STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL079089	A. BUILDING: **01** B. WING _____	R **08/09/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAFE HAVEN # 2	**157 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 11:25 AM to 11:55 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 Residential Care Facilities if applicable. All	C 105		

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C 105	Continued From page 1 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 none of the six residents present in the house respoonded and evacuated at the time of the smoke detectors were activated. The residents did not respond at the time of the drill. 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 prmpting or assistance, at anytime the smoke detectors are activated . The residents have to perform this take on their own for the home to maintain it's 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.) Per Environmental Heath the home is currently marked as Provisional (More than 20 Demerits, but less than 40 Demerits or 6-point demerit) they found concern with Liquid waste discharge and cited 6 demerits; Take actions to address all of the listed conditions in the 1/28/2021 sanitation report and schedule a follow-up inspection from Rockingham County Environmental Health and provide to our office a copy of the approved sanitation report and we will schedule a follow-up survey to verify compliance. *At the time of the follow up survey a updated sanitation report was not on site for review. Take the proper steps to provide a 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 on the left hand side of the facility. This is not compliant with the rule. *At the time of the survey the deficiencies has not been corrected.	{C 149}		
{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	{C 172}		

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{C 172}	Continued From page 3 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: At this time of the survey fire logs we're not available for review. This is not compliant with the rule. Take the proper steps to have fire logs on site for review at all times.	{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. (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 ventilation fans in both bathrooms did not have covers. This is not compliant with the rule. *This deficiencie has not been corrected. It was also observed that the fans are binding and not working as intended. Take the proper steps to replace/repair the fans in both bathrooms. 2.It the time of the survey it was observed the toilet was loose at it's base. In the first bathroom to the left.This is not compliant with the rule.Take	{C 174}		

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{C 174}	Continued From page 4 the proper steps to secure the toilet. 3. At the time of the survey it was observed that the bedroom door in the last bedroom on the left will not latch. This is not compliant with the rule. * This deficiencie has not been corrected. Take the proper steps to replace/repair the latch on the bedroom door. 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 *This defciencie has not been corrected. Take the proper steps to clean out behind the dryer on a regular basis. 5.At the time of the survey it was observed that the Pull station in the hallway was not working. This is not compliant with the rule. Take the proper steps to replace and or repair the pull station to working order. The Pull Station can also be removed with all equipment as it is not required by the rules. 6. At the time of the survey it was observed the outside light was not working. This is not compliant with the rule. Take the proper steps to resolve the issue by replacing the bulb and or repairing the fixture. .	{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	{C 180}		

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{C 180}	Continued From page 5 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 deficiencie has not been corrected	{C 180}		