



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

September 18, 2023
Tammie Wright-Staton, Administrator (via email only)
P. O. Box 35
Burlington, NC 27217

RE: Making Visions Come True Assisted Living Facility – ACH Biennial Survey
625 Lane Street
Burlington (Alamance County)
FID #931124

Dear Ms. Wright-Staton:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on August 9, 2023. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- 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.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.
 1. Corrective action must begin immediately.
 2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR – Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to

**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
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3883 • FAX: 919-733-6592

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

SIGN, DATE, AND RETURN the Plan of Correction to DHSR – Construction by October 3, 2023. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

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

Faxed to: (919) 733-6592

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

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction."

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by October 3, 2023. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by October 3, 2023. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Jeff Hams, Acting Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: <https://info.ncdhhs.gov/dhstr/>.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Suzanna Fay

Suzanna Fay
Biennial Institutional Engineering Surveyor
DHSR – Construction Section

cc: DHSR – Adult Care Licensure Section
City Building Inspection Department – with attachment (via email only)
Alamance County DSS – with attachment (via email only)

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001149	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/09/2023
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NAME OF PROVIDER OR SUPPLIER MAKING VISIONS COME TRUE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 625 LANE STREET BURLINGTON, NC 27217
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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 Construction Section Biennial Survey by Suzanna Fay conducted on August 9, 2023.</p> <p>Records indicate this facility was first licensed as a Home for the Aged serving 12 ambulatory residents on March 26, 1993. Therefore, the facility must meet the 1991 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes and the 1991 NC State Building Code(s) section 409.1 for a Group I-Institutional Unrestrained Occupancy.</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000		
C 188	<p>Electrical Outlets in Wet Locations</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.</p> <p>This Rule is not met as evidenced by: 1. Based on observation the electrical outlets in all wet locations such as sinks, bathrooms and outside of building are not equipped with ground fault interrupters. This is a potential shock hazard if receptacles near water sources do not function to provide shock protection.</p> <p>Findings on August 9, 2023: a. Exit by Room 6 - the exterior outlet has tripped and will not reset when the reset button is pressed.</p>	C 188	<p>The administrator will ensure that all electrical outlets are working properly. The administrator has created quarterly log to have maintenance check all outlets in the facility. The facilities electrician was notified on 8/9/23 and the outlet has been replaced and is working properly.</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Handwritten Signature]

TITLE

[Handwritten Title]

(X6) DATE

9/23/23

Division of Health Service Regulation

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C 189	Continued From page 1	C 189		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on observation and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be effected if the equipment failed to alert the occupants in case of a fire.</p> <p>Findings on August 9, 2023: a. The vendor that monitors the fire alarm was having problems with their lines and did not think they would be able to contact the fire department if the system was tested. Therefore, the system was not tested. Staff were notified to call 911 directly in the event of a fire or other emergency. A follow up call to the provider on 8/15/23 revealed that the issue had been corrected.</p> <p>2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.</p> <p>Findings on August 9, 2023:</p>	C 189	<p>The administrator will ensure that the facilities emergency fire system is working properly. On 08/09/23, the administrator contacted the monitoring provider and the problem had been resolved.</p> <p>The administrator will ensure that the doors are working properly. The administrator contacted the fire monitoring provider, the doors were repaired and tested 08/30/2023.</p>	

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C 189	<p>Continued From page 2</p> <p>a. The left door of the cross corridor doors could not be pulled loose from the magnet manually to determine if the doors closed. Also, the doors could not be verified to release upon activation of the fire alarm due to technical issues with the monitoring company.</p> <p>3. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on August 9, 2023:</p> <p>a. Staff Bedroom - there is a 1" diameter hole in the back corner of the room.</p> <p>b. Second Half Bath - the escutcheon ring on the sprinkler head has dropped leaving a gap in the fire resistant rated ceiling. This was corrected at the time of survey.</p> <p>c. There is a small hole in the ceiling at the base of the exit sign outside of the Half Baths.</p> <p>d. Electrical Room - there is a small unsealed cable penetration over the fire alarm panels.</p> <p>e. There is a small hole in the ceiling at the base of the exit sign outside of Room 6.</p> <p>f. The escutcheon ring on the sprinkler head outside of Dining has dropped leaving a gap in the fire resistant rated ceiling.</p> <p>4. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin.</p>	C 189	<p>The administrator will ensure that all doors are working properly; The monitoring company was contacted and the issue was resolved on 08/09/23.</p> <p>The administrator will ensure that home safe and there are no holes or gaps in the penetrations. The following was corrected on 08/09/23: Staff Bedroom: the hole was plated and sealed. Bathroom: Escutcheon ring was sealed Small Hole in celing: was sealed Electrial Room: small hole was sealed Small hole at the base of the exit sign was sealed. Escutcheon ring on sprinkler head outside dinning room has been sealed.</p>	

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C 189	Continued From page 3 Findings on August 9, 2023: a. Living Room - there is a wedge in place to hold the Living Room door open. b. Kitchen - there is a wedge in the corridor door and a wedge holding open the Pantry door.	C 189	The administrator will ensure that the facility is safe. 08/09/23 all wedges were removed.	