To: Jonathan Gamsey

From: Beatrice Petway

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

November 9, 2023
Beatrice Petway, Administrator (via email only)
734 Marigold Street
Rocky Mount, NC 27801

RE: Your Loving Family Care Home I – FC Biennial Survey
730 Marigold Street
Rocky Mount (Edgecombe County)
FID #021257

Dear Ms. Petway:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on October 12, 2023. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

1. Corrective action must begin immediately.
2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR – Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to

SIGN, DATE, AND RETURN the Plan of Correction to DHSR – Construction by November 27, 2023. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mailed to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Faxed to: (919) 733-6592

Emailed to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction."

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by November 27, 2023 An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by November 27, 2023. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Jeff Hams, Acting Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at:

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Jonathan Gamsey

Jonathan Gamsey
Architectural / Engineering Technician
DHSR – Construction Section

cc: DHSR – Adult Care Licensure Section
City Building Inspection Department – with attachment (via email only)
Edgecombe County DSS – with attachment (via email only)

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL033006	A. BUILDING: 01 B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUR LOVING FAMILY CARE HOME I	730 MARIGOLD STREET ROCKY MOUNT, NC 27801

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C 000	Initial Comments Report by Jonathan Gamsey DHSR Construction Section conducted a Biennial Survey on October 12, 2023 from 10:10 AM to 11:55 AM at the above referenced facility. DHSR records indicate the home was first licensed on December 03, 2002 as a Family Care Home for six (6) ambulatory Residents (able 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 maintain compliance with the following: the 1992 Family Care Homes T10: 10 NCAC 42C, the applicable portions of the 2005 Rule 10A NCAC 13G for Family Care Homes, and the applicable portions of the 1996 North Carolina State 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. The cited deficiencies are as follows:	C 000		
C 123	Dining Room SECTION .0300 - THE BUILDING 10A NCAC 13G .0306 DINING ROOM (a) Family care homes licensed on or after April 1, 1984 shall have a dining room or area of at least 120 square feet. The dining room may be	C 123	See statement	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Please let this correspondence serve as a request for a variance to the required square footage in the dining room / kitchen combination room. The home was approved for occupancy in 1986. Since that time it has been inspected and operated with great care and adherence to local, county and State regulations with numerous inspections during that time. As it has existed since it's opening, the dining room and kitchen area are one room. The regulation recently submitted by the state to the operators of the facility, noted that it had less than 120 square feet of dining space when the deduction of 5 feet of clear space in front of the cooking area was subtracted from the square feet of the room. Under the noted regulation, the square foot of the dining area would be 109 ft with the 5 ft allowance in front of the cooking area. Depending on interpretation that the regulation in regard to what is the actual cooking area,(does it include the sink, cabinets, dishwasher, Etc.), the room may actually meet the requirement for 120 sq. ft. We humbly submit that the lack of a few square feet in this one room as it exists for the dining and cooking area, (with a note that the space between the dining table and cooking appliance is open and free and clear of encumbrances, furniture or other appliances), in the kitchen should not be shown as a deficiency. We humbly request a variance for this single item as the facility has operated with the dining cooking area combination since the date noted above. We also humbly submit that there is a clear space between the cooking area kitchen cabinets and kitchen sink to allow use of the dining room table for educational purposes, meetings, socialization in that room. The house is not of modern Construction and one wall is a load-bearing wall and could not allow removal to create a larger space within the dining room/ kitchen area.

