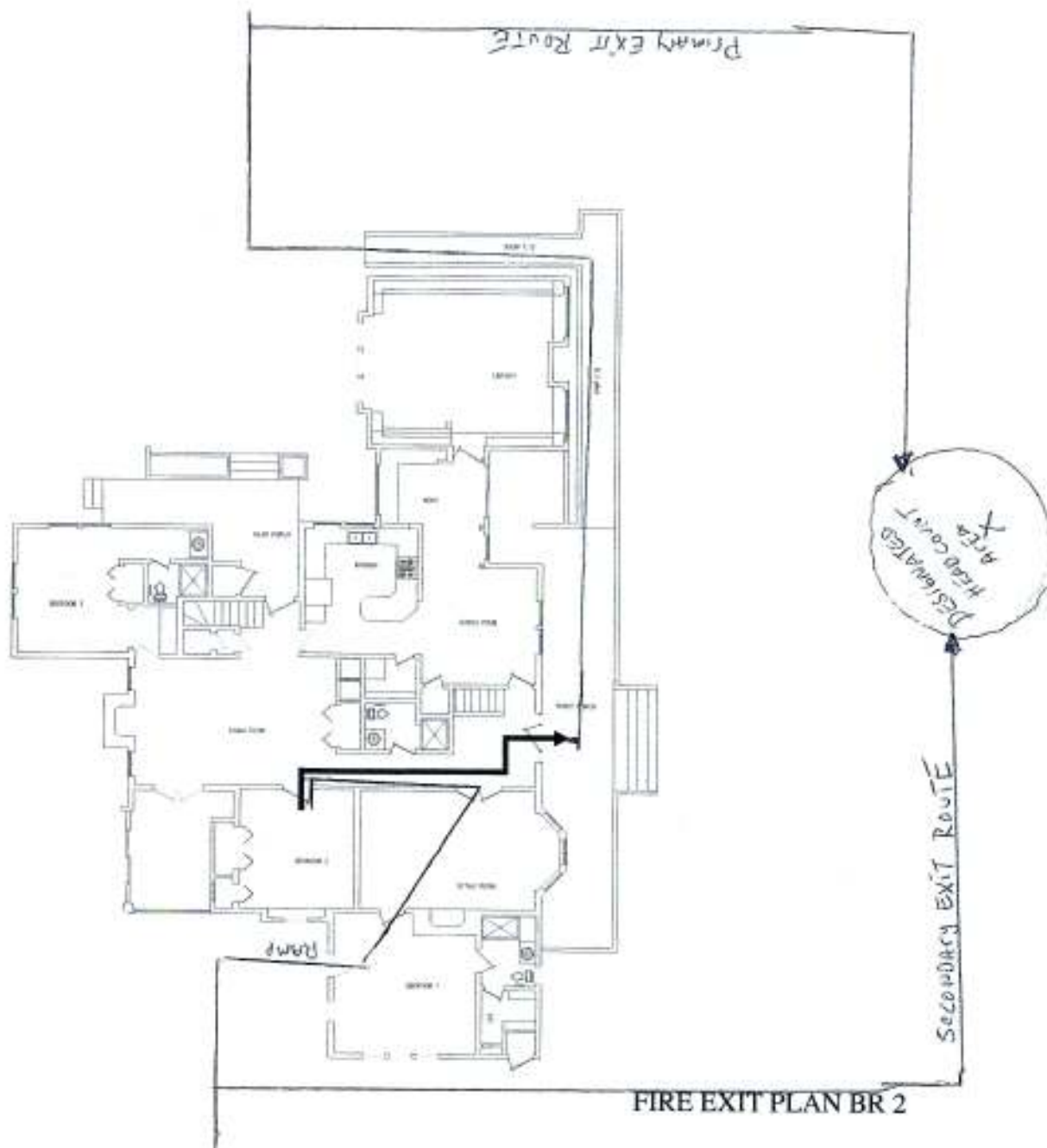
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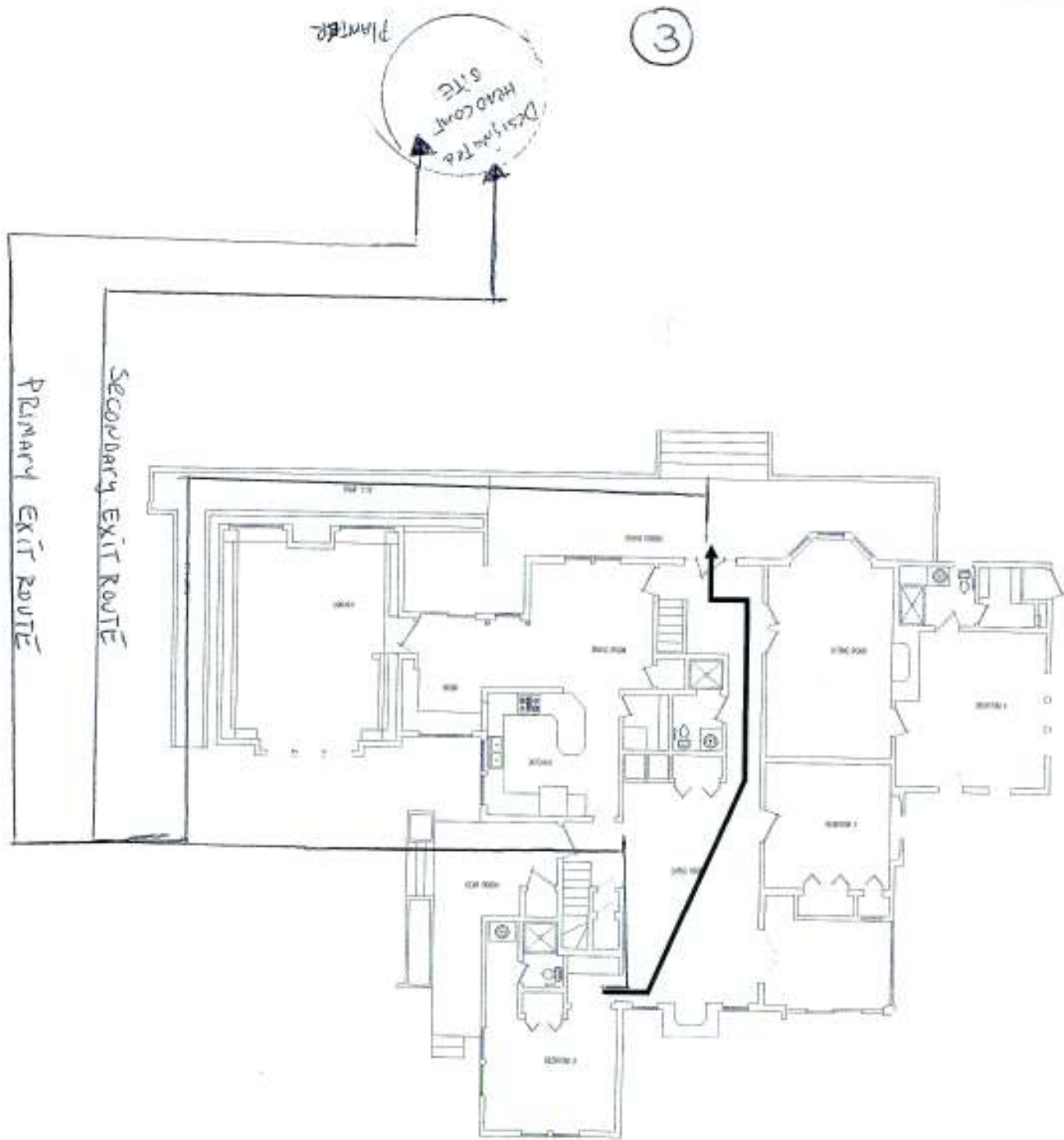
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C 174	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Observations revealed that the building is not being maintained in a safe and operating condition based on the following items:</p> <ol style="list-style-type: none"> 1. The emergency light in bedroom #1 does not work. Have a qualified technician repair or replace the light. 2. The outside GFCI receptacle located near the side door near the garage has a damaged weather proof cover. Have a qualified technician repair or replace the cover. 3. The smoke detector located at the base of the stairs near the kitchen failed to activate when tested. Have a qualified technician repair or replace the smoke detector and ensure all devices act as one, both on house current and battery backup. 4. The electrical receptacle located at the wet bar in the living room is not GFCI protected. Have a qualified individual install a GFCI receptacle at the wet bar. <p>Once all work is completed provide the DHSR Construction Section with Documentation Verifying these repairs have been completed for verification of compliance.</p>	C 174	<ol style="list-style-type: none"> 1) Light replaced. 2) GFCI receptacle replaced. 3) The smoke detector located at the base of the stairs near the kitchen is a battery operated device and not part of the interconnected fire alarm system. Device was removed. 4) A GFCI receptacle was installed at the wet bar in the living room. 	<p>1/4/17</p> <p>1/4/17</p> <p>1/4/17</p> <p>1/4/17</p>

