

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 08/02/2017
NAME OF PROVIDER OR SUPPLIER ELSIE'S PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 10916 RAVEN ROCK DRIVE RALEIGH, NC 27614		
(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	Initial Comments Report by Glenn Hoppin DHSR Construction Section conducted a Complaint Survey on August 02, 2017 from 10:30 AM to 12:00 PM at the above referenced facility. DHSR records indicate the home was first licensed on October 1, 2004 as a Family Care Home for six (6) ambulatory Residents (able 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 1992 "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 2002 North Carolina State Building Code - Section 421.2 - Residential Care Homes. The complaint stated the facility had a non-ambulatory resident in the facility. The complaint was substantiated and an FSES was conducted with a passing result. The FSES has been submitted the local building official and we are waiting for final approval. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 105	Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and	C 105		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 08/02/2017
NAME OF PROVIDER OR SUPPLIER ELSIE'S PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 10916 RAVEN ROCK DRIVE RALEIGH, NC 27614		
(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 105	Continued From page 1 renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars (\$380.00). (b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home. This Rule is not met as evidenced by: 1). The rule requires any building licensed as a family care home to meet the applicable requirements of the North Carolina State Building Code. Findings: Observations revealed that the facility had a non ambulatory resident in the facility. The resident is under the care of hospice and is unable to react and respond without physical or verbal assistance. Therefore an FSES was conducted to determine if the non ambulatory resident to stay in the facility. Based on the FSES (Fire Safety Equivalency Survey) there are three options that will bring the facility into the required score to pass the FSES. Option one is to have two staff members on site at all times. The additional staff member can be sleeping.	C 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 08/02/2017
NAME OF PROVIDER OR SUPPLIER ELSIE'S PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 10916 RAVEN ROCK DRIVE RALEIGH, NC 27614		
(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 105	Continued From page 2 Option two is to install solid core doors on all bedrooms. Option three is to install a NFPA 13D sprinkler system and meet the requirements of the North Carolina State Building Code section 425.3 and section 425.4. This would allow the facility to serve a capacity of up to six non-ambulatory residents. If this option is chosen plans would have to be submitted to the local building and fire officials as well as the DHSR Construction Section for review. At the time of the survey the facility already had two staff members on site at all times. Directive: Provide the DHSR Construction Section documentation verifying that either two staff members are present 24 hours a day or have a qualified technician install solid core doors on all bedroom doors. If the solid core doors are chosen contact the DHSR Construction Section to schedule a follow up survey when the installation is complete.	C 105		