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C 123	Continued From page 1 used for other activities during the day. (b) When the dining area is used in combination with a kitchen, an area five feet wide shall be allowed as work space in front of the kitchen work areas. The work space shall not be used as the dining area. (c) The dining room shall have operable windows and be lighted to provide 30 foot candles of light at floor level. This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that the dining room and kitchen were being used as a combination and after the work space deduction for the kitchen area, there were approximately 99 square feet available for the dining room use. This is not compliant with the rule. Take the necessary steps to correct this deficiency.	C 123	See Statement	
C 147	Outside Entrances/Exits-Single Hand Motion SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the front and rear doors do not meet the rule above. All exit doors shall be easily operable by a single-hand motion without special knowledge. This is not compliant with the rule. Take the necessary steps to ensure all exit doors work with single-hand motion and or without special	C 147	Door Knobs has been replaced. Maintenance man will keep check on door knobs.	11/27

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C 147	Continued From page 2 knowledge.	C 147		
C 169	Fire Safety-Smoke Detectors SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the smoke detectors in the hallways of the bedrooms were not working. A plan of Protection was put in place. This is not compliant with the rule. Take the necessary steps to install smoke detectors that are wired to the house current, interconnected with each other and have battery backup. 2.) At the time of the survey, it was observed that the smoke detector in bedroom 3 was hanging from the ceiling. This is not compliant with the rule. Take the necessary steps to properly fasten the smoke detector to the ceiling.	C 169	Smoke detector has been replaced and is now working. Administrator will make sure all Smoke detectors are working properly Smoke detector has been reattached to ceiling Admin will make sure Smoke detectors are working Properly	10/12/23
C 174	Building Equipment Maintained Safe, Operating	C 174		

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C 174	Continued From page 3 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 hallway bathroom had an open light bulb socket. This could potentially cause electrical shock. This is not compliant with the rule. Take the necessary steps to ensure all bulb sockets have a working bulb.	C 174	Hallway bathroom has been completed. Supervisor will be responsible for checking outlets.	10/13/23
	2.) At the time of the survey, it was observed that the GFCI in the hallway bathroom had a broken cover. This could potentially cause electrical shock. This is not compliant with the rule. Take the necessary steps to replace the cover.		Cover has been replaced Supervisor will be responsible for checking socket covers	10/13/23
	3.) At the time of the survey, it was observed that the hallway bathroom's exhaust was dirty and clogged preventing the air in the bathroom from being exhausted efficiently. This is not compliant with the rule. Take the necessary steps to clean the fan cover so the fan can exhaust air properly.		Exhaust has been cleaned Supervisor will be responsible for cleaning exhaust.	10/13/23
	4.) At the time of the survey, the closet where the water heater is located has a loose door knob. This is not compliant with the rule. Take the necessary steps to secure the door knob to work as intended.		Knob has been repaired maintenance man will keep a check on door knob.	10/13/23
	5.) At the time of the survey, it was observed that the water heater located in the hallway closet was missing a pressure relief pipe. This could		Relief ~~valve~~ pipe has been repaired. Maintenance man will keep a check on this	10/13/23

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C 174	Continued From page 4 potentially cause injury. This is not compliant with the rule. Take the necessary steps to install a pressure relief pipe that terminates 6 inches from the floor, penetrates the floor and is piped out of the crawl space to the exterior of the facility.	C 174		
	6.) At the time of the survey, it was observed that the water heater in the closet had exposed wires on the top. The wires leading into a water heater should be enclosed in a flexible conduit with a proper cover plate. This could potentially lead to electrical shock. This is not compliant with the rule. Take the necessary steps to install the proper components to help eliminate the possibility of electrical shock.		This has been repaired. Maintenance man will keep a check on this	10/15/23
	7.) At the time of the survey, it was observed that the breaker panel does not have a smoke detector labeled. This is not compliant with the rule. Take the necessary steps to properly label the electrical panel.		Labeled smoke detector breaker. Maintenance will keep check on this	12/3/23
	8.) At the time of the survey, it was observed that the bathroom near the rear of the facility has a damaged towel bar, with exposed screws. This is not compliant with the rule. Take the necessary steps to repair, and or replace the towel bar.		This has been repaired Maintenance ~~ERE~~ man will keep a check on this	10/15/23
	9.) At the time of the survey, it was observed that the bathroom near the rear of the facility door does not latch properly This is not compliant with the rule. Take the necessary steps to repair the door to latch properly.		The latch has been repaired maintenance man will keep a check on this	10/15/23
	10.) At the time of the survey, it was observed that the bathroom near the rear of the facility had a broken toilet paper holder. This is not compliant with the rule. Take the necessary steps to install a new toilet paper holder, and or fixture.		Toilet paper holder has been replaced maintenance man will keep a check on this.	10/16/23

