

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/06/2017
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 The Adult Care Licensure Section conducted a follow-up survey on December 6, 2017.	{C 000}		
{C 007}	10A NCAC 13G .0206 Capacity 10A NCAC 13G .0206 Capacity (a) Pursuant to G.S. 131D-2(a)(5), family care homes have a capacity of two to six residents. (b) The total number of residents shall not exceed the number shown on the license. (c) A request for an increase in capacity by adding rooms, remodeling or without any building modifications shall be made to the county department of social services and submitted to the Division of Facility Services, accompanied by two copies of blueprints or floor plans. One plan showing the existing building with the current use of rooms and the second plan indicating the addition, remodeling or change in use of spaces showing the use of each room. If new construction, plans shall show how the addition will be tied into the existing building and all proposed changes in the structure. (d) When licensed homes increase their designed capacity by the addition to or remodeling of the existing physical plant, the entire home shall meet all current fire safety regulations. (e) The licensee or the licensee's designee shall notify the Division of Facility Services if the overall evacuation capability of the residents changes from the evacuation capability listed on the homes license or of the addition of any non-resident that will be residing within the home. This information shall be submitted through the county department of social services and forwarded to the Construction Section of the Division of Facility Services for review of any possible changes that may be required to the	{C 007}		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

9SEM12

If continuation sheet 1 of 10

1-24-18
Reviewed and accepted
W. Edwards
2/1/2018

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ELSIE'S PLACE

**10916 RAVEN ROCK DRIVE
RALEIGH, NC 27614**

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{C 007}	Continued From page 1 building. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION The Type B Violation was abated. Non-compliance continues. Based on observations, interviews, and record reviews, the facility failed to assure that residents' evacuation capabilities were in accordance with the evacuation capability listed on the home's license for 5 of 6 residents (#2, #3, #4, #5, #6) residing in the facility who were noted to require assistance with ambulation and/or were disoriented at times which could delay or prevent the residents evacuating the facility independently. Review of the facility's current license effective January 1, 2017 - December 31, 2017 revealed the facility was licensed for 6 all ambulatory residents. 1. Review of Resident #2's current FL-2 dated 9/21/17 revealed: -The resident's diagnoses were dementia, coronary artery disease, macular degeneration, and falls risk. -The resident was intermittently disoriented. -The resident was ambulatory using a walker. Review of Resident #2's Resident Register revealed an admission date of 10/05/15. Review of Resident #2's Assessment and Care Plan dated 9/06/17 revealed: -The resident needed assistance with ambulation,	{C 007}		

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{C 007}	Continued From page 2 transferring, toileting, bathing, dressing and grooming. -The resident was sometimes disoriented. -The resident had very poor vision. -The resident was forgetful and needed reminders. -The resident ambulated using a walker and needed staff assistance. Observation on 12/06/17 of Resident #2 at 3:30 p.m. revealed: -Staff stood in front of the resident who was seated on the sofa. -Staff instructed the resident to hold on to the walker in front of her and stand; staff held the walker in place. -When the resident started walking, the staff placed their right hand on the resident's lower back and held onto the walker with the left hand to guide it. -The resident was guided to the dining room table and assisted to her seat. Interview on 12/06/17 with the Supervisor-in-Charge (SIC) at 3:02 p.m. revealed: -Staff needed to walk behind Resident #2 when she was walking. -The resident liked walk and sit often; she would misjudge the location of the seat and try to sit before being close enough to the chair. -The resident needed to be shown where to sit. Interview on 12/06/17 with Resident #2's Guardian at 3:30 p.m. revealed: -The resident needed close supervision. -She could only walk short distances and needed to be lead. -The resident needed hands-on assistance, from staff, to keep her balance and prevent falling.	{C 007}		

