

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL017056	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  09/07/2017
NAME OF PROVIDER OR SUPPLIER  ABUNDANT LIVING #2		STREET ADDRESS, CITY, STATE, ZIP CODE 3816 CHERRY GROVE ROAD ELON, NC 27244		
(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 Paul Dixon  DHSR Construction Section conducted a Biennial Survey on September 7, 2017 from 10:00 AM to 11: 15 AM at the above referenced facility. DHSR records indicate the home was first licensed on September 30, 2014 as a Family Care Home for six (6) ambulatory Residents (Who are able 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, the 2012 North Carolina State Building Code - Section 425.2 - 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		
C117	Have Current San. And Fire Safety Approvals  SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.  This Rule is not met as evidenced by: 1.) The Licensure Rules require that Fire and Sanitation Inspections be available for review.  Findings Include:  Fire and Sanitation Inspection reports could not be located during the survey.	C117	Please find attached Sanitation report for Abundant Living #2. One of the clients had an Anxiety Attack prior to your Biennial Survey on September 7, 2017 and ripped pictures off the wall and I had gotten a chance to replace the frame and re-hang the report. The frame has been replaced and report is hanging on the wall in the facility.	09/17/17

Division of Health Service Regulation

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

TITLE

(X6) DATE

*Paul A. Humphrey, L*

*Administrator*

*10/2/17*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL017056	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING: _____	(X3) DATE SURVEY COMPLETED  09/17/2017
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C117	Continued From page 1  Effect:  Failure to verify compliance with Fire and Sanitation requirements may result in hazards to Residents and Staff safety and well being.  Directive:  Provide copies of the most current Fire and Sanitation Inspection Reports along with you Plan of Correction.	C117	Please find attached Fire report for Abundant Living #2. One of the clients had an Anxiety Attack prior to your Biennial Survey on September 7, 2017 and ripped pictures off the wall and I had gotten a chance to replace the frame and re-hang the report. The frame has been replaced and report is hanging on the wall in the facility.	09/17/17
C159	Housekeeping-Curtains, Blinds, Res. Privacy  SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (9) have curtains, draperies or blinds at windows in resident use areas to provide for resident privacy; (e) This Rule shall apply to new and existing homes.  This Rule is not met as evidenced by: 1.) Each Family Care Home shall have curtains, drapes or blinds at windows in Resident use areas.  Findings Include:  At the time of the survey it was observed that the windows blinds in the first bedroom and 3rd bedrooms were damaged.  Effect:  Damaged blinds prevent privacy of the clients.	C159	The mini-blinds have been replaced in both the 1 <sup>st</sup> and 3 <sup>rd</sup> bedrooms that were damaged. Please find attached photos.	09/08/17

Division of Health Service Regulation

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C159	Continued From page 2	C159		
C174	<p>Directive:</p> <p>Have the window blinds replaced. Upon completion of work, provide for our records all photographs and copies of receipts for the work performed.</p> <p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING</p> <p>10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</p> <p>(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.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by:</p> <p>1.) Mechanical, Plumbing and Electrical Systems are to be maintained in an operational condition.</p> <p>Findings Include:</p> <p>1. At the time of the survey the latest inspection report for the Fire Alarm System was not available for review.</p> <p>Effect:</p> <p>Failure to maintain the Fire Alarm System presents danger to residents and staff alike.</p> <p>Directive:</p> <p>Provide a copy of the latest Fire Alarm System inspection report with your Plan of Correction.</p>	C174	<p>10A NCAC 13F .0307</p> <p>When any facility not equipped with a complete automatic fire extinguishment system replaces the fire alarm system, each bedroom shall be provided with smoke detectors. Other building spaces shall be provided with such fire detection devices as required by the North Carolina State Building Code and requirements of this Subchapter. I was informed from DHHS Construction at time of initial inspection licensure that Family Care Homes weren't required to have a Fire Alarm System so I installed interconnected smoke alarms in both the bedrooms and hallways. Per our conversation this system is not monitored!</p>	01/01/15

RECEIVED

Demerit Score: 1

Health Department CASWELL

**Inspection of  
Residential Care Facility**  
(For facilities, as defined, with  
not more than 12 residents)

Date of Insp Chg: 08 / 16 / 2017

Current Facility ID 03017430052

Status Code: A

Old Facility ID

Water 1 Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Non Transient Non-Community <input checked="" type="checkbox"/> Non-Public Water Supply	Water sample taken today? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Re-Inspection <input type="checkbox"/> Visit	<input type="checkbox"/> Name Change <input type="checkbox"/> Verification of Closure <input type="checkbox"/> Status Change
Wastewater System: <input type="checkbox"/> Community <input checked="" type="checkbox"/> On-Site System				

