STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012023	A. BUILDING: **01** B. WING _____	**11/09/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAYLOR FAMILY CARE HOME	**2572 RIDGEVIEW DRIVE** **VALDESE, NC 28690**

(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 9, 2023 from 11:10 AM to 12:30 PM at the above referenced facility. DHSR records indicate the home was first licensed on June 12, 2003 as a Family Care Home for six ambulatory Residents (who are 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 1992 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2005 Rules for Family Care Homes 10A NCAC 13G, and the 2002 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 exit interview. 2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, recepts, invoices, ect for all work performed. 3.) The cited deficiencies are as follows.	C 000		
C 105	Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND	C 105		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Betty Taylor | TITLE: Owner/Admin | (X6) DATE: 2/18/24

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C 105	Continued From page 1 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 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 the front door has a locking knob that is not a single hand motion knob. This is not compliant with the rule. Take the necessary steps to replace the current knob with a single hand motion knob.	C 105	A replacement doorknob has been purchased and installed that is a single hand motion knob.	01/10/24
	2. At the time of the survey it was observed that home has a long driveway off the main road which may delay emergency personnel from locating the home. This is not compliant with the rule. Take the necessary steps to place an address marker at or near the main street so that emergency personnel may quickly locate the home.		Contacted Burke County and spoke with Sherry. A work order has been put in to replace the sign at the corner of Ridgeview Dr and Trinity Church Rd. Update: Sign has been replaced at the end of the driveway	01/17/24

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C 109	Continued From page 2	C 109		
C 109	Construction-Two Stories SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (f) If the building is two stories in height, it shall meet the following requirements: (1) Each floor shall be less than 2500 square feet in area if existing construction or, if new construction, shall not exceed the allowable area for R-4 occupancy in the North Carolina State Building Code; (2) Aged or disabled persons are not to be housed on any floor above or below grade level; (3) Required resident facilities are not to be located on any floor above or below grade level; and (4) A complete fire alarm system with pull stations on each floor and sounding devices which are audible throughout the building shall be provided. The fire alarm system shall be able to transmit an automatic signal to the local emergency fire department dispatch center, either directly or through a central station monitoring company connection. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there was not a complete fire alarm system with pull stations on each floor level and sounding devices which are audible throughout the building. This is not compliant with the rule. Take the necessary steps to install a fire alarm system with pull stations that are able to transmit an automatic signal to the local emergency fire department dispatch center directly or through a central station monitoring company connection.	C 109	We had 2 companies coming out this week to give us a quote to install the fire alarm system including pull stations, interconnected smoke detectors, and a panel for monitoring/ transmitting. We will get installation scheduled as soon as possible after receiving quotes. Betty Taylor has been in regular contact with the Fire Marshall and Anthony trying to get this sorted and installation scheduled.	TBA

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C 117	Continued From page 3	C 117		
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 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 current sanitation report was not on site for review. The last sanitation report provide was on 3/23/2021. This is not compliant with the rule. Take the necessary steps to provide DSHR-Construction verification that you are on the county's Environmental Health wait list for an inspection. *The health department is short staffed and prioritizing facilities that are greater than 6 beds.	C 117	We have contacted Sanitation Dept for Burke County and requested an inspection. We also expressed your concern. We received an email back asking what time of day was best and stating that they would get us scheduled but to remember all inspections were unannounced.	01/17/24
C 126	Bedrooms-Sufficient In Number SECTION .0300 - THE BUILDING 10A NCAC 13G .0308 BEDROOMS (a) There shall be bedrooms sufficient in number and size to meet the individual needs according to age and sex of the residents, the administrator or supervisor-in-charge, other live-in staff and any other persons living in a family care home. Residents are not to share bedrooms with staff or other live-in non-residents. (b) Only rooms authorized by the Division of Facility Services as bedrooms shall be used for bedrooms. This Rule is not met as evidenced by:	C 126		

