

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL060019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/28/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SHADY HARBOUR ADULT LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>908 TOM HUNTER ROAD CHARLOTTE, NC 28213</b>
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C 000	<p>Initial Comments</p> <p>Report by Anthony Brinson</p> <p>DHSR Construction Section conducted a Biennial Survey on May 28, 2019 from 12:30 PM to 2:00 PM at the above referenced facility. DHSR records indicate the home was first licensed on October 10, 1996 as a Family Care Home for six (6) ambulatory Residents (able to respond and evacuate without any physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: the 1996 - Rules for Family Care Homes Minimum, Desired Standards Regulations, the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the applicable portions of the 1996 North Carolina State Building Code; Section 419.2- Residential Care Homes</p> <p>NOTES: 1,) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site staff during the exit interview.</p> <p>2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed.</p> <p>The cited deficiencies are as follows:</p>	C 000		
C 117	<p>Have Current San. And Fire Safety Approvals</p> <p>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</p>	C 117		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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C 117	Continued From page 1  shall be maintained in the home and available for review.  This Rule is not met as evidenced by: 1.) At the time of survey it was identified that the home didn't have a current fire, or sanitation inspection report on site, in addition the home has just finished repairs as the results of a fire in 2018, therefore we will need either a certificate of compliance or occupancy from your local Building Official; these conditions are not compliant with the rule, take actions to correct the deficiency and provide to our office proof of compliance.	C 117		
C 144	Outside Entrances/Exits-Two Remote Exits  SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (a) In family care homes, all floor levels shall have at least two exits. If there are only two, the exit or exit access doors shall be so located and constructed to minimize the possibility that both may be blocked by any one fire or other emergency condition.  This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that the upper level of the home (office area) doesnt have a second means of egress from this level of the home; this is not compliant with the rule, take actions to correct the deficiency and provide to our office proof of compliance.  Note: Both Section 419.2.1 and this rule require two remote exuts from this upeer level of the home.	C 144		

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C 146	Continued From page 2	C 146		
C 146	<p>Outside Entrances/Exits-Ramp(s)</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS</p> <p>(c) At least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the home has any resident that must have physical assistance with evacuation, the home shall have two outside entrances/exits at grade level or accessible by a ramp.</p> <p>This Rule is not met as evidenced by:</p> <p>1.) At the time of the survey it was observed that at the right rear exit of the home has an existing concrete ramp; but it is not compliant with code requirements, the ramp is required to be constructed at a slope of 1:12 ; provide landings in accordance to code requirements (at the top &amp; bottom of ramp); Provide handrails that run the full length of the ramp (on both sides) as well as guards in accordance with code requirements. Once completed provide to our office copies of all permits and approvals as well of photos of the completed work for our records as verification of compliance.</p> <p>2.) At the time of survey it was observed that a partial ramp had been constructed in the recreation room; the ramp provided comes down to a landing but then there are two steps down to the floor, this is not complaint with the rule, take action to correct the deficiency once completed provide to our office proof of compliance</p>	C 146		

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C 147	<p>Outside Entrances/Exits-Single Hand Motion</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (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: 1.) At the time of survey it was observed that multiple exit doors were not provided with single hand motion lockset's, in addition several storm doors had thumb latches and multiple interior doors had thumb bolt locksets these conditions are not compliant with the rule. Take action to correct the deficiency's, once completed, provide photo's to the DHSR Construction Section as verification of compliance.</p>	C 147		
C 152	<p>Floors</p> <p>10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair.</p> <p>This Rule is not met as evidenced by: 1.) At the time of survey it was observed that multiple areas of the home scatter and throw rugs were being utilized; these conditions are not compliant with the rule. Take action to correct the deficiency's, once completed, provide photo's to the DHSR Construction Section as verification of compliance.</p>	C 152		

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C 168	<p>Fire Extinguishers</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN</p> <p>(a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home:</p> <p>(1) one five pound or larger (net charge) "A-B-C" type centrally located;</p> <p>(2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and</p> <p>(3) any other location as determined by the code enforcement official.</p> <p>This Rule is not met as evidenced by:</p> <p>1.) At the time of survey it was observed that the homes fire extinguishers were out of date and not mounted as required; these conditions are not compliant with the rule. Take action to correct the deficiency's, once completed, provide photo's to the DHSR Construction Section as verification of compliance.</p>	C 168		
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:</p> <p>1.) At the time of survey it was observed that the GFCI receptacle in in Bath #1 would not trip when tested; in addition there is a receptacle in the</p>	C 174		

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C 174	<p>Continued From page 5</p> <p>vanaty fixture above the sink in the upstairs bathroom that was not GFCI protected; these conditions are not compliant with the rule. Take action to correct the deficiency's, once completed, provide photo's to the DHSR Construction Section as verification of compliance.</p> <p>2.) At the time of survey it was observed that in several of the residents bedrooms that smoke detectors were installed too close to the paddle blades of the rooms ceiling fans; these conditions are not compliant with the rule. Take action to correct the deficiency's, once completed, provide photo's to the DHSR Construction Section as verification of compliance.</p> <p>3.) At the time of survey it was observed that handgrips were not provided at the toilet and shower in bathroom#1 these conditions are not compliant with the rule. Take action to correct the deficiency's, once completed, provide photo's to the DHSR Construction Section as verification of compliance.</p> <p>4.) At the time of survey it was observed that the window in bedroom #2 would not open, this window is emergency egress for the bedroom in question this condition is not compliant with the rule. Take action to correct the deficiency's, once completed, provide photo's to the DHSR Construction Section as verification of compliance.</p> <p>5.) At the time of survey it was observed that a light bulb was missing in the light fixture located in the stairway, this not compliant with the rule. Take action to correct the deficiency's, once completed, provide photo's to the DHSR Construction Section as verification of</p>	C 174		

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C 174	Continued From page 6 compliance.	C 174		
C 180	<p>Building Service Equipment-Call System</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</p> <p>(f) Where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of resident lying on his bed.</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 survey we were unable to determine if the home would have shift workers or live-in staff, provide written verification to the DHSR Construction Section as verification of compliance with the rule.</p>	C 180		