



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

February 7, 2019

Libby Blackwell (via e-mail only)
4035 Woodleaf-Barber Road
Cleveland, NC 27013

RE: FC Follow-Up Biennial Construction Survey
FID #060653 Fcl080024
Libby Family Care Home
4035 Woodleaf-Barber Road
Cleveland Rowan County

Dear Ms. Blackwell:

On **February 1, 2019**, 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 February 22, 2019

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

- o How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- o Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State. Any completion date greater than **15** days from date of survey requires a written waiver from DHSR-Construction Section.
 - Corrective action must begin immediately

Your **Signed Plan of Correction** can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

If you have any questions concerning the instructions contained in this letter, please contact me.

Sincerely,



Luis Padilla
Architectural/ Engineering Technician
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
County Building Inspection Department - with attachment-(via e-mail only)
Rowan County DSS - with attachment-(via e-mail only)

PRINTED: 02/07/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL080024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/01/2019
NAME OF PROVIDER OR SUPPLIER LIBBY FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4035 WOODLEAF-BARBER ROAD CLEVELAND, NC 27013		
(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}	In reference to (C169) Fire Safety – Smoke Detectors Section .3000 – The Building 10A NCAC 13G.316 Fire Safety and Disaster Plan (b), The building shall be provided with smoke detectors that are interconnected. In compliance with (C169), the battery inside the heat detector at Libby Family Care Home was replaced.. Then, the heat detector was reassembled to ensure compliance with this rule. The Director at LFCH shall ensure that each device in the home is a 192-212 rated heat detector and that is on a dedicated sounding device.	

Division of Health Service Regulation

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

Libby Blackwell

TITLE

Director

(X6) DATE

2-21-19

PRINTED: 02/07/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL080024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/01/2019
NAME OF PROVIDER OR SUPPLIER LIBBY FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4035 WOODLEAF-BARBER ROAD CLEVELAND, NC 27013		
(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 169}	Continued From page 1 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. 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. LAP 02/01/2019 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.	{C 169}		
{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. 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: 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. LAP 02/01/2019	{C 174}	In reference to (C174) Building Equipment Maintained Safe, Operating Section .0300 – The Building 10A NCAC 13G .317 Building Service Equipment, 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. In compliance with (C174), the doors in the home of Libby Family Care Home (Bathroom, Bedroom 1, Bedroom 2, and Staff Bedroom) have been corrected by replacing the door knob and lock on each door (Bathroom, Bedroom 1, Bedroom 2, and Staff Bedroom). The Director of Libby Family Care Home shall ensure that the home is maintained in a safe and operating condition.	

Division of Health Service Regulation
STATE FORM

6899

DF4022

If continuation sheet 2 of 3

PRINTED: 02/07/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL080024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/01/2019
NAME OF PROVIDER OR SUPPLIER LIBBY FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4035 WOODLEAF-BARBER ROAD CLEVELAND, NC 27013		
(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 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}		