①



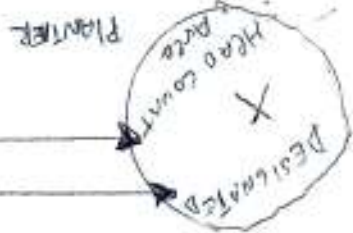
2





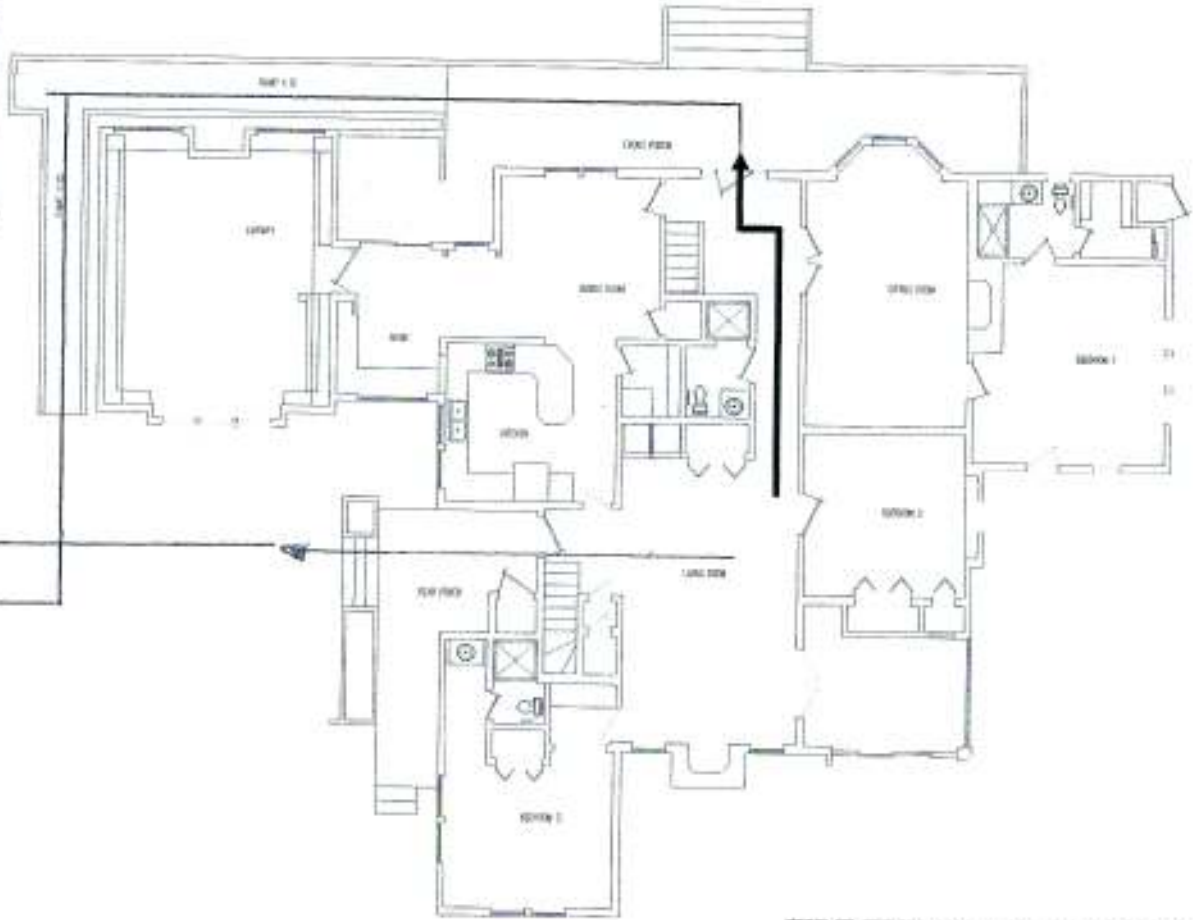
FIRE EXIT PLAN BR 3

4



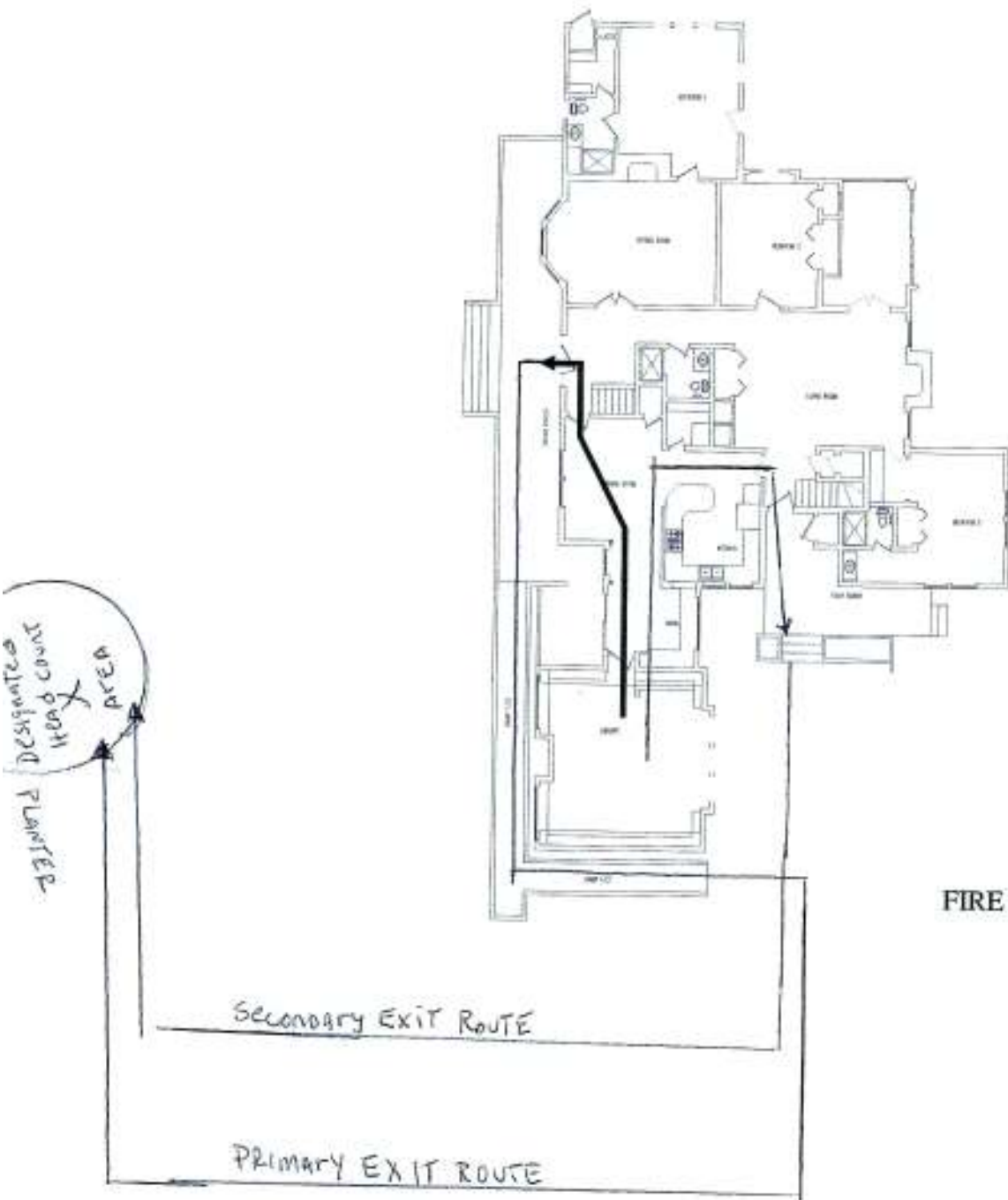
Primary Exit Route

Secondary Exit Route



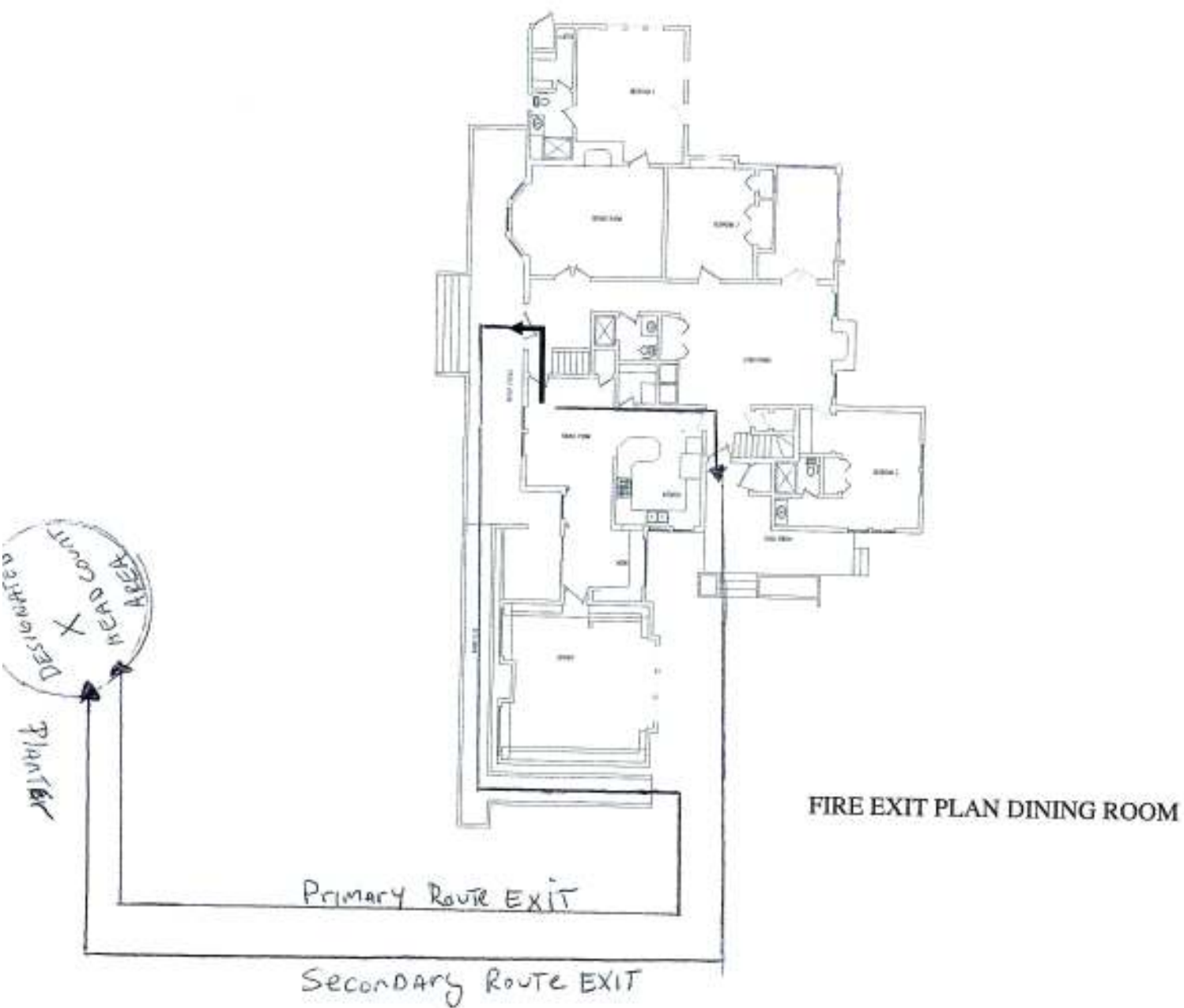
FIRE EXIT PLAN LIVING ROOM

5

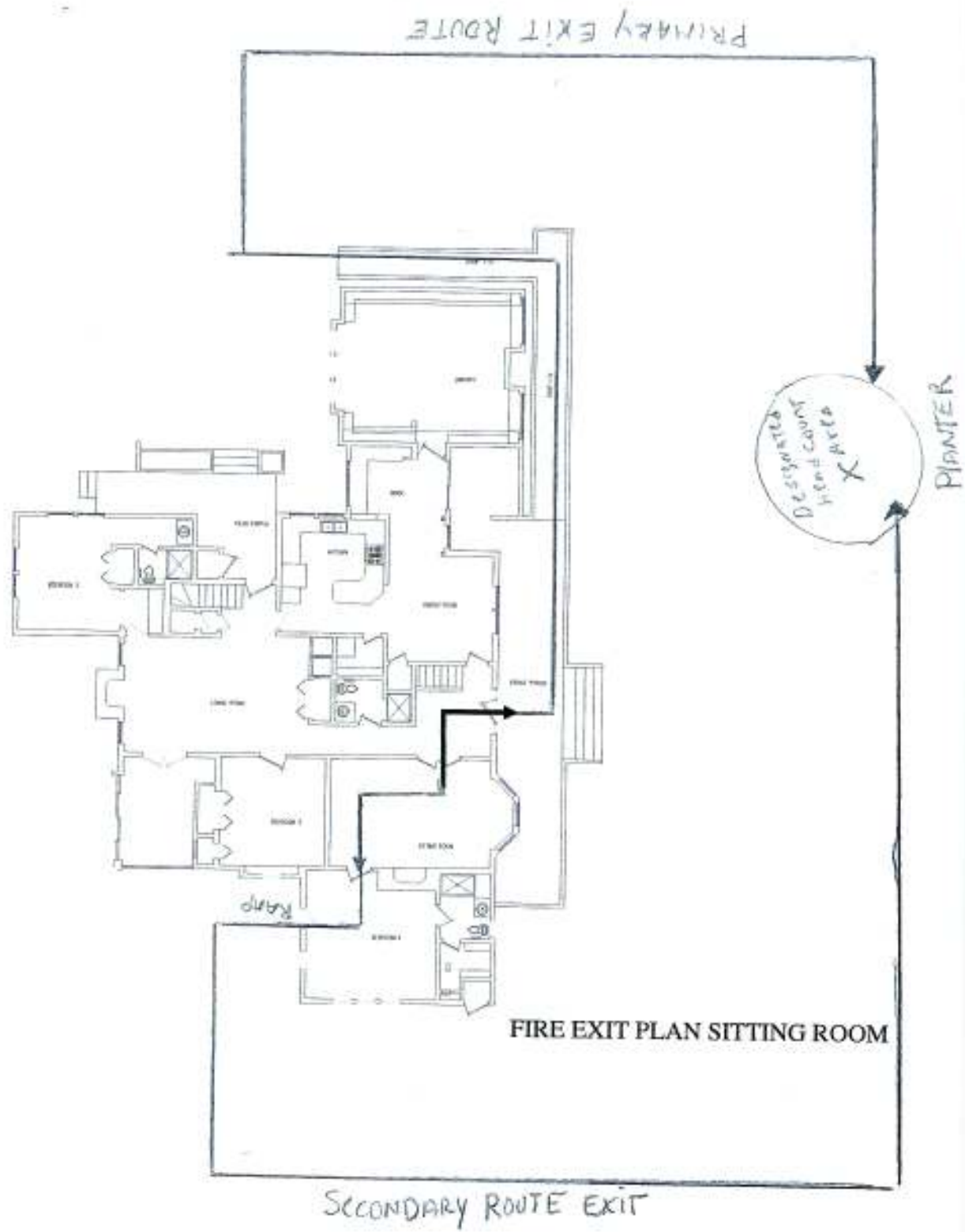


FIRE EXIT PLAN LIBRARY

6



7



Diane Beckett

From: Mike Tapp <mike.tapp@newhopefire.com>
Sent: Thursday, February 16, 2017 2:46 PM
To: Diane Beckett
Subject: Re: To: Fire Chief Mike Tapp From: LiveWell Family Care Home Date: 2/16/17 Request for Fire Evacuation Training

Follow Up Flag: Follow up
Flag Status: Flagged

Diane,
