STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl029013	A. BUILDING: 01 B. WING _____	01/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARY'S HOUSE FAMILY CARE HOME	120 COTTON CROSS DRIVE LEXINGTON, NC 27292

(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 Survey January 18, 2024 from 12:35 pm to 1:50pm at the above referenced facility. DHSR records indicate the home was first licensed on October 21, 2020 as a Family Care Home for four (4) 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 be in compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the applicable portions of the 2012 North Carolina Building Code - Section 428.2 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 onsite 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 142	Corridor-Night Lights SECTION .0300 - THE BUILDING 10A NCAC 13G .0311 CORRIDOR (b) Corridors shall be lighted with night lights providing 1 foot-candle power at the floor. This Rule is not met as evidenced by:	C 142		

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

OWNER/ADMINISTRATOR — 02/22/24

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C 142	Continued From page 1 1. At the time of the survey it was observed that there were not any corridor/hallway night lights to illuminate the hallways at night time. This is not compliant with the rule. Take the necessary steps to install night lights in all hallways.	C 142	C 142 - 1. One foot candle night lights have been reinstalled on all hallways. FYI: These lights have been used previously, but wheelchairs/walkers often knock them down or break them. We leave the lights on in the hallway bath to illuminate the halls for clients at night as well. We will continue to light the halls with 1 foot night lights.	
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 detector circuit was not identified in the electrical panel. This is not compliant with the rule. Take the necessary steps to identify and label the smoke detector circuits.	C 169	C 169 - 1. Smoke detector circuit is clearly identified in electric panel. It is labeled as "Smokes," circuit #16. As this was marked, no correction was needed.	
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	C 172		

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C 172	Continued From page 2 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: 1. At the time of the survey it was observed that there were three residents present for a live fire drill and none of the three responded. Two stayed in the living room with a guest that was doing a sing along and one stayed in her bedroom. This is not compliant with the rule. Take the necessary steps to educate and train the residents to respond to a smoke alarm any time that it is activated. The license for this home is for ambulatory clients which means they should be able to evacuate without verbal or physical assistance in the event of a fire emergency. 2. At the time of the survey it was observed that the fire drill log indicated that the fire drills were not being conducted on all three shifts. This is not compliant with the rule. Take the necessary steps to conduct fire drills on 1st, 2nd and 3rd shifts with a description of how the drill was performed and the total time for evacuation from the home.	C 172	C 172 - 1. Fire Safety/Fire Drills are reviewed with each resident, one-on-one. Cognitive decline and memory issues prevent them from remembering what was discussed. We still review Fire Safety at least once weekly. Fire Safety was reviewed again on 2/22/2024. We will increase the frequency of Fire Drills/Fire safety discussions, as we continue to drill down procedures. 2. Fire Drills will rotate from 1st to 2nd to 3rd shifts to assure that residents know how to respond to procedures at various times of day & night.	
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	C 174		

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C 174	Continued From page 3 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 above-the-range microwave light was not working and the grease filters were dirty. This is not compliant with the rule. Take the necessary steps to repair the light and clean or replace the grease filters. 2. At the time of the survey it was observed that there were missing bulbs in the hall bath and bedroom #1 bathroom. This is not compliant with the rule. Take the necessary steps to keep bulbs in all light fixtures to prevent the potential for electrical shock. 3. At the time of the survey it was observed that there were two smoke detector mounting plates without smoke detectors. This is not compliant with the rule. Take the necessary steps to remove the mounting plates as they are not needed. 4. At the time of the survey it was observed that the vanity light bulbs in bedroom #1 bath were very dusty. This is not compliant with the rule. Take the necessary steps to remove the dust from the light bulb routinely. 5. At the time of the survey it was observed that the vinyl floor in the hallway by the office rolls slightly when walked on which could be a potential trip hazard. This is not compliant with the rule. Take the necessary steps to further evaluate the flooring in this area to ensure that it is properly adhered to the subfloor. 6. At the time of the survey it was observed that	C 174	C 174 - 1. The above-the-range microwave light is on order and will be installed once it is received. Grease filters have been replaced. 2. Missing bulbs in all 3 bathrooms have been replaced and installed. 3. Two smoke detector mounts plates (without smoke detectors), have been removed. 4. Vanity light bulbs in bedroom bath #1 have been dusted and cleaned. 5. Vinyl floor at staff room door has been reglued so that it is properly adhered to the subfloor.	

