STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL079086	A. BUILDING: **01** B. WING _____	R **08/09/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAFE HAVEN ADULT CARE HOME	**165 GLENDALE DRIVE EDEN, NC 27288**

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C 000	Initial Comments Report by David Hickman DHSR Construction Section conducted a Biennial Follow-up Survey on August 09, 2023 from 10:35 AM to 11:25 AM at the above referenced facility. At the time of the survey not all deficiencies were corrected thefore further action is required. Addtional deficiencies were also observed. NOTES: 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. There were previous deficiencies that were not closed out from an open biennial survey, these deficiencies were brought forward from previous survey. 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 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 renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and	C 105		

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C 105	Continued From page 1 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.) At the time of the survey it was observed that three of the four residents present in the house responded and evacuated at the time of the smoke detectors were activated. The fourth resident appeared unable to evacuate with out staff assistance. This is not compliant with the rule due to home being licensed for all ambulatory cilents. Take the necessary steps to train the residents to respond and evacuate, without staff prompting or assistance, at anytime the smoke detectors are activated . The residents have to perform this task on their own for the home to maintain its ambulatory status.	C 105		
{C 116}	Construction-Meet Sanitary Requirements SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (m) The building shall meet sanitation requirements as determined by the North Carolina Department of Environment and Natural Resources; Division of Environmental Health.	{C 116}		

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{C 116}	Continued From page 2 This Rule is not met as evidenced by: 1. The sanitation inspection for 2022 has not been conducted due to ongoing work on the septic system. Provide a current approved sanitation report as soon as all septic system work is approved and complete. *At the time of the follow-up survey an updated sanitation report was not on site for review. Take the proper steps to provide an updated sanitation report.	{C 116}		
{C 149}	Outside Entrances/Exits-Handrails At Porches SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (f) All steps, porches, stoops and ramps shall 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 there is no handrail on the inside of the ramp. This is not compliant with the rule. Take the proper steps to resolve the issue by installing a handrail to ensure residents have handrails on both sides of the ramp. To be compliant with the rule. *At the time of the survey the deficiencies had not been corrected. 2.) At the time of the survey it was observed that the handrails do not extend all the way to the bottom of the ramp. This is not compliant with the rule. Take the proper steps to resolve the issue by extending the Guardrail to reach the end of the ramp. *At the time of the survey the deficiencies had not been corrected.	{C 149}		

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{C 149}	Continued From page 3 3.) At the time of the survey it was observed that the small threshold ramp to the front door is too steep and has no protection on either side. This is not compliant with the rule. Please Install Guardrails on both sides of the door. *At the time of the survey the deficiencies had not been corrected. 4.)At the time of the survey it was observed that the rear steps did not have a handrail at the inside of the stairs. The guard rails were disconnected and loose on both side steps. This is not compliant with the rule. Take the proper steps to resolve the issue by adding a handrail to the inside of the stairway and securing the guardrails. 5.) At the time of the survey it was observed the transition at the top of the ramp to the platform was not smooth. This could cause a trip hazard. This is not compliant with the rule. Take the proper steps to resolve the issue by making a smooth transition between the ramp and the platform.	{C 149}		
C 171	Fire Safety- Evacuation Plan SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (d) A written fire evacuation plan (including a diagrammed drawing) which has the approval of the local code enforcement official shall be prepared in large print and posted in a central location on each floor. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff.	C 171		

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C 171	Continued From page 4 This Rule is not met as evidenced by: 1) At the time of the visit no evacuation plan was posted. This is not compliant by the rule. Remedy issue by mounting an evacuation plan in common space for all residents and staff to see.	C 171		
{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 it was observed that the facility was not conducting fire drills on the first and third shift. This is not compliant with the rule. *Fire drills were only being performed on 2nd shift. Take the proper steps to perform the firedrills on all 3 shifts.	{C 172}		
{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.	{C 174}		

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{C 174}	Continued From page 5 (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 backflow damper for the dryer is damaged. This is not compliant with the rule *This deficiency has not been corrected, Dryer vent will need to be repaired and or replaced. 2.) At the time of the survey it was observed that the ventilation fan in both bath rooms did not work. This is not compliant with the rule. Take the proper steps to repair and or replace the ventilation fan *This deficiency has not been corrected. Ventilation fan will need to be repaired and or replaced in both bath rooms 3.) At the time of the survey it was observed that the windows in the bedrooms will not stay open.This is not compliant with the rule.Windows need to be repaired and or replaced to working order. *This deficiency has not been corrected. 4.) At the time of the survey it was observed that there is a build up of lint behind the dryer. This is not compliant with the rule. Take the proper steps to clean debris behind the dryer and build a cleaning routine. 5.) At the time of the survey it was observed that the fire extinguishers were not being checked by the staff on a monthly basis to evaluate the status of the extinguisher. This is not compliant with the rule. Take the necessary steps to have staff inspect the extinguisher once a month and date the tags accordingly to prevent the extinguisher	{C 174}		

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{C 174}	Continued From page 6 from becoming damaged or losing it's charge and being unusable in time of need. 6.) At the time of the survey it was observed on the exterior of the building, multiple wasp nests. This is not compliant with the rule. Please rectify the issue by removing nests or hiring a proper company to remove them.	{C 174}		
{C 180}	Building Service Equipment-Call System SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (f) Where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of resident lying on his bed. (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 call system was not active. The call system was capped off in the bedrooms and not working as intended. This is not compliant with the rule. Take the proper steps to install a working call system on site. *This deficiency has not been corrected	{C 180}		