STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL079033	A. BUILDING: **01** B. WING _____	R **02/06/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEVERLY RUCKER'S FAMILY CARE HOME #2	**503 NE MARKET STREET 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 Jonathan Gamsey DHSR Construction Section conducted a Biennial Follow-up Survey on February 06, 2025 from 08:20 AM to 08:55 AM at the above-referenced facility. At the time of the survey, not all deficiencies were corrected therefore further action is required. Additional 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 the 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 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:	{C 147}		

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{C 147}	Continued From page 1 1.) At the time of the survey, it was observed that the front door and storm door and the kitchen storm door are not single action. This is not compliant with the rule. Take the necessary steps to change the components and or disable to change the doors to single action. This deficiency was previously cited during our 2024 biennial follow up survey and action hasn't been taken to address the deficiency.	{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 hallway are no longer interconnected. This is not compliant with the rule. Take the necessary steps to ensure that the hallway smoke detectors are interconnected. This deficiency was previously cited during our 2024 biennial follow up survey and action hasn't been taken to address the deficiency.	{C 169}		

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{C 174}	Continued From page 2	{C 174}		
{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 basement was locked and the storage closet and not accessible during the survey. This is not compliant with the rule. Take the necessary steps to ensure the keys for the rooms are on site. This deficiency was previously cited during our 2018 biennial survey , during our 2021 biennial follow-up survey during our 2022 biennial follow-up survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2024 biennial follow up survey and action hasn't been taken to address the deficiency. 2.) At the time of the survey, it was observed that the gates on the front of the facility were difficult to open which would delay emergency egress in the event of a fire or other emergency. This is not compliant with the rule. Take the necessary steps to repair to have the gates work as intended This deficiency was previously cited during our 2018 biennial survey , during our 2021 biennial follow-up survey during our 2022 biennial follow-up survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2024 biennial follow up survey and action hasn't	{C 174}		

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{C 174}	Continued From page 3 been taken to address the deficiency. 3.) At the time of the survey, it was observed that the call system was not working. This is not compliant with the rule. Take the necessary steps to repair the call system to working order. This deficiency was previously cited during our 2018 biennial survey , during our 2021 biennial follow-up survey during our 2022 biennial follow-up survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2024 biennial follow up survey and action hasn't been taken to address the deficiency. 4.) At the time of the survey, it was observed that the fire extinguishers were not being yearly certified. This is not compliant with the rule. Take the necessary steps to certifiy the fire extinguishers in the facility. This deficiency was previously cited during our 2021 biennial follow-up survey during our 2022 biennial follow-up survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2024 biennial follow up survey and action hasn't been taken to address the deficiency.	{C 174}		
C 184	Outside Premises-Fence SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (b) If the home has a fence around the premises, the fence shall not prevent residents from exiting or entering freely or be hazardous. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the fence locking mechanism at the bottom of the	C 184		

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C 184	Continued From page 4 ramp needs to be able to open the locking mechanism from both sides. This is not compliant with the rule. Take the necessary steps to alter the locking mechanism to open from either side.	C 184		