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STATE FORM

6899

9SEM12

If continuation sheet 3 of 10

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{C 007}	Continued From page 3 Refer to interview on 12/06/17 with the Administrator at 11:35 a.m. and 4:10 p.m. 2. Review of Resident #3's current FL-2 dated 5/05/17 revealed: -The resident's diagnoses were dementia, atrial fibrillation, hypertension, aortic stenosis, and acute encephalopathy. -The resident was non-ambulatory and used a wheelchair. -The resident was intermittently disoriented. Review of Resident #3's Resident Register revealed an admission date of 11/02/16. Review of Resident #3's current Assessment and Care Plan dated 9/16/17 revealed: -The resident needed extensive assistance with ambulation, toileting, bathing, dressing, and grooming. -The resident was forgetful and needed reminders. -The resident was ambulatory with staff standing beside her. Observation on 12/06/17 of Resident #3 at 3:15:p.m. revealed : -Resident #3 was seated in a lounge chair in the living room. -Staff went to the resident to assist her to the dining room for a snack. -The resident was assisted to a standing position, and holding on to the resident's slacks waistband, staff escorted her to the dining room. Interview on 12/06/17 at 10:30 a.m. with the SIC revealed: -The resident could only walk for short distances, with the assistance of staff holding on to her, due to her legs giving out.	{C 007}		

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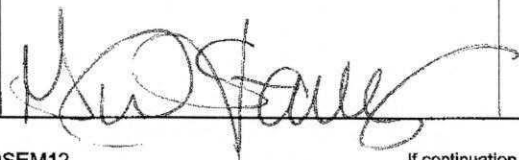
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{C 007}	Continued From page 4 -She used her wheelchair most of the time. Interview on 12/06/17 at 2:54 p.m. with Resident #3's Power of Attorney (POA) revealed: -When the resident was having "good days", she could walk with a walker; she would need staff to physically steady her to give support. -She regularly used a wheelchair for ambulation. Refer to interview on 12/06/17 with the Administrator at 11:35 a.m. and 4:10 p.m. 3. Review of Resident #4's current FL-2 dated 8/20/17 revealed: -The resident's diagnoses were dementia, atrial fibrillation, hypertension, anxiety, and depression. -The resident was semi-ambulatory using a walker. -The resident was intermittently disoriented. Review of Resident #4's Resident Register revealed an admission date of 8/25/17. Review of Resident #4's Assessment and Care Plan dated 8/20/17 revealed: -The resident needed extensive assistance with ambulation, toileting, bathing, dressing, grooming, and transferring. -The resident needed verbal cueing; she was sometimes disoriented. -The resident was forgetful and needed reminders. -The resident was ambulatory using a walker. Observation on 12/06/17 of Resident #3 at 3:35 p.m. revealed: -The resident was seated on the sofa was assisted to a standing position by a staff. -Staff placed the resident's walker in front of the resident and placed the resident's hands on the	{C 007}		

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{C 007}	Continued From page 5 walker handle. -Staff placed their right hand on the resident's lower back, the left hand on the walker handle to guide the walker, walked with the resident into the dining room, and assisted the resident into a seat. Interview on 12/06/17 with the SIC at 2:55 p.m. revealed staff had to walk closely beside Resident #2; she had a tendency to lean backwards, and could fall, if staff did not physically hold on to her. Attempted telephone call on 12/06/17 to Resident #4's POA at 2:52 p.m. was unsuccessful. Refer to interview on 12/06/17 with the Administrator at 11:35 a.m. and 4:10 p.m. 4. Review of Resident #5's current FL-2 dated 11/23/17 revealed: -The resident's diagnoses were Alzheimer's disease, major neurocognitive disorder, major depression, and hypertension. -The resident was ambulatory using a rollator. -The resident was intermittently disoriented. Review of Resident #5's Resident Register revealed an admission date of 11/24/17. Review of Resident #5's Assessment and Care Plan dated 11/25/17 revealed: -The resident needed assistance with ambulation, toileting, eating, bathing. -The resident could ambulate using a walker. -The resident was forgetful and sometimes disoriented. Observation on 12/06/17 of Resident #5 at 9:07 a.m.: -The resident, seated on the living room sofa,	{C 007}		

