STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL017038	A. BUILDING: **01** B. WING _____	**10/17/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEVERLY RUCKER FAMILY CARE HOME # 9	**6912 NC HWY 150** **REIDSVILLE, NC 27320**

(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 Biennial Survey on October 17, 2019 from 12:30 PM to 2:00 PM at the above referenced facility. DHSR records indicate the home was first licensed on December 04, 1990 as a Family Care Home for six (6) ambulatory residents (able to respond and evacuate without 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 1984 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2005 Rules for Family Care Homes 10A NCAC 13G, and the 1978 North Carolina State Building Code - Section 409.1(g) - Residential Care facilities NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site 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 117	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which	C 117		

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C 117	Continued From page 1 shall be maintained in the home and available for review. This Rule is not met as evidenced by: At the time of the survey it was observed that the facility did not have a current approved fire and sanitation report available for review. This is not compliant with the rule.	C 117		
C 172	Fire Safety-Four Rehearsals SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. 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, staff members present, and a short description of what the rehearsal involved. This Rule is not met as evidenced by: 1. At the time of the survey DHSR Construction Section conducted a live fire drill by activating the homes residential smoke detectors. None of the residents reacted or evacuated the facility. Upon review of the fire drill log the staff is verbally informing the residents to evacuate and not using the facilities smoke detectors to conduct the drill. This is not compliant with the rule. 2. At the time of the survey it was observed that the last fire drill that was conducted on 02/19/2019. This is not compliant with the rule.	C 172		
C 174	Building Equipment Maintained Safe, Operating	C 174		

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C 174	Continued From page 2 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 there is a large hole in the yard behind the front ramp that is covered by grass creating a trip hazard. This is not compliant with the rule. 2. At the time of the survey it was observed that the paint on the ceiling of both bathrooms is peeling. This is not compliant with the rule. 3. At the time of the survey it was observed that the monthly checks on the fire extinguishers were not up to date. This is not compliant with the rule. 4. At the time of the survey it was observed that the laundry room was locked and was not available for inspection. This is not compliant with the rule. * *Note: the previous survey cited a leaking dryer duct which could not be verified. 5. At the time of the survey it was observed that the exhaust duct for the dryers was soft duct in the crawl space. This is not compliant with the rule. 6. At the time of the survey it was observed that there was furniture blocking the windows in the bedrooms. This is not compliant with the rule. * Note: This deficiency was cited during the	C 174		

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C 174	Continued From page 3 07/28/2017 survey and has not been corrected. 7. At the time of the survey it was observed that the night lights in the facility did not work. This is not compliant with the rule.* Note: This deficiency was cited during the 07/28/2017 survey and has not been corrected 8. At the time of the survey it was observed that there are vines and mold growing on the exterior of the facility. This is not compliant with the rule. * Note: This deficiency was cited during the 07/28/2017 survey and has not been corrected 9. At the time of the survey it was observed that there is a cable laying on the rear ramp that goes through the window of the rear bedroom. This is not compliant with the rule. 10. At the time of the survey it was observed that the hall bathroom floor near bedroom 2 is soft and spongey. This is not compliant with the rule. * Note: This deficiency was cited during the 07/28/2017 survey and has not been corrected 12. At the time of the survey it was observed that the toilet in the hall bath near bedroom 2 is loose. This is not compliant with the rule. * Note: This deficiency was cited during the 07/28/2017 survey and has not been corrected 13. At the time of the survey it was observed that some of the smoke detectors in the facility were beeping due to low batteries. This is not compliant with the rule. * Note: This deficiency was cited during the 07/28/2017 survey and has not been corrected	C 174		

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C 123	Continued From page 4	C 123		
C 123	Outside Entrances/Exits IV. The Building C. Physical Environment 8. Outside Entrances/Exits (10 NCAC 42C .2209) a. All floor levels must have at least two exits. If there are only two, the exits must be as remote from each other as reasonably possible. b. At least one entrance/exit door must be a minimum clear width of three feet and another must be a minimum clear width of two feet and eight inches. c. At least two outside entrances/exits for the residents' floor level must be at ground level or accessible by ramp with a 1 inch rise for each 12 inches of length of the ramp. If there are only two entrances/exits, the entrances/exits must be as remote from each other as reasonably possible. (The requirement for the ramp at exits not at ground level applies to homes which have at least one resident who needs personal assistance in getting up or down steps.) d. All exit door locks must be easily operable, by a single hand motion, from the inside at all times without keys. e. All entrances/exit must be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency. f. All steps, porches, stoops and ramps must be provided with handrails and guardrails. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the front ramp did not have a handrail on the inside (against the wall) of the ramp. This is not compliant with the rule. 2. At the time of the survey it was observed that the rear ramp did not have a handrail on the	C 123		

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C 123	Continued From page 5 inside (against the wall) of the ramp. This is not compliant with the rule. 3. At the time of the survey it was observed that the rear ramp did not discharge to grade. This is not compliant with the rule. * Note: This deficiency was cited during the 07/28/2017 survey and has not been corrected	C 123		