

Division of Health Service Regulation

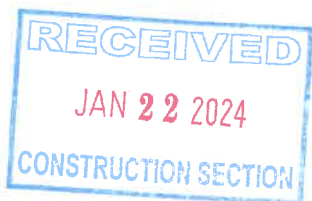
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 180011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/25/2023
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LYRA FAMILY CARE

**503 QUAKER DELL LANE
CARY, NC 27519**

(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 Scott Greenwood DHSR Construction Section conducted a Biennial Survey on October 25, 2023 from 10:45 AM to 12:00 PM at the above referenced facility. DHSR records indicate the home was first licensed on July 08, 2019 as a Family Care Home Five (5) non ambulatory residents (unable to respond and evacuate without any physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the applicable portions of the 2012 North Carolina Building Code - Section 425.4 Small Non Ambulatory Care Facilities. 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. 2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed. The cited deficiencies are as follows:	C 000		
C 102	Rules Are Minimum Requirements SECTION .0300 - THE BUILDING 10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each family care home shall be applied as follows: (4) Rules contained in this Section are minimum requirements and are not intended to prohibit buildings, systems or operational conditions that	C 102		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

5899

E39221

If continuation sheet 1 of 4

[Signature] *Iryna Markovych*

Admin

1/18/24

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 180011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/25/2023
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LYRA FAMILY CARE

**503 QUAKER DELL LANE
CARY, NC 27519**

(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 102	Continued From page 1 exceed minimum requirements; This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the resident bathroom sink faucet hot water temperature was 117.3 degrees. This is not compliant with the rule for routine interior maintenance and resident safety. Take the necessary steps to maintain the resident bathroom sink faucet hot water temperature to between 100 and 116 degrees at all times.	C 102		
C 174	Building Equipment Maintained Safe, Operating 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. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the towel bar in bathroom # 2 was missing. This is not compliant with the rule for routine interior maintenance and allowing the towel to properly dry. Take the necessary steps to correct this deficiency. 2. At the time of the survey it was observed that there was lint buildup and debris behind the clothes dryer. This is not compliant with the rule for routine interior maintenance. Take the necessary steps to correct this deficiency.	C 174	Water heater was adjusted to lower temp. Sink water reading since 10/25/23 range from 110°F - 112°F Towel bar was installed correctly by contractor Lint from behind dryer was cleaned and removed added to weekly checks and maintenance to be done by SIC	10/26/23 11/01/23 11/01/23

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 180011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/25/2023
NAME OF PROVIDER OR SUPPLIER LYRA FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 503 QUAKER DELL LANE CARY, NC 27519		
(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 174	Continued From page 2 3. At the time of the survey it was observed that the clothes dryer electrical connection pinch clamp was missing. This is not compliant with the rule for routine interior maintenance and could potentially cause a shock hazard. Take the necessary steps to correct this deficiency. 4. At the time of the survey it was observed that there was a torn section of flooring in the laundry room. This is not compliant with the rule for routine interior maintenance and could potentially cause a tripping hazard. Take the necessary steps to correct this deficiency. 5. At the time of the survey it was observed that the stove hood light bulb was burned out. This is not compliant with the rule for routine interior maintenance and surface lighting. Take the necessary steps to correct this deficiency. 6. At the time of the survey it was observed that the fire extinguishers were not being monitored on a monthly basis. This is not compliant with the rule. Monitoring the fire extinguishers ensure that they are fully charged and have not been tampered with. Take the necessary steps to correct this deficiency. 7. At the time of the survey it was observed that the fire alarm panel showed a bedroom # 4 sensor . This is not compliant with the rule for routine system maintenance. Take the necessary steps to correct this deficiency. NOTE: The provider scheduled a maintenance request at the time of the survey and alarms tested and functioning at the time of the survey. 8. At the time of the survey it was observed that there was dirt buildup with cob webs at the vinyl siding, trim boards and gutter edges. This is not	C 174	Pinch clamp installed by contractor for safety Flooring replaced by new vinyl and similar tile. No tripping hazard. Replaced by contractor Light Bulb replaced and added to maintenance check list for SIC to check weekly Fire extinguishers are checked off monthly as of November 1, 2023 by SIC. Documented on tags Fire inspection by city of Cary performed 11/21/23 and Crawford Sprinkler replaced all parts. Inspection of alarms and sprinklers passed on 11/21/23	1/15/24 1/5/24 1/15/24 11/01/24 11/21/23

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 180011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/25/2023
NAME OF PROVIDER OR SUPPLIER LYRA FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 503 QUAKER DELL LANE CARY, NC 27519		
(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 174	Continued From page 3 compliant with the rule for routine exterior maintenance and appearance. Take the necessary steps to correct these deficiencies. 9. At the time of the survey it was observed that there was an old wasp nest at the upper garage door corner. This is not compliant with the rule for routine exterior maintenance and appearance. Take the necessary steps to correct this deficiency. 10. At the time of the survey it was observed that there was peeling paint and dirt buildup at the front ramp guardrails. This is not compliant with the rule for routine exterior maintenance and appearance. Take the necessary steps to correct this deficiency.	C 174	Exterior walls of home were washed, removing cob webs and buildup. House wash maintenance and gutter cleaning schedule in place every 3 months as of 1/1/2024 Wasp nest removed by professional 1/15/24 Ramp scheduled for sanding and new paint on 2/1/24. Correct sealant to be used to ensure paint does not chip again.	1/1/24 1/15/24 2/1/24