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C 174	Continued From page 5 11.) At the time of the survey, the bathroom near the rear of the facility had a toilet loose at the base causing a potential for leaks to happen and also for residents to be injured when using the facilities. This is not compliant with the rule. Take the necessary steps to secure the toilets to prevent any leaks or possible injuries 12.) At the time of the survey, it was observed that the rear door transition strip was not working as intended and could potentially cause a tripping hazard. This is not compliant with the rule. Take the necessary steps to install a wider transition strip to fill the gap, and or properly feather the floor to meet the transition strip. 13.) At the time of the survey, it was observed that the front door had damaged flooring. This could potentially be a tripping hazard. This is not compliant with the rule. Take the necessary steps to repair and or replace the flooring. 14.) At the time of the survey, it was observed that all bedroom windows were not working as intended and were either not opening or staying open. Which could impede proper evacuation in the event of an emergency. This is not compliant with the rule. Take the necessary steps to repair and or replace windows in each bedroom to ensure proper operation. 15.) At the time of the survey, it was observed that in the facility multiple rooms, in the facility have wires on the flooring. This could potentially cause a tripping hazard. This is not compliant with the rule. Take the necessary steps to reroute the wires to ensure they are not on the floor and or use proper wire floor covers. 16.) At the time of the survey, it was observed	C 174	The toilet has been repaired. Maintenance man will keep a check on this. The transition strip has been replaced maintenance man will keep a check on this. Floor has been repaired maintenance man will keep a check on this Windows has been repaired. Maintenance man will keep a check on this. Wires has been removed maintenance man will make sure no wires are on the floor.	10/16/23 10/16/23 10/18/23 10/19/23 10/19/23

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C 174	Continued From page 6 that bedroom #1 had an extension cord. This is not compliant with the rule. Take the necessary steps to install a surge protector. 17.) At the time of the survey, in bedroom #2 the right wall had a damaged face plate for an outlet. This could potentially cause an electrical shock. This is not compliant with the rule. Take the necessary steps to replace the cover. 18.) At the time of the survey, it was observed that bedroom #3 had paint that was flaking off the wall. This is not compliant with the rule. Take the necessary steps to prep and paint the wall. 19.) At the time of the survey, it was observed that bedroom #1 door does not latch. This is not compliant with the rule. Take the necessary steps to ensure the door latch for the privacy of the residents 20.) At the time of the survey, it was observed that bedroom #3 door does not latch. This is not compliant with the rule. Take the necessary steps to ensure the door latch for the privacy of the resident 21.) At the time of the survey, it was observed that bedroom #4 door is damaged, and is missing the door hardware. This is not compliant with the rule. Take the necessary steps to ensure the door latches for the privacy of the resident. 22.) At the time of the survey, it was observed that the dresser was missing a drawer. This is not compliant with the rule. Take the necessary steps to install a new drawer. 23.) At the time of the survey, it was observed that bedroom #4 had a mattress and box spring	C 174	Extension cord has been removed Maintence man will Keep a check on this Face plate has been replaced maintenance will keep a check on this. Door latch has been replaced. Maintenance will keep a check on this. Latch has been repaired maintenance will keep a check on this Door has been reparred along with door hardware maintenance man will keep a check on this Dresser has been replaced. Supervisor will keep a check on this	10/19/23 10/19/23 10/20/23 10/20/23 10/20/23 10/20/23