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C 126	Continued From page 4 1. At the time of the survey it was observed that there are two beds in the basement and there is one live in staff person and two sons. This is not compliant with the rule. Individuals of different genders should not share the same room. Take the necessary steps to create space for different genders.	C 126	There is only live in staff person and one son that reside at the facility. The other male that was here at the time of the survey was a visitor. There has been a room divider ordered and will be put up upon delivery. Estimated delivery is Feb 2.	02/15/24
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 were not interconnected. The smoke detector located in the foyer outside bedrom #1 is not interconnected. This is not compliant with the rule. Take the necessary steps to correct this deficiency. *This deficiency was previously cited during our April 6, 2022 biennial survey, take action to correct this deficiency. 2. At the time of the survey there was a chirping	C 169	We had 2 companies coming out this week to give us a quote to install the fire alarm system including pull stations, interconnected smoke detectors, and a panel for monitoring/ transmitting. We will get installation scheduled as soon as possible after receiving quotes. Betty Taylor has been in regular contact with the Fire Marshall and Anthony trying to get this sorted and installation scheduled.	TBA

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C 169	Continued From page 5 smoke detector. This is not compliant with the rule. Take the necessary steps to repair or replace the chirping smoke detector. 3. At the time of the survey it was observed that access to the attic opening was very limited to confirm the presence of a heat detector. NC Residential Code - Section 807 requires a 22" x 30" (rough frame opening) attic access for areas over 30" high. This is not compliant with the rule. Take the necessary steps to confirm and verify that there is a heat detector in the attic that is hard wired and sounds at the device or is connected to another sounding device. Provide documentation such as pictures or an invoice as proof of the presence of a heat detector and the rating. The heat detector must be of a minimum 194 degrees fixed temperature or 135 degrees rate to rise. The attic access is required to comply with the above mentioned residential code.	C 169	The chirping was found not to be a smoke detector, but a detector connected to the ADT system. The battery was replaced to stop the chirping and to ensure it is working properly. Staff will be more aware and change batteries at regular intervals. Contractor has been secured to re-do the size of the attic access so that it meets the 22" X 30" requirement. At that time will acquire a picture of the heat detector. The heat detector will be verified and replaced if needed when the fire alarm system is installed.	12/02/23 Plan to be done in March 2024
C 171	Fire Safety- Evacuation Plan SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (d) A written fire evacuation plan (including a diagrammed drawing) which has the approval of the local code enforcement official shall be prepared in large print and posted in a central location on each floor. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the emergency egress route maps were not all oriented correctly. This is not compliant with the	C 171		

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C 171	Continued From page 6 rule. Take the necessary steps to replace the current maps with an updated route map and orient them to match the layout of the home. 2. At the time of the survey it was observed that there was not an emergency egress route map for the basement. This is not compliant with the rule. Take then necessary steps to provide DHSR-Construction with an updated layout of the basement and one with the new egress route. Post the new egress route map in the basement for the basement and the new egress route map for the first floor on the first floor. 3. At the time of the survey it was observed that the laundry room is not on the same level as the resident's level. This is not compliant with the rule. Take the necessary steps to update the emergency egress route maps as well as posting the updated map within the home. Provide documentation that staff will provide all laundry services for the residents.	C 171	The emergency egress route maps have been updated to remove the door in the kitchen as an emergency egress. We have obtained an emergency egress map for the basement with the egress route on it. The maps will be posted in the home correctly oriented. There is a copy of the resident contract attached to the plan of correction stating that we wash/dry resident laundry and return it to them.	02/12/24
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 7 1. At the time of the survey two live fire drills were performed. At the time six (6) residents were on-site. 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 physical or verbal prompting and or assistance needs to be relocated to another facility to better accommodate their needs. *This deficiency was previously cited during our April 6, 2022 biennial survey, take action to correct this deficiency.	C 172	It was discussed with the residents; and they stated that they were aware that we were testing the system. We will continue to train them with fire drills to ensure that they respond when the smoke detectors go off.	Ongoing Training
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 survey it was observed that there was paneling on the walls. This is not compliant with the rule. Take the necessary steps to treat the paneling with a fire retardant material capable of achieving a minimum Class C Finish or provide documentation of previous treatment. *This deficiency was previously cited during our April 6, 2022 biennial survey, take action to correct this deficiency.	C 174	Contractor has been scheduled to replace paneling, Installation will be scheduled when contractor is finished with the decking, ramps and railings on the exterior of the facility.	Plan to be done in March 2024

