STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl068027	A. BUILDING: **01** B. WING _____	**08/22/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARLES HOUSE-YORKTOWN ELDER CARE I	**303 YORKTOWN DRIVE CHAPEL HILL, NC 27516**

(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: Jonathan Gamsey DHSR Construction Section conducted a Biennial Survey on August 22, 2023 from 9:00 AM to 10:10 AM at the above referenced facility. DHSR records indicate the home was first licensed on March 01, 2011 as a Family Care Home for six (6) 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 the applicable portions of the 2009 North Carolina Building Code - Section 421.2 - Residential Care Homes 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. 3.) At the time of the survey, it was identified that the home hasn't served any residents in the past 10 months. The cited deficiencies are as follows:	C 000		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl068027	A. BUILDING: **01** B. WING _____	**08/22/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARLES HOUSE-YORKTOWN ELDER CARE I	**303 YORKTOWN DRIVE CHAPEL HILL, NC 27516**

(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 1 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 only one heat detector was in the attic. The attic is blocked by an upstairs furnace, not allowing a safe way to verify additional heat detectors. This is not compliant with the rule. Take the necessary steps to add an additional heat detector in the attic to ensure the attic fully covered by the range of it and or show proof of additional heat detectors. *A new attic access maybe needed to meet this requirement; verify with your local code official that minimum code requirements are met. 2.) At the time of the survey, it was observed that no running water was in the building. This did not allow for the water temperature to be checked. This is not compliant with the rule. Take the necessary steps to ensure the hot water is in working order. Due to the condition of the unit on the exterior of the home, it is advised to have a professional do the start-up to verify the proper operation of the instant water heater. * A Temperature log was left with the owner to validate temperatures to send in once the water heater is operational. 3.) At the time of the survey, it was observed that the dryer vent exhaust is in an area that can't be accessed freely to check for the integrity of the dryer vent exhaust. This is not compliant with the rule. Take the necessary steps to send photos of	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl068027	A. BUILDING: **01** B. WING _____	**08/22/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARLES HOUSE-YORKTOWN ELDER CARE I	**303 YORKTOWN DRIVE CHAPEL HILL, NC 27516**

(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 the dryer vent. 4.) AT the time of the survey, it was observed that most of the windows in the household had debris on them. This is not compliant with the rule. Take the necessary steps to ensure the windows are kept clean of debris. 5.) At the time of the survey, it was observed that the fire extinguishers were not being checked by the staff monthly to evaluate the status of the extinguishers. This is not compliant with the rule. Take the necessary steps to have the staff inspect the extinguishers once a month and date the tags accordingly to prevent the extinguisher from becoming damaged or losing its charge and being unusable in a time of need. 6.) At the time of the survey, it was observed that the front sidewalk leading down the driveway had a step-off. This is not compliant with the rule. Take the necessary steps to build a railing and or build up the grading to remove the step-down. 7.) At the time of the survey, it was observed that the filters for the air returns were dirty and clogged preventing clean airflow for the HVAC unit. This is not compliant with the rule. Take the necessary steps to install clean air filters and change them out a regular interval so the HVAC unit can function properly. 8.) At the time of the survey, it was observed that the staff office flooring near the kitchen has peeling and gouges in it. This is not compliant with the rule. Take the necessary steps to replace the flooring. An office chair mat should help with any future damage to the flooring. 9.) At the time of the survey, it was observed that	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl068027	A. BUILDING: **01** B. WING _____	**08/22/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARLES HOUSE-YORKTOWN ELDER CARE I	**303 YORKTOWN DRIVE CHAPEL HILL, NC 27516**

(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 the storage 2 door was dragging. This is not compliant with the rule. Take the necessary steps to repair the door to prevent any damage to the floor and or door frame. 10.) At the time of the survey, it was observed that in storage 2 chemicals are left unlocked. This is not compliant with the rule. Ensure all chemical storage is locked. * Corrected on site 11.) At the time of the survey, it was observed that the exhaust fans in multiple bathroom covers were dirty and had dust on it preventing proper exhaust of the air in the bathroom. This is not compliant with the rule. Take the necessary steps to clean the exhaust fans. 12.) At the time of the survey, it was observed that multiple windows in bedrooms do not stay open on their own. This is not compliant with the rule. Take the necessary steps to ensure all emergency egress points are in working order by repairing and or replacing them. 13.). At the time of the survey, it was observed that in bedroom 2 multiple large objects were blocking the emergency egress window. This is not compliant with the rule. Take the necessary steps to ensure all emergency egress points are kept clear in case of an emergency event.	C 174		
C 183	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition.	C 183		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl068027	A. BUILDING: **01** B. WING _____	**08/22/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARLES HOUSE-YORKTOWN ELDER CARE	**303 YORKTOWN DRIVE CHAPEL HILL, NC 27516**

(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 183	Continued From page 4 This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that a foundation vent was no longer in working order. This is not compliant with the rule. Take the necessary steps to replace the foundation vent. 2.) At the time of the survey, it was observed that debris was on the roof. This is not compliant with the rule. Take the necessary steps to ensure the roof is kept clean of debris. 3.) At the time of the survey, it was observed that overgrown foliage was around the home. This is not compliant with the rule. Take the necessary steps to ensure the area is kept clean and safe for the staff and residents. 4.) At the time of the survey, it was observed that the shed was in a state of decay. This is not compliant with the rule. Take the necessary steps to bring the shed back into working order, and be able to lock it. 5.) At the time of the survey, it was observed that a water hose was left in the yard, not in use. This is not compliant with the rule. Take the necessary steps to remove tripping hazards in the yard and ensure all tools have a home when not in use.	C 183		