

AUG 29 2018

PRINTED: 08/10/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060153	(X2) MULTIPLE CONSTRUCTION CONSTRUCTION SECTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/26/2018
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NAME OF PROVIDER OR SUPPLIER HOUSE OF PEACE FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3505 ORIOLE PLACE CHARLOTTE, NC 28269
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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
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C 000	<p>Initial Comments</p> <p>Report by Glenn Hoppin</p> <p>DHSR Construction Section conducted a Biennial Survey on July 26, 2018 from 1:00 PM to 3:00 PM at the above referenced facility. DHSR records indicate the home was first licensed on December 23, 2010 as a Family Care Home for six ambulatory Residents (able to evacuate and respond 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 and the 2009 North Carolina State Building Code - Section 421.2 - Residential Care Homes.</p> <p>At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:</p>	C 000		
C 135	<p>Bathroom-Hand Grips</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (e) Hand grips shall be installed at all commodes, tubs and showers used by the residents.</p> <p>This Rule is not met as evidenced by: At the time of the survey it was observed that the hall bath near the front of the facility did not have handgrips at the toilet. The rule requires hand grips to be installed at all commodes, tubs and showers used by the residents.</p>	C 135	<p><i>Hand Rail grips were installed promptly after the survey and verbal notice was given by inspectors on Saturday July 28th and shall be monitored on a quarterly basis to assure the safety of handrails and our residents during our quality assurance monitoring.</i></p>	
C 147	<p>Outside Entrances/Exits-Single Hand Motion</p> <p>SECTION .0300 - THE BUILDING</p>	C 147		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Darcel Hoppin / Administrator* TITLE: *August 25th 2018* (X6) DATE

STATE FORM 6899 092L21 If continuation sheet 1 of 3

Division of Health Service Regulation

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C 147	<p>Continued From page 1</p> <p>10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS</p> <p>(d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled.</p> <p>This Rule is not met as evidenced by: At the time of the survey it was observed that several of the exit doors did not have single action locks. The rule requires all exit door locks to be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled.</p>	C 147	<p>The correction of rule 13G-0312 which is required by the state was repaired on Monday July 23rd 2018. The entrance and bedroom door that was cited during the survey was changed to single hand motion as required. We shall monitor and replace all such hand knobs along with any other deficiencies that was noted on a quarterly basis and during our quality assurance check.</p>
C 174	<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: 1. At the time of the survey it was observed that the back flow dampers for the kitchen and bathroom exhausts were damaged. The rule requires the building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home to be maintained in a safe and operating condition.</p>	C 174	<p>all electrical and plumbing and ducts to plumbing and and to dryer vents were cleared and closed up if needed and shall be checked during our monitoring.</p>

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C 174	<p>Continued From page 2</p> <p>2. At the time of the survey it was observed that the range hood in both kitchen areas of the facility were very greasy. The rule requires the building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home to be maintained in a safe and operating condition.</p> <p>3. At the time of the survey it was observed that several of the smoke detectors were not interconnected. The rule requires the building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home to be maintained in a safe and operating condition.</p> <p>For all deficiencies listed above provide documentation of completed work in the form of photographs, receipts, invoices, etc.</p> <p>All deficiencies listed above were discussed with on-site staff during the exit interview.</p>	C 174	<p><i>Hoods and screens cleaned upon request of manager and shall be checked weekly and Duesin quarterly checks.</i></p> <hr/> <p><i>at the time of survey, we were told that one smoke detector was not interconnected. That smoke detector was replaced and all other checked, all ducts and plumbing and Hoods of stores in both kitchens was cleaned and replaced if needed to comply with the deficiencies of this report and will be observed on a quarterly basis as our quality assurance is being monitored</i></p>	
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164188

Invoice

SOLD TO <i>House of Peace</i>		SHIP TO	
ADDRESS <i>3525 Canine Place</i>		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
CUSTOMER ORDER NO.	SOLD BY	TERMS	F.O.B.
			DATE

ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
		4.5 IN PE-SATFU H/ST	4.99		
		KVD HSP LUCK 2N 6H	7.79		
		1/4 ENDR US/PA CT-4 X 1/15-3	345		
		F4 PHIL WSS 1-1/4 IN 8-C	728		
		PH 2L/PA MS 8-32 1/4 SP	256		
		3/4 IN X 8 FT White	247		
		LED Flashlight	14.99		
		ENR AA 16 - ENR PH/PA 16	11.99		
		5000 10/40 1/4 X 1 1/2 orange	11.85		
			67.38		

Original Invoice
See invoice for details