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C 174	Continued From page 7 in the room. This is not compliant with the rule. Take the necessary steps to remove the extra mattress and box spring from the property. 24.) At the time of the survey, it was observed that that above the washer and dryer, it was observed that there is an abandoned panel box with exposed live wire not protected in a junction box. This could lead to a potential shock hazard. This is not compliant with the rule. Take the necessary steps to have the active wires in the old junction box in proper conduit and or properly de-energize and remove wires if not in use. 25.) At the time of the survey, it was observed that the room the water heater is in and the electrical outlet is missing a cover. This could potentially lead to electrical shock. This is not compliant with the rule. Take the necessary steps to install a cover. 26.) At the time of the survey, it was observed that the rear bathroom shower corner guard was in a state of decay. this is not compliant with the rule. Take the necessary steps to repair or replace. 27.) At the time of the survey, it was observed that the living room had an open electrical outlet. This could potentially lead to electrical shock. This is not compliant with the rule. Take the necessary steps to install a cover plate. 28.) At the time of the survey, it was observed that the hall bathroom had a slow-draining sink. This is not compliant with the rule. Take the necessary steps to ensure that the drain is properly draining. 29.) At the time of the survey, it was observed	C 174	Mattress and box Spring has been disposed of maintenance will keep a check on this This has been repaired and a junction box has been added. maintenance will keep a check on this Repaired cover has been added. maintenance will keep a check on this. Repaired corner guard has been replaced. maintenance will keep a check on this Open outlet has been replaced. maintenance will keep a check on this Drain has been cleaned maintenance will keep a check on this	10/20/23 10/21/23 10/21/23 10/21/23 10/23/23 10/23/23

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C 174	Continued From page 8 that the attic ladder is not working as intended, and is not flush to the ceiling. This is not compliant with the rule. Take the necessary steps to repair the attic ladder to work as intended. 30.) At the time of the survey, it was observed in the attic that there were multiple open junction boxes. This could lead to electrical shock. This is not compliant with the rule. Take the necessary steps to close all junction boxes in the attic. 31.) At the time of the survey, it was observed that the attic had multiple connections with wire nuts outside of an approved junction box, these live wires present a potential shock hazard, and this is not compliant with the rule. Take the necessary steps to have all active wires in a junction box and if not in use properly de-energize and remove wires 32.) At the time of the survey, it was observed that the attic had a chase cut out for access and was covered with insulation and cardboard. This could potentially lead to injury and or a fire hazard. This is not compliant with the rule. Multiple ceiling joists were cut, and not properly reinforced, as well as struts looked to be weakened in the area. Take the necessary steps to repair, it is recommended to hire a professional to properly reinforce the area. As well as close off the hole, and or make a proper access hole if needed. 33.) At the time of the survey, it was observed that a strut left of the attic ladder looked weakened by some form of pest. This is not compliant with the rule. Take the necessary steps to hire a professional to see if the strut needs to be replaced.	C 174	Ladder has been repaired. Maintenance will keep a check on this Junction boxes has been replaced. maintenance will keep a check on this Wires has been placed inside of junction boxes Maintenance will keep a check on this The struts and joist will be repaired by Dec. 30, 2023 The struts has been repaired. Maintenance will keep a check on this.	10/24/23 10/24/23 10/24/23 11/3/23

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C 174	Continued From page 9 34.) 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.	C 174	Fire extinguisher has been check. Administrator will check this on a monthly basis.	11/3/23
C 175	Heating Sys.-No Unvented or Portable Elec. SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (b) There shall be a central heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. Built-in electric heaters, if used, shall be installed or protected so as to avoid hazards to residents and room furnishings. Unvented fuel burning room heaters and portable electric heaters are prohibited. (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, a space heater was observed in the water heater closet. This is not compliant with the rule. Take the necessary steps to remove it from the property.	C 175	Space heater has been removed. maintenance will keep a check on this.	11/3/23
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'	C 180		

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	FCL033006	A. BUILDING: 01 B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUR LOVING FAMILY CARE HOME I	730 MARIGOLD STREET ROCKY MOUNT, NC 27801