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C 174	Continued From page 8 2. At the time of the survey it was observed that the exterior clothes dryer vent had lint buildup. This is not compliant with the rule. Take the necessary to client the clothes dryer vent. *This deficiency was previously cited during our April 6, 2022 biennial survey, take action to correct this deficiency.	C 174	The dryer vent was cleaned out as well as the cement below it. We have put a cleaning schedule in place to ensure that it is kept cleaned out.	11/15/24
	3. At the time of the survey it was observed that the ramp on the left rear side of the house was missing the inner handrail. This is not compliant with the rule. Take the necessary steps to correct this deficiency. * This deficiency was previously cited during our March 6, 2018, and April 6, 2022, biennial surveys, take action to correct these deficiencies.		Contractor has been secured to repair or replace the decking, ramps, and handrails that were missing or damaged.	Work will begin on 02/12/24
	4. At the time of the survey it was observed that the bath exhaust fans were dusty in the first bath on the right and the basement bath. This is not compliant with the rule. Take the necessary steps to clean the exhaust fans regularly.		The exhaust fans in the bathrooms have been cleaned. We have put a cleaning schedule in place to ensure that it is kept clean. Electrician secured to repair exhaust fan in basement bathroom	Cleaned 11/15/24 Repaired 02/20/24
	5 At the time of the survey there were mulitple burnt bulbs and missing globes and light covers. (kitchen, basement stairwell and basement). This is not compliant with the rule. Take the necessary steps to replace burnt bulbs regularly and install protective globes/lens.		Replacement bulbs and globes/fixtures have been purchased. Electrician has been secured for fixtures that needed to be replaced due to inability to find globes. Bulbs that staff could install have been replaced, remainder have been scheduled with electrician from installation.	02/20/24
	6. At the time of survey it was observed that there is security key pad that is no longer in use in the hallway between the laundry room and kitchen. This is not compliant with the rule. Take the necessary steps to remove the key pad so that there isn't a false sense of security that there is an active security system.		The security pad in the hallway by the laundry room has been removed off of the wall.	11/20/24
	7. At the time of the survey it was observed that			

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C 174	Continued From page 9 both decks present potential hazards. There are exposed nail heads on deck boards and handrails, warped boards, loose pickets, loose stair treads and loose handrails. This is not compliant with the rule. Take the necessary steps repair any loose, damaged and warped handrails, stair treads, deck boards and exposed nails.	C 174		
	8. At the time of the survey it was observed that the grading along the front curved ramp is a potential hazard. This is not compliant with the rule. Take the necessary steps to raise the grading level with the walkway or install another railing.		Contractor has been secured to repair or replace the decking, ramps, and handrails that were missing or damaged.	Work will begin on 02/12/24
	9. At the time of the survey it was observed that there are spider webs on the exterior of the home. This is not compliant with the rule. Take the necessary steps to clean the exterior of the home routinely.		The spider webs that could be reached have been taken down. We will have someone come out to pressure wash the exterior as soon as weather permits.	11/20/24
	10. At the time of the survey it was observed that the back left ramp does not have a smooth transition at the bottom of the ramp. This is not compliant with the rule. Take the necessary steps to provide a transition that is not a trip hazard.		Contractor has been secured to repair or replace the decking, ramps, and handrails that were missing or damaged.	Work will begin on 02/12/24
	11. At the time of the survey it was observed that there was plywood and a pallet at the right side deck. This is not compliant with the rule. Take the necessary steps to remove the all miscellaneous debris from the property.		All miscellaneous debris has been removed and hauled off. Staff will make sure any future debris is hauled off in a timely manner.	11/20/24
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	C 180		

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C 180	Continued From page 10 located in a separate area from residents' 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 there was not an active call assist system within the home. There is no identified sleeping area on the main living level for staff to hear a resident that is in the need of immediate assistant. This is not compliant with the rule. Take the necessary steps to install an electrically operated call system 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 at the device. The call system activator shall be within reach or resident lying on the bed.	C 180	A new call system has been ordered on Jan 15 to ensure that there is a call button for each resident. Upon delivery it will be installed and call buttons placed within reach of each resident bed.	02/11/24