

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL023055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2023
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NAME OF PROVIDER OR SUPPLIER GREENE HAVEN FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1833 STONEY POINT ROAD SHELBY, NC 28150
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C 000	<p>Initial Comments</p> <p>Report by Kelly Myers</p> <p>DHSR Construction Section conducted a Biennial Survey on November 7, 2023 from 2:15PM to 3:15 PM at the above referenced facility. DHSR records indicate the home was first licensed on August 1, 1985 as a Family Care Home for six (6) ambulatory Residents (Who are able to respond and evacuate 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 1994 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, the 1978 North Carolina State Building Code - Section 409.1(g) - Residential Care Facilities.</p> <p>NOTES:</p> <p>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>3.) The cited deficiencies are as follows:</p>	C 000		
C 172	<p>Fire Safety-Four Rehearsals</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the</p>	C 172		

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

TITLE

(X6) DATE

Bernice B. Hesch

Administrator

2-6-24

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C 172	<p>Continued From page 1</p> <p>fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved.</p> <p>This Rule is not met as evidenced by:</p> <p>1. At the time of the survey a live fire drill was performed while five (5) residents were on-site. None of the residents responded or evacuated when the alarm was sounded. All residents remained in their bedrooms. This is not compliant with the rule. Take the necessary steps to train the residents to respond and evacuate at the sound of the smoke alarm any time it is activated. This home is licensed for 6 ambulatory residents which means that each resident should be able to evacuate the building without physical assistance or verbal prompting. Any resident that requires physical or verbal prompting and or assistance may need to be relocated to another facility to better accommodate their needs.</p> <p>2. At the time of the survey it was observed that the fire drills are being conducted by verbally prompting the residents to evacuate and are not being conducted on all three shifts. This is not compliant with the rule. Take the necessary steps to train staff on how to perform a fire drills on all three shifts that requires activating the smoke alarms rather than verbalizing "fire".</p>	C 172	<p><i>Staff Re-inservice on Fire Drill, (Fire Drill Test Switch will be installed by Fire alarm Company</i></p>	3-1-24
C 174	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE</p>	C 174		

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C 174	<p>Continued From page 2</p> <p>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> <ol style="list-style-type: none"> At the time of the survey it was observed that the ceiling HVAC return grill cover was very dusty. This is not compliant with the rule. Take the necessary steps to routinely clean the return grill. At the time of the survey it was observed that the water heater pressure relief valve pipe terminates into the crawl space. This is not compliant with the rule. Take the necessary steps to extend the pipe outside the crawl space or terminate the pipe 6 inches from the floor. At the time of the survey it was observed that there were multiple areas where the ceiling texture was peeling and chipping. This is not compliant with the rule. Take the necessary steps to repair the textured ceiling. At the time of the survey it was observed that the window blind was damaged and the window lock was broken in the back left bedroom. This is not compliant with the rule. Take the necessary steps to replace the blind and to provide privacy and security. At the time of the survey it was observed that there was a towel behind the dryer which may be a potential fire hazard. This is not compliant with the rule. Take the necessary steps to clean behind and around the dryer. At the time of the survey it was observed that 	C 174	<p>HVAC Return grill properly cleaned. will clean monthly</p> <p>Water Heater relief valve pipe cut off 4" above Floor</p> <p>Ceiling texture (popcorn) will be repaired by</p> <p>All Residents blinds Removed and privacy curtains Installed</p> <p>All Loose material Removed from behind Dryer & washer</p>	<p>11/15/23</p> <p>11/15/23</p> <p>2/15/24</p> <p>11/28/23</p> <p>11/15/23</p>

