

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL019012 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 04/03/2024 |
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| NAME OF PROVIDER OR SUPPLIER LIVEWELL ON 11476 CLUB DRIVE | STREET ADDRESS, CITY, STATE, ZIP CODE 11476 CLUB DRIVE CHAPEL HILL, NC 27517 |
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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 |
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| C 000 | <p>Initial Comments</p> <p>Report by Jonathan Gamsey</p> <p>DHSR Construction Section conducted a Biennial Survey on April 03, 2024 from 10:40 AM to 11:40 AM at the above referenced facility. DHSR records indicate the home was first licensed on January 01, 2019 as a Family Care Home for six non-ambulatory Residents (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 425.4 - Small Non-Ambulatory 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 onsite 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 169 | <p>Fire Safety-Smoke Detectors</p> <p>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</p> | C 169 | | |

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

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| C 169 | <p>Continued From page 1</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the attic in bedroom #1 had multiple compartments. Only one compartment could be verified having a heater detector. Take the necessary steps to provide documentation to DHSR that both compartments have a heat detector. If both compartments don't have a heat detector provide documentation from alarm company that one heat detector will meet the need and or install a secondary heat detector in the 2nd compartment.</p> | C 169 | | |
| 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 family care homes.</p> <p>This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that in the hallway near the medical room, the fire</p> | C 174 | | |

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| C 174 | <p>Continued From page 2</p> <p>sprinkler escutcheon plate dropped down from the ceiling exposing an opening that allowed the spread of smoke and heat. This is not compliant with the rule. Take the necessary steps to ensure that the sprinkler head and escutcheon plate are working as intended. It is recommended to utilize a certified professional to set the sprinkler head and escutcheon plate back in their original state.</p> <p>2.) At the time of the survey, it was observed that multiple oxygen tanks were found in bedroom #4 not properly secured. This could potentially lead to injury. This is not compliant with the rule. Take the necessary steps to properly secure oxygen tanks in an approved storage device to help prevent oxygen tanks from tipping.</p> | C 174 | | |