(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 180	Continued From page 10 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 staff bedroom's proximity is not close enough to bedroom 3. Due to this a call system for bedroom 3 is required. This is not compliant with the rule. Take the necessary steps to install a call system in bedroom #3 and ensure that the call system signals to the staff bedroom when activated, and is only able to be deactivated in the room it was activated in.	C 180	will be completed by 12-30-2023 will be completed by 12-30-2023	
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. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the front ramp had loose boards in multiple spots. This is not compliant with the rule. Take the necessary steps to secure the boards and or replace them if needed. 2.) At the time of the survey, it was observed that the rear ramp had loose boards, pickets, and	C 183	Boards has been secured and some have been replaced maintenance will check on this regularly	11/10/23

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	FCL033006	A. BUILDING: 01 B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUR LOVING FAMILY CARE HOME I	730 MARIGOLD STREET ROCKY MOUNT, NC 27801

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C 183	Continued From page 11 railing. This is not compliant with the rule. take the necessary steps to secure, repair and replace if needed. 3.) At the time of the survey, it was observed that the front ramp was missing a railing on the left side of the ramp. This is not compliant with the rule. Take the necessary steps to install a railing on the left side of the ramp that is attached to the facility. 4.) At the time of the survey, it was observed that the crawl space screen was damaged on the right-hand side. This is not compliant with the rule. Take the necessary steps to repair the screen to prevent pest intrusion. 5.) At the time of the survey, it was observed that multiple points of the facility had damaged the soffit and flashing. This could lead to pest and water instrution. This is not compliant with the rule. Take the necessary steps to repair, and or replace as needed. 6.) At the time of the survey, it was observed that the rear ramp was slippery. This could lead to injury. This is not compliant with the rule. Take the necessary steps to power wash the rear deck. 7.) At the time of the survey, it was observed that the dryer discharge could not be found. This is not compliant with the rule. Take the necessary steps to locate and send documentation of the location with a photo. 8.) At the time of the survey, it was observed that the rear bathroom exterior exhaust looks clogged, and has no cover. This is not compliant with the rule. Take the necessary steps to install a cover, and verify the exhaust is clear.	C 183	Boards have been Secured maintenance will keep a check on this.	11/21/23
			Rail has been installed maintenance will keep a check on this	11/21/23
			Crawl Space Screen repaired maintenance will keep a check on this	12/7/23
			Soffit + flashing repair. Maintenance will keep a check on this	12/20/23
			Rear ramp has been repaired. Maintenance will keep a check on this.	12/3/23
			Dryer vent has been completed maintenance will keep a check on this	12/1/23
			Exhaust has been replaced maintenance will keep a check on this	12/3/23

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUR LOVING FAMILY CARE HOME I	730 MARIGOLD STREET ROCKY MOUNT, NC 27801

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C 183	Continued From page 12 9.) At the time of the survey, it was observed that the hallway bathroom exhaust cover on the exterior was stuck open. This is not compliant with the rule. Take the necessary steps to repair and or replace the cover. 10.) At the time of the survey, it was observed that the front left side of the deck was in a state of decay. Boards are soft, and could potentially lead to injury. This is not compliant with the rule. take the necessary steps to repair and or replace. 11.) At the time of the survey, it was observed that the front deck has two step-downs on the left and right with no railing. This is not compliant with the rule. Take the necessary steps to install railing on both sides of the step-down and or close off the step-down areas by using a barrier. 12.) At the time of the survey, it was observed that the front deck on the left-hand side had severe separation. The bricks are leaning to the left, with the support collum shifting with it. This could potentially lead to failure of the deck and or roof of the residence. This is not compliant with the rule. Take the necessary steps to repair, and or brace the area. If further shifting of the deck happens it is recommended to consult a professional for assistance.	C 183	Exhaust Cover has been repaired. Maintenance will keep check on this Deck has been repaired maintenance will keep check on this. Railing has been added Maintenance will keep a check on this will be completed by 12-30-2023	12/19/23 12/7/23 12/9/23