

Caremoor Retirement Center

4876 Caremoor Place

Kannapolis NC 28081

Telephone (704) 938-2927

Fax (704) 933-7522

The Carriage House of Caremoor

4838 Caremoor Place

Kannapolis NC 28081

Telephone (704) 938-2929

Fax (704) 939-2929

Fax To NC Dept Health & Human Svc

of Pages 3

Date 11/14/18

Fax Number 1-919-218-733-6592

Attention Ed Miller

Regarding Exit Signs

This communication may contain information that is confidential, privileged, proprietary, or otherwise protected from use or disclosure understate and federal law. It is intended only for the person to whom it is addressed, and the information should be kept confidential and secure.

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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

October 29, 2018

Tommy Kincaid
4876 Caremoor Place
Kannapolis, NC 28081

RE: HA Follow-Up Biennial Construction Survey
FID #930169 Hal013007
Caremoor Retirement Center
4876 Caremoor Place
Kannapolis Cabarrus County

Handwritten note: War Amally fold not to do this just put a sign up since there is a light right there within 5 ft

Dear Mr. Kincaid:

On August 17, 2018, a Biennial Follow-Up Construction Survey was conducted at your facility by the Construction Section of the Division of Health Service Regulation to determine if your facility was in compliance. As a result of this survey, your facility is not in substantial compliance due to uncorrected deficiencies. Failure to correct the outstanding deficiencies may jeopardize the status of your license. Corrections are required and a Signed Plan of Correction must be submitted.

Plan of Correction (PoC)

A PoC for the deficiencies must be submitted November 13, 2018

Your PoC for the deficiencies must contain the following:

- o What corrective action(s) will be accomplished by the facility to correct the deficient practice;
o How you will identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken;
o What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
CONSTRUCTION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3893 • FAX: 919-733-6592

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

PRINTED: 10/29/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/17/2018
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NAME OF PROVIDER OR SUPPLIER CAREMOOR RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4876 CAREMOOR PLACE KANNAPOLIS, NC 28081
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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
{C 000}	<p>Initial Comments</p> <p>Report of a Biennial Follow Up Construction Survey by Ed Miller conducted on August 17, 2018.</p> <p>There are deficiencies cited in the Biennial Construction Survey that remain to be corrected.</p> <p>Not complete</p>	{C 000}		
{C 101}	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the building did not meet the code requirements for I-2 Occupancy in effect at the time of construction or alteration, by not providing all required exits with exit signs. This could affect all by not providing egress directions for a prompt evacuation of the building..</p>	{C 101}		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Quita Linker* TITLE: _____ (X6) DATE: **11-14-18**

STATE FORM

8099 USSG23

If continuation sheet 1 of 2

Division of Health Service Regulation

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{C 101}	Continued From page 1 Findings on June 19, 2018: a. Cross-Corridor Pair of Doors on Left Corridor - there are no exit signs directing you through these doors, towards the front exit nor toward the back left exit that are visible when the doors are closed.	{C 101}	A non-illuminated exit sign will be installed above the doors on interior side of hallway that will be illuminated to a minimum of 5 ft. candles in the event of a power outage.	11/2/18