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{C 007}	Continued From page 6 stood up and took hold of her rollator handles, and started to walk. -The resident was accompanied by staff, standing beside the resident, and holding on to the residents' flexible waistband of her slacks. -Staff escorted the resident to the bathroom. Interview on 12/06/17 with the SIC at 2:57 p.m. revealed staff needed to walk beside Resident #5; she would become confused, would not know where she was going, and have to be shown the way. Interview on 12/06/17 with Resident #5's POA at 3:40 p.m. revealed: -The resident could walk with a walker, but she was afraid of falling, would sometimes become confused, and needed to be told what to do. -Staff walked with her, and directed her, when she could not figure out what to do. Refer to interview on 12/06/17 with the Administrator at 11:35 a.m. and 4:10 p.m. 5. Review of Resident #6's current FL-2 dated 3/15/17 revealed: -The resident's diagnoses were dementia and history of a fractured femur (2013). -The resident was constantly disoriented. -The resident was semi-ambulatory using assistance. Review of Resident #6's Resident Register revealed an admission date of 8/20/11. Review of Resident #6's Assessment and Care Plan revealed: -The resident needed extensive assistance with ambulation, transferring, toileting, eating, bathing, dressing, and grooming.	{C 007}		



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{C 007}	Continued From page 7 -The resident was ambulatory with staff assistance. -The resident was always disoriented. -The resident had significant memory loss and must be directed. Observation on 12/06/17 of Resident #6 at 2:55 p.m. revealed: -The resident was seated in a lounge chair in the living room. -Staff walked up to the resident saying it was time for a snack and assisted the resident to stand. -Staff placed her hand on the resident's lower back and escorted her to the dining room to take a seat. Interview on 12/06/17 with the SIC at 3:00 p.m. revealed: -When Resident #6 was walking, staff needed to walk close to her, as she could become unsteady. -Staff would put their hand on her lower back to steady her. Interview on 12/06/17 with Resident #6's POA at 2:45 p.m. revealed: -The resident had dementia, was confused, and did not walk alone. -The resident needed assistance getting up from a seated position. -Staff assisted the resident by walking beside her, directing her. Observation on 12/06/17 of the facility ceiling sprinkler system in resident areas from 11:20 a.m. - 11:30 a.m. revealed: -There were 3 sprinkler nozzles in the home hallway. -There was 1 sprinkler nozzle in the main hall bathroom. -There was 1 sprinkler nozzle in the master	{C 007}		

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{C 007}	Continued From page 8 bathroom. -There were 2 sprinkler nozzles the master bedroom. -There was 1 sprinkler nozzle in each of the other 3 resident rooms. -There were 2 sprinkler nozzles in the first section of the rear living room. -There were 3 sprinkler nozzles in the second section of the rear living room. -There were 4 sprinkler nozzles in the front living room. -There was 1 sprinkler nozzle in the office. Interview on 12/06/17 with the Administrator at 11:35 a.m. revealed: -Since the state survey on 8/17/17, she had been in the process of having a sprinkler system installed in the home. -The doors of the facility had been replaced with doors recommended by Construction. -Fire watches started on 8/18/17; staff made rounds every hour, 24 hours per day, 7 days a week, of every room in the house and they also checked outside the house. -A log book was kept of the dates, times, and staff making the fire watch rounds. -There had been at least 2 staff per shift since 8/18/17. -The final county inspection was scheduled for tomorrow (12/07/17). -Construction had not given her a date for final inspection. Observation on 12/06/17 of the "Elsie's Place Fire Watch Log" revealed consistent documentation of checks for every day and hour from 8/18/17 - 12/06/17. Observation on 12/06/17, at 8:45 a.m., upon entrance to the facility, revealed there were 2 staff	{C 007}		

Division of Health Service Regulation

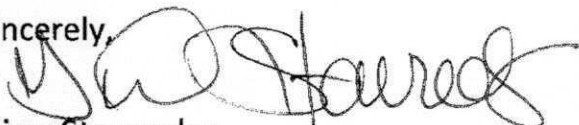
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{C 007}	Continued From page 9 working. Interview on 12/06/17 at 2:35 p.m. with 2 SIC staff revealed: -At least 2 staff were required to be working all 3 shifts, 7 days a week. -Staff works 8 hr. shifts and sometimes 12 hr. shifts to maintain coverage. Interview on 12/06/17 at 4:10 p.m. with the Administrator revealed: -The facility was currently licensed for 6 all ambulatory residents and had been in operation for 13 years. -All but one resident now needed assistance with ambulation. -She tried very hard to have the sprinkler system in place by the correction time, but had several delays in the process. -She was told by Construction that she had done everything they had asked her to do. -She was going to consult with Construction about making changes in her facility license. -The county inspector was supposed to come tomorrow (12/07/17) for the final inspection. -She did not know when Construction would be coming to do their inspection.	{C 007}			

