

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL045127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2019
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NAME OF PROVIDER OR SUPPLIER TORE'S HOME # 22	STREET ADDRESS, CITY, STATE, ZIP CODE 41 TORE'S DRIVE EAST FLAT ROCK, NC 28726
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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 by Keith Blackwell</p> <p>DHSR Construction Section conducted a Biennial Survey on September 12, 2019 from 1:35 PM to 2:55 PM at the above referenced facility. DHSR records indicate the home was first licensed on October 28, 2017 as a Family Care Home for six non-ambulatory Residents who are unable 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 2012 North Carolina State Building Code - Section 425.5 Large Residential Care Facilities.</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. 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 174	<p>Building Equipment Maintained Safe, Operating</p> <p>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</p>	C 174		

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

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C 174	<p>Continued From page 1</p> <p>family care homes.</p> <p>This Rule is not met as evidenced by:</p> <p>1.) At the time of the survey it was observed that scatter rugs were being used throughout the home. This is not compliant with the rule. Take necessary action to remove the scatter rugs.</p> <p>2.) At the time of the survey it was observed that door stops were being used throughout the home. This is not compliant with the rule. Take necessary action to remove the door stops.</p> <p>3.) At the time of the survey it was observed that the residential smoke detectors are not communicating with the commercial fire alarm system. This is not compliant with the rule. Take necessary action to have the residential smoke detectors communicate with the commercial fire alarm system.</p> <p>4.) At the time of the survey it was observed that the heat detectors in the attic are too low to be effective. This is not compliant with the rule. Take necessary action to raise the heat detectors to an effective height.</p> <p>5.) At the time of the survey it was observed that behind the dryer duct tape was being used where dryer duct goes through the wall. Take necessary action to remove the duct tape and patch the wall around the dryer duct.</p> <p>6.) At the time of the survey it was observed that the conduit that penetrates the ceiling in the staff room above the the control panel needs to be sealed with fire caulking since the ceiling is rated for fire protection. Take necessary action to seal the around the conduit with approved fire caulking.</p>	C 174		

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C 174	Continued From page 2 7.) At the time of the survey it was observed that multiple evacuation plans were not orientated correctly with the layout of the home. Take necessary action to orientate the evacuation plans to the layout of the home. 8.) At the time of the survey it was observed that several escutcheons for the grab bars were not secured or flush with the wall in the resident bathrooms. Take necessary action to secure the escutcheons flush to the wall.	C 174		
C 911	G.S 131D 21(1) Declaration of Resident's Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: (1) To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy. This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that there was a camera in use in the resident bedroom #1. This is not compliant with the rule. Take necessary action to remove the camera.	C 911		