

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL080024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/01/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LIBBY FAMILY CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4035 WOODLEAF-BARBER ROAD CLEVELAND, NC 27013</b>
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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}	Initial Comments  Report by Luis Padilla  DHSR Construction Section conducted a Biennial Follow-up Survey on February 1, 2019 from 9:00 AM to 9:50 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:	{C 000}		
{C 169}	Fire Safety-Smoke Detectors  SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it.  This Rule is not met as evidenced by: 1.) The rule requires the building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup:	{C 169}		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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{C 169}	<p>Continued From page 1</p> <p>During our visit it was observed that the heat detector in the attic was chirping and had a dying battery. This is not compliant with the rule.</p> <p>Make arrangements to correct the deficiency, ensure the device is a 192-212 rated heat detector and that it is on a dedicated sounding device. Once completed provide documentation in the form of invoices for all completed work.</p> <p>LAP 02/01/2019</p> <p>At the time of the Follow Up survey it was observed that this deficiency had not been corrected. This is not compliant with the rule.</p>	{C 169}		
{C 174}	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 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.) The rule requires the building equipment in a family care home shall be maintained in a safe and operating condition:</p> <p>During our visit it was observed that the doors for the home (Bathroom, Bedroom 1, Bedroom 2, and Staff Bedroom) would not latch properly. This is not compliant with the rule.</p> <p>LAP 02/01/2019</p>	{C 174}		

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{C 174}	Continued From page 2  At the time of the Follow Up survey it was observed that the doors for the Bathroom and the Staff Bedroom (beside the rear entrance) would not latch properly. This is not compliant with the rule. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work.	{C 174}		