Name of Establishment: HUMPHREY FAMILY CARE HOME

Permitee: DAVID HUMPHREY

Location Address: 6245 BURTON CHAPEL ROAD

Number of Residents: 6

City: MEBANE

State: NC Zip: 27302

Mailing Addr. 1156 HORSESHOE TRAIL

City: ALTON

State: VA Zip: 24520

Classification

☐ Approved (20 or less demerits. and no point demerits)

Disapproved (More than 40 demerits or failure to improve provisional classification)

☐ Provisional (more than 20 but 40 or less demerits or a 6-point demerit)

Demerits

Comments

1. **WATER SUPPLY:** Public supply: Private supply approved 6 (.1611).....

\*\* SEE COMMENTS SHEET ATTACHED\*\*

2. **LIQUID WASTES:** Sewage and other liquid wastes disposed of by approved methods 6 (.1613).....

**3. FOOD SUPPLIES AND PROTECTION**

**Supplies:** All food clean, wholesome, no spoilage 6 (.1619)

**Protection:** Adequate during storage preparation and serving potentially hazardous food 45° F or below, or 40° F or above 5; all refrigerators with thermometers 2; pork, ground beef products, poultry, and stuffing's, etc., thoroughly cooked; meat and poultry salad, potato salad, etc, handled as required, no re-serving of portions once served to an individual 4; food containers stored above floor and protected from contamination 2; pets and other animals not allowed where food is prepared or stored, nor in serving area (unless caged or otherwise restricted 4 (.1620).....

GREAT JOB ONE DRESSER

MISSING KNOB

4. **FOOD SERVICE UTENSILS AND EQUIPMENT:** Food service utensils and equipment in good repair and kept clean 4; eating and drinking utensils clean to sight and touch, cleaned after each use; approved facilities 4; clean utensils properly stored 2; substances containing poisonous material not used for cleaning or polishing eating utensils 6; disposable items properly stores and handled, used only once 2 (.1618).....

5. **FOOD SERVICE PERSONS:** clean clothes, hands, and work habits 4 (.1621).....

6. **DRINKING WATER FACILITIES:** Common drinking cups not used 4; ice, if provided, handled and dispensed in a sanitary manner 2 (.1612).....

7. **HOT AND COLD WATER:** Adequate hot cold water piped to point of use 4 (.1611)

8. **TOILET: HANDWASHING: LAUNDRY AND BATHING FACILITIES:** Toilet lavatory and bathing facilities adequate 4 fixtures in good repair and kept clean 2; soap and towels provided 2 (.1610).....

9. **BED: LINEN:FURNITURE:** All furniture, mattresses, linen, drapes, blinds and similar items in good repair and clean 2; bed linen changed as required 2; clean and soiled linens properly stored and handled 2 (.1617).....

10. **STORAGE: MISCELLANEOUS:** Rooms or areas provide for storage of clothes, personal effects, luggage, supplies and equipment kept clean 2; medications, cleaning supplies, pesticides and other hazardous products properly stored as required 4 (.1616).....

11. **FLOORS:** In good repair1; kept clean 2 (.1607).....

12. **WALLS AND CELINGS:** In good repair1; kept clean 2 (.1908).....

13. **LIGHTING AND VENTILATION:** Windows and fixtures in good repair 1; kept clean 2 (.1609)

14. **VERMIN CONTROL: PREMISES:** Outside openings effectively screened or otherwise protected against entrance of flying insects and flying insects absent; 4; effective control of rodents and other vermin 4; approved pesticides properly used 4; premises neat, clean, drained and free of litter and vermin harborages and breeding areas 2(.1615).....

15. **SOLID WASTES:** Garbage in standard containers, properly covered and stored, approved disposal 4; containers, storage area kept clean 2; dry rubbish in suitable receptacles, approved storage and disposal 2 (.1614).....