**Elsie's Place Family Care Home
10916 Raven Rock Drive
Raleigh, NC 27614
Gina Stavredes, Administrator
License Number: FCL-092-102
Follow up survey 12-06-2017
Non- compliance
10ANCAC 13G. .0206 Capacity**

Dear Mrs. Morgan,

I am enclosing the Plan of Protection I am keeping in place for the above Capacity Code. I apologize for the delay inspection was to be done on 12-6-2017 was complete and we passed. This was the first of 2 inspections to be completed, second one scheduled for 1-10-2018 however county inspectors had to reschedule for 1-12-2018. This inspection went well except when installing my fire heads they put 3 holes in one of my residents rooms and construction inspector said I would have to have holes fixed before he would pass me so rescheduled for 1-16-2018 and at that point they approved me. I requested a copy of inspection they informed me they could not give me a copy I would have to request a copy in 2 weeks. I have been checking the county records however I have been unable to upload them. I will be going to their office and requesting a copy in person and hopefully they will comply or at least give me the information to retrieve them myself.

Sincerely,


Gina Stavredes

Elsie's Place
N.C DHSR Adult Care Licensure
Plan of Protection
1-17-2018
Rule Violation Cited: 10A NCAC 13G.0206
Capacity

Areas to continuing to be addressed:

*Sprinkler systems have been installed and as of 1-16-2018 county inspectors have passed Elsie's Place Sprinkler systems

*I have contacted Anthony B at the construction division and made him aware

*I have filled out application for Non-Ambulatory statics however waiting on paperwork from the county inspector so I can enclose approval of Fire Sprinkler System at Elsie's Place.

*There will continue to be 2 staff per shift 24/7 and Fire Watches will continue until approval from the Construction Section is given.

*After approval I will still maintain 2 staff on shift until all residents are in bed, at that point there will be 1 person until 7am.

I am doing all that is ask of me and attempting to get this resolved ASAP however, I am at the mercy of all parties involved.

Elsie's Place Family Care Home
10916 Raven Rock Drive
Raleigh, NC 27614
Email: elsiesplc@aol.com
Gina Stavredes: 919-539-0397
FID #040372

Fax Cover Sheet

Date: 9-1-2017

To: Glenn Hoppin - DHSR- Construction Section

Fax number: 919-733-6592

From: Gina Stavredes – Elsie's Place

Regarding: Plan of Correction

I am faxing my Plan of Correction along with the Statement of Deficiencies, if you have any questions please feel free to contact me by phone or email. As of 8-31-2017 I have a contract with Simplex Gennell, A Tyco International Company, I do not have a date of completion at this time but will contact you as soon as I get that information.

I truly appreciate all your help and support with this matter!

Sincerely,

A handwritten signature in black ink, appearing to read 'Gina Stavredes', with a long, sweeping horizontal line extending to the right.

Gina Stavredes

**Elsie's Place Family Care Home
Plan of Correction
8/2/2017
DSHR Construction Section
Facility #040372 Fc1092102**

**Section .0300 – The Building 10A NCAC 13G.0302
Design and Construction**

Fire Safety Equivalency Survey on 8/2/2017 three options were given listed below you will find areas were addressed and the dates in which they were completed.

- **Two staff members on duty 24/7-** Elsie's Place has always had to staff members on staff except on 11-7 shift. Following the complaint Elsie's Place had two staff members on duty 24/7 and continue to have two staff members on shift.
- **Install solid wood doors on all bedrooms-** Solid wood doors were purchased on 8/4/2017 and installed on 8/7/2017.
- **NFPA 13D sprinkler system installed-** Elsie's Place (Gina Stavredes, owner) has contacted several companies regarding the installation of sprinkler systems that meet the requirements of the North Carolina State Building Code Section 425.3 and Section 425.4. Gina Stavredes is in the process of getting quotes from local companies.

The goal going forward at Elsie's Place is to install NFPA 13D sprinkler system as soon as all quotes from local companies are given. At this time I do not have a date for the completion of installation of sprinkler system but will contact Glenn Hoppin when a date is know.