I am out of town until Sunday. Call me Monday on my cell phone when it is convenient with you 919-619-8685 and we can talk about this so we can get it done for you.
Mike

Mike Tapp, Fire Chief
New Hope Fire Dept.
PO Box 16484
Chapel Hill, NC 27516
Station: 919-493-1001
Cell: 919-619-8685

Sent from my iPhone

On Feb 16, 2017, at 2:33 PM, Diane Beckett <diane@lwcares.com> wrote:

2/16/17

Dear Mike,
I trust you are well.

I called the fire station last week and left a message regarding scheduling fire evacuation training for LiveWell's care providers.

As you may recall, we are putting in a fire sprinkler system and we currently have 4 non ambulatory residents.

The North Carolina Division of Health Service Regulation Construction Division Biennial survey was conducted on January 3, 2017 and we were cited.
Our plan of correction includes consulting with New Hope Fire on implementing fire evacuation training for our staff.

Please let me know how to proceed with this request.

Thanks !

Diane

Diane Beckett
Co-Founder and Chief Care Officer

Fire Drill / Training Log

Residence Name Pauline Date 12/31/16 Time 4:20 pm

Participating staff members Frank S, Bee-

1. Was this a "silent" fire alarm drill? ☒ yes ☐ no

If yes:

Location of simulated fire Great room

Did staff function properly and in accordance with the fire emergency? ☐ yes ☐ no

Comments N/A

2. Was this an "audible" fire alarm drill? ☐ yes ☐ no

If yes:

Location and type of initiating device (e.g., pull station, smoke alarm, etc.) N/A

Did the alarm sound properly? ☐ yes ☐ no

Comments

Exits used in drill

Place of resident evacuation Front Door

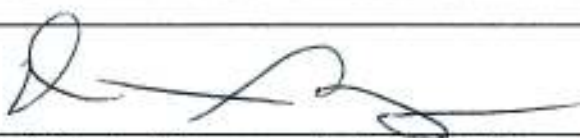
Total evacuation time 3:49 minutes

Number of residents participating

Number of "impractical" residents (not required to participate)

Fire Department Notified ☐ yes ☒ no (if required by the local fire marshal)

Comments


Administrator / Manager or Authorized Designee and Title

12/31/16

Date

Fire Drill / Training Log

Residence Name Pauline Drive Date 12/29/16 Time 4:20 P

Participating staff members Jamie m, Beau W., G.Gi Archer
Anita

1. Was this a "silent" fire alarm drill? / yes no

If yes:

