STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012042	A. BUILDING: **01** B. WING _____	**11/08/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA'S COTTAGE FAMILY CARE HOME # 1	**5820 HOLLAND STREET MORGANTON, NC 28655**

(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 Kelly Myers DHSR Construction Section conducted a Biennial Survey on November 8, 2023 from 11:40 AM to 12:30 PM at the above referenced facility. DHSR records indicate the home was first licensed on October 3, 1989 as a Family Care Home for six ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency.) Based on this information we are requiring the home to maintain compliance with the following: the 1984 (1987 Revision) Family Care Homes Minimum Standards and Regulations, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1978 (Revision 9) North Carolina State Building Code - Section 409.1 (g) - 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 117	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and	C 117		

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C 117	Continued From page 1 fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the fire inspection report was due to expire November 8, 2023.(The date of this survey). This is not compliant with the rule. Take the necessary steps to provide the current fire report to DHSR-Construction. As a reminder, the sanitation inspection is due December 2023.	C 117		
C 131	Bedrooms-Closets SECTION .0300 - THE BUILDING 10A NCAC 13G .0308 BEDROOMS (h) Bedroom closets or wardrobes shall be large enough to provide each resident with a minimum of 48 cubic feet of clothing storage space (approximately two feet deep by three feet wide by eight feet high) of which at least one-half shall be for hanging clothes with an adjustable height hanging bar. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there is not a divider in the closets where two residents share a room. Where there are two residents sharing one closet, there must be a distinction of space within the closet for each resident. This is not compliant with the rule. Take the necessary steps to provide a divider in the closet to separate a side for each resident.	C 131		
C 169	Fire Safety-Smoke Detectors SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND	C 169		

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C 169	Continued From page 2 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 fire panel had a low battery. This is not compliant with the rule. Take the necessary steps to replace the battery so that the system has a battery back up for power outages and operates in the event of an emergency.	C 169		
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:	C 172		

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C 172	Continued From page 3 1. At the time of the survey two live fire drills were performed with three (3) residents were on-site inside the home. None of the residents responded or evacuated when the alarm was sounded. All residents remained seated in the living room and or bedrooms. This is not compliant with the rule. Take the necessary steps to train the residents to respond and evacuate at the sound of the smoke alarms and any resident that requires verbal prompting and or physical assistance needs to be relocated to another facility to better accommodate their needs.	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 kitchen vented range hood was replaced with an unvented rangehood during a kitchen update and the hole in the ceiling was not sealed to the attic. This is not compliant with the rule. Take the necessary steps to seal the opening in the kitchen ceiling to prevent pest, dust and insulation from coming into the home. 2. At the time of the suvey it was observed that bedroom #4 had a locking knob that locked from the hallway side. This is not compliant with the rule. Take the necessary steps to replace or	C 174		

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C 174	Continued From page 4 reverse the knob and provide a key to the resident and staff. 3. At the time of the survey it was observed that there were several unpainted wall patches in the hallway. This is not compliant with the rule. Take the necessary steps to paint the wall patches. 4. At the time of the survey it was observed that there was a missing light globe at the laundry hallway. This is not compliant with the rule. Take the necessary steps to install a protective globe. 5. At the time of the survey it was observed that there was clothing on the side of the dryer which is a potential fire hazard. This is not compliant with the rule. Take the necessary steps remove any clothing and lint from around the dryer. 6. At the time of the survey it was observed that toilet was loose at the base in bathroom #1. This is not compliant with the rule. Take the necessary steps to secure the toile to prevent any leaks that could become a potential slip hazard. 7. At the time of the survey it was observed that there was rotting brick molding at the bottom of the back door. This is not compliant with the rule. Take the necessary steps to repair or replace the rotting trim. 8. At the time of the survey it was observed that there are two plumbing vent boots that have the flashing lifted up on the back side of the house. This is not compliant with the rule. Take then necessary steps to secure the flashing to prevent potential roof leaks at those locations. 9. At the time of the survey it was observed that there is a hole in the siding at the back right	C 174		

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C 174	Continued From page 5 corner of the house. This is not compliant with the rule. Take the necessary steps to repair the siding to prevent water intrusion.	C 174		