NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

July 1, 2019
Georgette Johnson (via e-mail only)
401 North Main Street
Raeford, NC 28376

RE: The Country Home - Ha Biennial Survey
2908 Country Home Road
Concord Cabarrus County
FID #921184 Hal013042

Dear Ms. Johnson:

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 June 20, 2019. 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

SIGN, DATE AND RETURN the Plan of Correction to DHSR-Construction by July 16, 2019. 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:

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

Fax to: (919)-733-6592

Email 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 July 16, 2019. 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 July 16, 2019. 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: Steven C. Lewis, 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: http://www.ncdhhs.gov/dhsr/acls/idr.html.

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: Adult Care Licensure Section-with attachment
County Building Inspection Department - with attachment-(via e-mail only)
Cabarrus County DSS - with attachment-(via e-mail only)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013042	A. BUILDING: 01 B. WING	06/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COUNTRY HOME	2908 COUNTRY HOME ROAD CONCORD, NC 28025

(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 of a Construction Section Biennial Survey by Suzanna Fay conducted on June 20, 2019. Records indicate this facility was first licensed on December 1, 1964. On or about March 27, 1987 an increase in capacity was approved for 25 residents bringing the total beds to Forty (40) Beds. Based on this information, the facility is required to meet the 1971 Minimum and Desired Standards and Regulations for the Licensing of Homes for the Aged and Infirm; the 1987 Minimum Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds; the 1958 North Carolina State Building Code, Institutional Occupancy and the 1978 North Carolina State Building Code, Institutional Occupancy.	C 000		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the walls and floors were not maintained in good repair. Findings on June 20, 2019: a. Geriatric Bath - the floor to the right of the tub	C 164		

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C 164	Continued From page 1 is separating from the wall leaving gaps between the floor and base and between the base and the wall. There is a large amount of caulk where attempts were made to repair the gaps but it is separating as well. b. Dining Room Porch - a section of the exterior ceiling has buckled and separated from the structure leaving a large hole for pests to enter. c. Beauty Salon - the crown molding has fallen off of the back wall and is lying on the floor. 2. Observations revealed that the furnishings were not maintained in good repair. Findings on June 20, 2019: a. Dining - one wood chair was in disrepair and wobbled heavily when touched. The chair was removed at the time of survey.	C 164	New Baseboards install and painted (b) Exterior porch ceiling reparied (c) Crown Molding re-installed (a) Staff immediately Dinning room chair removed and replace	7-20-19 7-21-19 7-21-19 6/20/19
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the home was not maintained in a clean and orderly manner, free of all obstructions and hazards. Findings on June 20, 2019: a. Oxygen Storage - there were three oxygen	C 166		

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C 166	Continued From page 2 bottles laying unsecured against other bottles. There were several bottles sitting unsecured on the floor and there were several bottles in a plastic crate that did not appear stable enough to support the bottles. b. Living Room - the carpet at both entry doors was frayed and damaged creating tripping hazards. c. Beauty Salon - the crown molding has fallen off of the back wall onto the floor and there are trim nails exposed.	C 166	Staff immediately ensure 02 tanks are properly stored (b) Carpet to be repaired (c) SEE PAGE 2 FOR CORRECTION	6-20-19 7-10-19
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) 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, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not maintain records of fire rehearsals quarterly on each shift. Findings on June 20, 2019: a. There was not a record of fire drills conducted from December 2018 to present.	C 185	(a) Records mis-placed Please see Records attached	6-20-19

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C 189	Continued From page 3	C 189		
C 189	Building Equipment Maintained Safe, Operating 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. This Rule is not met as evidenced by: 1. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on June 20, 2019: a. The emergency light in the connecting hallway did not illuminate on test. 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on June 20, 2019: a. Room 9 - the door sticks and is difficult to open. b. Room 13 - the door sticks and is difficult to open. c. Room 23 - the door does not close completely to latch.	C 189	(a) New battery installed a &b Door Properly adjusted (c) Door strike plate adjusted	6-21-19 6-25-19 6-25-19

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C 189	Continued From page 4 d. Bathroom across from Room 23 - the door has swelled and hits the frame so that it does not close. e. Bathroom across from Room 20 - the door has swelled and hits the frame so that it does not close. f. Pantry - the door does not latch when closed. 3. Based on observation the electrical equipment has not been maintained in a safe manner. This is a potential shock hazard if receptacles near water sources do not function to provide shock protection. Findings on June 20, 2019: a. Exit by Room 3 - the cover plate on the exterior junction box is missing. This was repaired at the time of survey. b. Exit by Room 3 - the exterior GFCI outside of Room 3 did not trip when tested and it does not have a protective exterior cover. c. Geriatric Bath - the GFCI outlet by the shower does not trip when tested. 4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have gaps between the door and the door frame stops or holes in the face of the door. Findings on June 20, 2019: a. Staff Restroom - there is a hole around the door hardware in the face of the door. b. Pantry - the door hardware does not fit properly leaving a hole in the door at the knob. c. Administrator's Office - there is a hole around the door hardware in the face of the door. 5. Based on observation there is a failure to	C 189	d&e Door properly adjusted (f) Door Strike plate adjusted Immediately Repaired by Owner (b) New GFCI and cover installed (b) New GFCI installed (a, b, c) Trim ring installed	6-27-19 6-27-19 6/20/19 7/15/19 7-15-19 7-25-19