Comment Sheet Attached  
☐ Yes ☐ No

Rep Received

TOTAL DEMERIT SCORE

0

Inspection by:

*[Signature]*

EHS I.D. 1761-Lakey, Tracie

**FIRE PREVENTION DIVISION  
COUNTY OF CASWELL**

**PERMIT**

No. 1623

08/09/2017

Date

TO WHOM IT MAY CONCERN: By virtue of the North Carolina State Building Code; Volume V - Fire Prevention  
Humphrey Family Care Home  
(Name of concern) 6245 Burton Chapel Rd. Mebane, NC 27302 conducting a  
Group R-3 Residential Care (Address)  
(Business) having made application in due form, and as the conditions,  
surroundings, and arrangements are, in my opinion, such that the intent of the Code can be observed, authority is here-  
by given and the PERMIT is GRANTED for

THIS PERMIT IS VALID UNTIL 08/09/2017

*Robert M. Boyd*

Inspection of  
Residential Care Facility  
(For facilities, as defined, with  
not more than 12 residents)

Demerit Score: 2

Date of Insp Chg: 06 / 13 / 2017

Health Department CASWELL

Current Facility ID 0 3 0 1 7 4 3 0 5 6

Old Facility ID

Status Code: A

Water	1 Community	<input type="checkbox"/> Non Transient Non-Community	Water sample taken today?	<input checked="" type="checkbox"/> Inspection	<input type="checkbox"/> Name Change
	<input type="checkbox"/> Transient Non-Community	<input checked="" type="checkbox"/> Non-Public Water Supply	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Re-Inspection	<input type="checkbox"/> Verification of Closure
Wastewater System:	<input type="checkbox"/> Community	<input checked="" type="checkbox"/> On-Site System		<input type="checkbox"/> Visit	<input type="checkbox"/> Status Change

Name of Establishment: ABUNDANT LIVING 2 FAMILY CARE HOME

Permitee: DAVID HUMPHREY

Location Address: 3816 CHERRY GROVE RD.

Number of Residents: 6

City: ELON

State: NC Zip: 27244

Mailing Addr. 1156 HORSESHOE TRAIL

City: ALTON

State: VA

Zip: 24520

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2. LIQUID WASTES: Sewage and other liquid wastes disposed of by approved methods 6 (.1613).....
3. FOOD SUPPLIES AND PROTECTION  
Supplies: All food clean, wholesome, no spoilage 6 (.1619)  
Protection: Adequate during storage preparation and serving potentially hazardous food 45° F or below, or 40° F or above 5; all refrigerators with thermometers 2; pork, ground beef products, poultry, and stuffing's, etc., thoroughly cooked; meat and poultry salad, potato salad, etc, handled as required, no re-serving of portions once served to an individual 4; food containers stored above floor and protected from contamination 2; pets and other animals not allowed where food is prepared or stored, nor in serving area (unless caged or otherwise restricted 4 (.1620).....
4. FOOD SERVICE UTENSILS AND EQUIPMENT: Food service utensils and equipment in good repair and kept clean 4; eating and drinking utensils clean to sight and touch, cleaned after each use; approved facilities 4; clean utensils properly stored 2; substances containing poisonous material not used for cleaning or polishing eating utensils 6; disposable items properly stores and handled, used only once 2 (.1618).....
5. FOOD SERVICE PERSONS: clean clothes, hands, and work habits 4 (.1621).....
6. DRINKING WATER FACILITIES: Common drinking cups not used 4; ice, if provided, handled and dispensed in a sanitary manner 2 (.1612).....
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Demerits

Comments

\*\* SEE COMMENTS SHEET ATTACHED\*\*

Repair Ceiling in Hallway

Caulk around Bathtub

Comment Sheet Attached

☐ Yes ☐ No

Rep Received

TOTAL DEMERIT SCORE

0

Inspection by:

EHS I.D. 1761-Lakey, Tracie

**FIRE PREVENTION DIVISION  
COUNTY OF CASWELL**

**PERMIT**

No. 1530

06/11/2017

Date

TO WHOM IT MAY CONCERN: By virtue of the North Carolina State Building Code; Volume V - Fire Prevention  
Abundant Living Family Care Home #2 3814 Cherry Grove Rd. Elon, NC 27244 conducting a

(Name of concern)

(Address)

Group R-3 Residential Care

(Business)

having made application in due form, and as the conditions,

surroundings, and arrangements are, in my opinion, such that the intent of the Code can be observed, authority is here-  
by given and the PERMIT is GRANTED for

THIS PERMIT IS VALID UNTIL 06/11/2017

*Barbara Bayless*