Location of simulated fire Kitchen

Did staff function properly and in accordance with the fire emergency? / yes no

Comments _____

2. Was this an "audible" fire alarm drill? yes / no

If yes:

Location and type of initiating device (e.g., pull station, smoke alarm, etc.) _____

Did the alarm sound properly? yes no

Comments _____

Exits used in drill _____

Place of resident evacuation _____

Total evacuation time _____ minutes

Number of residents participating _____

Number of "impractical" residents (not required to participate) _____

Fire Department Notified yes no (if required by the local fire marshal)

Comments _____

Anita Air (manager)

Administrator / Manager or Authorized Designee and Title

12/2

Date

2nd shift

e: Fire Evacuation 3

12/29/16

Emergency Response Training

[illegible]

Fire Drill / Training Log

Residence Name Pauline Drive Date 12/28/16 Time 10:40A

Participating staff members Anita, Gilday Beverly, marriettie, John'ka
Brian

1. Was this is "silent" fire alarm drill? / yes no

If yes:

Location of simulated fire Tilted Fire Alarm

Did staff function properly and in accordance with the fire emergency? ☒ yes ☐ no

Comments _____

2. Was this an "audible" fire alarm drill? yes ☒ no ☐

If yes:

Location and type of initiating device (e.g., pull station, smoke alarm, etc.) _____

Did the alarm sound properly? ☒ yes ☐ no *2/10*

Comments _____ N/A

Exits used in drill

Place of resident evacuation Front door

Total evacuation time 3:53 minutes

Number of residents participating 4 ~~5~~ residents (0 staff)

Number of "impractical" residents (not required to participate)

Fire Department Notified ☒ yes ☐ no (if required by the local fire marshal)

Comments _____

Administrator / Manager or Authorized Designee and Title

12/31/16
Date

3:08
3:15

Fire Drill / Training Log

Residence Name Pauline Drive Date 7/1/16 Time 3:08pm
Participating staff members ~~Event~~ Job/Contessa/Brittney/Meschelle
Anita, Beth Ann Nurse/Jamie/Marnette/Diane/ADA GA

1. Was this is "silent" fire alarm drill? ☐ yes ☒ no

If yes:

Location of simulated fire Pulled Fire Alarm

Did staff function properly and in accordance with the fire emergency? ☒ yes ☐ no

Comments _____

2. Was this an "audible" fire alarm drill? ☒ yes ☐ no

If yes:

Location and type of initiating device (e.g. pull station, smoke alarm, etc.) _____

Did the alarm sound properly? ☒ yes ☐ no

Comments _____

Exits used in drill

Place of resident evacuation Front Door

Total evacuation time 3:11 minutes

Number of residents participating 4

Number of "impractical" residents (not required to participate)

Fire Department Notified ☒ yes ☒ no (if required by the local fire marshal)

Comments _____

Marnette Jones
Administrator / Manager or Authorized Designee and Title

7/1/16
Date

Fire Drill / Training Log

Residence Name Pauline Dine Date 6/3/16 Time 3:30pm
Elizabeth, Gloria, Jane, Richard, Betty
Participating staff members Jamie, Michelle

1. Was this a "silent" fire alarm drill? ☒ yes ☐ no

If yes:

Location of simulated fire Kitchen

Did staff function properly and in accordance with the fire emergency? ☒ yes ☐ no

Comments _____

2. Was this an "audible" fire alarm drill? ☐ yes ☒ no

If yes:

Location and type of initiating device (e.g., pull station, smoke alarm, etc.) _____

Did the alarm sound properly? N/A yes ☐ no

Comments _____

Exits used in drill

Place of resident evacuation Front Door

Total evacuation time 8:04 minutes

Number of residents participating 5

Number of "impractical" residents (not required to participate)

Fire Department Notified ☐ yes ☒ no (if required by the local fire marshal)

Comments Every was calm until we got on porch

Rt grab standup while waiting reached for paint plant
threw it over porch railing.

Michelle / Vans
Administrator / Manager or Authorized Designee and Title

6/3/16
Date

Fire Drill / Training Log

Residence Name EH, GG, JR, RE, VM Date 1/14/16 Time 11:27am

Participating staff members MM, KV, DB,

1. Was this is "silent" fire alarm drill? ☒ yes ☐ no

If yes:

Location of simulated fire Great Room

Did staff function properly and in accordance with the fire emergency? ☒ yes ☐ no

Comments _____

2. Was this an "audible" fire alarm drill? ☐ yes ☒ no

If yes:

Location and type of initiating device (e.g., pull station, smoke alarm, etc.) _____