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C 189	Continued From page 5 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. Findings on June 20, 2019: a. Pantry - the door was blocked from closing by a freezer unit. The unit was moved at the time of survey. 6. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Findings on June 20, 2019: a. Front entry - the exterior light in the soffit was falling out of the opening leaving a hole for pests to enter the facility. b. Administrator's Office - there was a quadraceptacle power tap in use beside the copier. 7. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Findings on June 20, 2019: a. Bathroom across from Room 20 - the cold water knob was missing from the tub. 8. Observations revealed that the mechanical equipment was not maintained in a safe and operating condition. Findings on June 20, 2019: a. Bathroom across from Room 20 - the radiation damper in the air supply has been activated. The	C 189	(a) Freezer Unit immediately removed by Owner (a) Exterior Light properly secured (b) Surge Power Protector installed (a) New knob installed	6-20-19 7-20-19 7-15-19 7-10-19

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C 189	Continued From page 6 room is humid. 9. 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. Findings on June 20, 2019: a. Exterior Electrical Room - the caulk around the penetrations is falling out leaving gaps in the rated ceiling assembly.	C 189	(a) From Page 7 Radiation Damper Open (a) Fire Caulk installed	6-30-19 6-30-19
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not maintain exhaust ventilation in required areas. Findings on June 20, 2019:	C 199		

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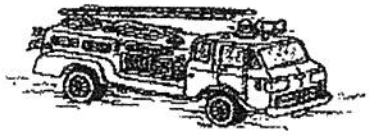
C 199	Continued From page 7 a. Geriatric Bath - the exhaust fan is not working.	C 199	(a) New Exhaust Fan installed	6-31-19



The Country Home Assisted Living
2908 Country Home Rd Concord NC 28025
FIRE DRILL REHEARSAL LOG

Date 12-19-18 **Time of Rehearsal** 8:15pm **Number of Residents + Staff** 45
How Long Did it take you to evacuate Facility? 4 min
Were did you evacuate to? front parking lot
Did you call Fire Department to inform them you are doing a Fire Drill? monitored by alarm
Did you grab a Fire Extinguisher? yes
Adm Signature: Chelle Scott **Staff Signature:** Jan Cornell Shayna Barkley staff

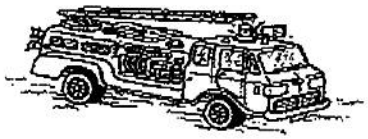
Date 1-10-19 **Time of Rehearsal** 11:00am **Number of Residents + Staff** 42
How Long Did it take you to evacuate Facility? 5min
Were did you evacuate to? front parking lot
Did you call Fire Department to inform them you are doing a Fire Drill? monitored by alarm
Did you grab a Fire Extinguisher? yes
Adm Signature: Chelle Scott **Staff Signature:** Jan Cornell Joshua Shepherd Shayna Barkley staff

Date 2-12-19 **Time of Rehearsal** 4:00pm **Number of Residents + Staff** 44
How Long Did it take you to evacuate Facility? 4 min
Were did you evacuate to? front parking lot
Did you call Fire Department to inform them you are doing a Fire Drill? monitored by alarm
Did you grab a Fire Extinguisher? yes
Adm Signature: [signature] **Staff Signature:** Jan Cornell Shayna Barkley staff

10A NCAC 13F .0309 PLAN FOR EVACUATION

(b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.

(c) 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, the shift, staff members present, and a short description of what the rehearsal involved



The Country Home Assisted Living
2908 Country Home Rd Concord NC 28025
FIRE DRILL REHEARSAL LOG

Date 3-19-19 Time of Rehearsal 6:50am Number of Residents + Staff 45
How Long Did it take you to evacuate Facility? 5 min
Were did you evacuate to? front parking lot
Did you call Fire Department to inform them you are doing a Fire Drill? monitored by alarm staff
Did you grab a Fire Extinguisher? yes
Adm Signature: Cheltha Scott Staff Signature: Billy Carpenter Stephanie Beck Nina Bailey

Date 4-16-19 Time of Rehearsal 10:9m Number of Residents + Staff 45
How Long Did it take you to evacuate Facility? 3 min
Were did you evacuate to? front parking lot
Did you call Fire Department to inform them you are doing a Fire Drill? monitored by alarm staff
Did you grab a Fire Extinguisher? yes
Adm Signature: Cheltha Scott Staff Signature: Dan Correll Tyeria Rogers Jessica Shepherd Nina Bailey

Date 5-15-19 Time of Rehearsal 3:00pm Number of Residents + Staff 44
How Long Did it take you to evacuate Facility? 4 min
Were did you evacuate to? front parking lot
Did you call Fire Department to inform them you are doing a Fire Drill? monitored by alarm staff
Did you grab a Fire Extinguisher? yes
Adm Signature: Cheltha Scott Staff Signature: Dan Correll Tyeria Rogers Nina Bailey Stephanie Beck

Date 6-12-19 Time of Rehearsal 6:45am Number of Residents + Staff 45
How Long Did it take you to evacuate Facility? 5 min
Were did you evacuate to? front parking lot
Did you call Fire Department to inform them you are doing a Fire Drill? monitored by alarm staff
Did you grab a Fire Extinguisher? yes
Adm Signature: Cheltha Scott Staff Signature: Dan Correll Billy Carpenter Stephanie Beck Tyeria Rogers Nina Bailey

10A NCAC 13F .0309 PLAN FOR EVACUATION

(b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.

(c) 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, the shift, staff members present, and a short description of what the rehearsal involved