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C 174	<p>Continued From page 3</p> <p>the staff bedroom window and both windows in the front left bedroom will not stay open, which is a potential safety hazard that could delay egress in the event of an emergency. This is not compliant with the rule. Take the necessary steps to repair the window so that it will stay in place when raised.</p> <p>6. At the time of the survey it was observed that the front left bedroom door does not latch. This is not compliant with the rule. Take the necessary steps to repair the door latch so that the residents will have privacy.</p> <p>7. At the time of the survey it was observed that the grading at the left and back sidewalks was lower than the sidewalk which is a potential trip hazard. This is not compliant with the rule. Take the necessary steps to install a railing or bring the grading even with the sidewalk.</p> <p>8. At the time of the survey it was observed that there is not a hand rail along the house at the back deck ramp. This is not compliant with the rule. Take the necessary steps to install a handrail at the back deck.</p> <p>9. At the time of the survey it was observed that the back deck ramp does not have a middle joist to fully support the ramp boards which has caused the deck boards to bow. This is a potential trip hazard and without proper support, may not fully support the weight of residents and staff as the boards continue to age. This is not compliant with the rule. Take the necessary steps to repair the ramp.</p> <p>10. At the time of the survey it was observed that that the no skid strips on the back ramp have lost their adhesion and are a potential trip hazard</p>	C 174	<p>Staff & Resident Room Windows will install New Rope to hold windows</p> <p>NEW DOOR knob & strike plate installed door closes and properly latches</p> <p>Will install NEW grading to level sidewalk</p> <p>NEW Back Hand Rail has been installed</p> <p>NEW Treated 2x6 middle joist installed</p> <p>NEW skid strips nailed in place every other board</p>	<p>2/15/24</p> <p>11/28/23</p> <p>2/15/24</p> <p>12/10/23</p> <p>12/10/24</p>

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C 174	<p>Continued From page 4</p> <p>along with raised nails. This is not compliant with the rule. Take the necessary steps to secure the no skid strips and nail in all the raised nails.</p> <p>11. At the time of the survey it was observed that there is a rotting piece of OSB and rotting bottom board at the end of the back ramp which is a potential trip hazard. This is not compliant with the rule. Take the necessary steps to repair or replace the rotting wood and create a smooth transition at the bottom of the ramp.</p> <p>12. At the time of the survey it was observed that the back exterior faucet is leaking. This is not compliant with the rule. Take then necessary steps repair the faucet.</p> <p>13. At the time of the survey it was observed that the windowsill on the right side of the house is deteriorating. Take the necessary steps to repair the windowsill.</p> <p>14. At the time of the survey it was observed that the home has a dirty soffit and fascia and may require painting if unable to be cleaned. This is not compliant with the rule. Take the necessary steps to clean the exterior of the home regularly.</p> <p>15. At the time of the survey it was observed that several foundation vent screens are damaged and may allow pests to enter into the crawl space. This is not compliant with the rule. Take the necessary steps to repair the foundations vents.</p> <p>16. At the time of the survey it was observed that the outdoor HVAC system was not properly sealed to prevent damage by pests. This is not compliant with the rule. Take the necessary steps to fully protect the flex duct lines going into the crawl space and seal where the galvanized metal</p>	C 174	<p>Rotted Boards Removed and new transition Installed</p> <p>Will install NEW faucet by</p> <p>Will Repair & Paint windowsill by</p> <p>Soffit and fascia will be cleaned springtime</p> <p>Will Replace with NEW screen or replace vents</p> <p>All HVAC system Ducting Entering Foundation HAS been properly sealed.</p>	<p>12/11/23</p> <p>2/15/24</p> <p>2/15/24</p> <p>End of MARCH 3/30/24</p> <p>2/15/24</p> <p>12/10/23</p>

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C 174	Continued From page 5 should attach to the house.	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 the survey it was observed that there was no call assistance system within the home. Where the sleeping staff bedroom is away from the residence bedrooms an electrically operated sounding device must be provided connecting each resident's bedroom to the staff bedroom. The resident call switch must be within reach from each bed and can be activated with a single motion. The device will remain on until it is switched off at the. This is not compliant with the rule. Take the necessary steps to install a call assist system and provide documentation to DSHR-Construction.</p>	C 180	<p>Call Assistance System installed</p>	1/15/24