Did the alarm sound properly? ☐ yes ☒ no

Comments _____

Exits used in drill

Place of resident evacuation Front Door

Total evacuation time 5:08 minutes

Number of residents participating 5

Number of "impractical" residents (not required to participate)

Fire Department Notified ☐ yes ☒ no (if required by the local fire marshal)

Comments _____

KIA
Administrator / Manager or Authorized Designee and Title

1.14.16
Date

Fire Drill / Training Log

Residence Name Pauline Date 1/30/17 Time 12:15pm
Participating staff members Checci, Shyla, Gilda, Anita,
Marriette

1. Was this is "silent" fire alarm drill? ☐ yes ☒ no

If yes:

Location of simulated fire Living Room

Did staff function properly and in accordance with the fire emergency? ☒ yes ☐ no

Comments _____

2. Was this an "audible" fire alarm drill? ☒ yes ☐ no

If yes:

Location and type of initiating device (e.g., pull station, smoke alarm, etc.) _____

Pulled fire Alarm

Did the alarm sound properly? ☒ yes ☐ no

Comments _____

Exits used in drill

Place of resident evacuation Front Door

Total evacuation time 3 minutes

Number of residents participating 4

Number of "impractical" residents (not required to participate)

Fire Department Notified ☐ yes ☐ no (if required by the local fire marshal)

Comments 5 STAFF, 4 RESIDENTS Exit thru Front door
down Exit Ramp to the Emergency Assembly Point
Head Count was done 4 residents were accounted for

Marriette Jones
Administrator / Manager or Authorized Designee and Title

1/30/17
Date

EMPLOYEE INSERVICE LOG

Employee Name: Fire Evacuation Plan Date of Hire: 1/2017

[illegible]

Fire Drill / Training Log

Residence Name Pauline Date 2/9/17 Time 9 Am

Participating staff members Star, Shyla, Bilda, Ambour, Lohoya

1. Was this is "silent" fire alarm drill? 1 yes no

If yes:

Location of simulated fire Kitchen

Did staff function properly and in accordance with the fire emergency? 1 yes no

Comments

2. Was this an "audible" fire alarm drill? yes / no

If yes:

Location and type of initiating device (e.g., pull station, smoke alarm, etc.)

Did the alarm sound properly? _____yes _____no

Comments

Exits used in drill

Place of resident evacuation Front Door

Total evacuation time 2.30 minutes

Number of residents participating 4

Number of "impractical" residents (not required to participate)

Fire Department Notified 5/8/05 1 yes 1 no (if required by the local fire marshal)

Comments 5 STATE Exited 4 Residents thru Front door down
exit ramp to the Emergency Assembly Point. Head count
was done 4 Residents were Accounted For.

Administrator / Manager or Authorized Designee and Title

Date _____

EMPLOYEE INSERVICE LOG

Employee Name: Fire Evacuation Plan Date of Hire: 2/9/17

[illegible]

Fire Drill / Training Log

Residence Name Pauline Date 1/3/17 Time 16:31Participating staff members Anita, maritica1. Was this is "silent" fire alarm drill? ☐ yes ☒ no

If yes:

Location of simulated fire _____

Did staff function properly and in accordance with the fire emergency? ☐ yes ☐ no

Comments _____

2. Was this an "audible" fire alarm drill? ☒ yes ☐ no

If yes:

Location and type of initiating device (e.g., pull station, smoke alarm, etc.) Fire Alarm
was activated during State Inspection.Did the alarm sound properly? ☒ yes ☐ no

Comments _____

Exits used in drill

Place of resident evacuation Kitchen exit Front doorTotal evacuation time 9 minutes Failed Attempt for Fire DrillNumber of residents participating 4

Number of "impractical" residents (not required to participate)

Fire Department Notified ☒ yes ☐ no (if required by the local fire marshal)Comments Contacted Central monitoring CompanyAnita Lee (SIC/manager)
Administrator / Manager or Authorized Designee and Title1/24/17
Date

FIRE SAFETY CHECKLIST

DATE: 2/9/17 TIME: 8:00 Am

Completed Initials

✓ SG 1. Review location of pull stations.

 2. Review location of fire extinguishers.

✓ SG 3. Train employees on use of alarm system and extinguishers.

✓ SG 4. Post directions on how to utilize emergency equipment.

5. Follow RACE procedures:

✓ SG R: Rescue - Rescue residents in immediate danger.

✓ SG A: Alarm - Sound nearest alarm if not already activated.

✓ SG C: Confine - Close doors behind you to confine fire. Crawl low if exit route is blocked by smoke.

✓ SG E: Extinguish - Utilize fire extinguisher as situation permits or;

✓ SG Evacuate - Follow evacuation procedures

Sam Deery
Signature Date _____