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C 174	Continued From page 4 there was a broken duplex receptacle cover behind the dresser in bedroom #4 which exposes live wiring and is a potential electrical hazard. This is not compliant with the rule. Take the necessary steps to install a duplex receptacle cover. 7. At the time of the survey it was observed that the exterior dryer cap has a screen and was full of lint. Screens are prohibited at exterior dryer vents due to lint building up and being a potential fire hazard. This is not compliant with the rule. Take the necessary steps to remove the screen from the dryer cap and routinely clean the lint from vent line and dryer cap. 8. At the time of the survey it was observed that the back right downspout extension was full of debris blocking drainage. This is not compliant with the rule. Take the necessary steps to clean out the debris so that water can drain away. 9. At the time of the survey it was observed that the exterior of the home had dirt build up on the vinyl siding and spider webs. This is not compliant with the rule. Take the necessary step to routinely clean the exterior of the home. 10. At the time of the survey it was observed that there were two exterior receptacle covers either broken or missing. This is not compliant with the rule. Take the necessary steps to repair or replace the receptacle covers to protect them from the elements. 11. At the time of the survey it was observed that there were three holes in the vinyl siding on the front right that have the potential to allow for water intrusion. This is not compliant with the rule. Take the necessary steps to repair or	C 174	6. Duplex receptacle cover cover in bedroom #4 has been replaced and installed. 7. Exterior dryer cap screen has been removed. Dryer cap has been replaced. 8. Back right downspout extension has been cleaned from debris. 9. Vinyl siding is scheduled to be pressure washed/ cleaned. Spider webs have been removed. 10. Two exterior receptacle covers have been replaced and installed. 11. Vinyl siding holes are scheduled for repair or replacement.	

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C 174	Continued From page 5 replace the vinyl siding. 12. At the time of the survey it was observed that the front right corner downspout splash guard was damaged. This is not compliant with the rule. Take the necessary steps to replace or remove the damaged splash guard. 13. At the time of the survey it was observed that there were multiple window screens that are worn and have holes in them that could allow pests to enter into the home. This is not compliant with the rule. Take the necessary steps to repair or replace all damaged screens to prevent any pests from entering the home when the window is opened for fresh air. 14. At the time of the survey it was observed that there was the end of a rusty nail protruding out of the handrail directly across from the side entrance. This is not compliant with the rule. Take the necessary steps to remove the nail. 15. At the time of the survey it was observed that the side door where the ramp is located has a potential trip hazard at the inside of the threshold. There is a slopped wedge at the door however there is still approximately a ¾ inch lip above the slopped wedge. This is not compliant with the rule. Take the necessary steps to provide a smoother transition at this location. 16. At the time of the survey it was observed that the water heater pressure relief pipe may terminate into the crawl space. The crawl space access door was locked making the crawl space inaccessible. This is not compliant with the rule. Take the necessary steps to provide documentation such as a photo that shows where the pressure relief pipe terminates. This pipe	C 174	12. Front right corner downspout splash guard has been replaced. 13. Some window screens will be replaced. Some will be repaired. 14. Protruding handrail nail has been hammered in and is no longer a safety issue. 15. Side door threshold wedge to be improved to fit space more appropriately. The 3/4 inch lip space will be closed. 16. Water pressure relief pipe does not terminate into the homes crawlspace. The pipe terminates outside of home.	

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C 174	Continued From page 6 should terminate to the outside of the home.	C 174		
C 178	Building Service Equipment-Well Lighted SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (e) All resident areas shall be well lighted for the safety and comfort of the residents. The minimum lighting required is: (1) 30 foot-candle power for reading; (2) 10 foot-candle power for general lighting; and (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 front hallway light switches had tape on them which prevented the lights from being turned on. The staff person removed the taped and tested the operation of the lights. This is a safety hazard due to there not being any lighting to illuminate the hallway when light is needed. This is not compliant with the rule. Take the necessary steps to have the light switches accessible for use at all times.	C 178	C 178 - 1. Some light switches were taped up. However, other switches still will allow for lighting in both hallways of the home. There are multiple switches. All light switches are now available for use.	
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' 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	C 180		

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C 180	Continued From page 7 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 that there was a call assistance system in place, however it does not meet the intent of the rule. The call assist system rings two times in the staff sleeping room requiring the client to push the button multiple times if the staff person does not acknowledge the alarm. The present system does not identify which client is requesting assistance and deactivation of the sounding device should be at the location button or switch. This is not compliant with the rule. Take the necessary steps to install a call system that has a central station in the staff room that identifies which resident is requesting assistance, has deactivation of the alarm at the switch or button, and is within reach of the client's bed.	C 180	C 180 - 1. Call system to be updated with the central station in the staff room. It will identify which resident is in need of assistance. Each resident continues to have a call button within reach of his or her bed. Facility Administrator has added a log for staff to record broken items, missing items, or items that require attention. Administrator and Grounds Keeper will survey and inspect home once each quarter to keep an eye on cited items and all other building matters of safety and importance. All remaining items are scheduled for replacement or repair are scheduled and will be completed by April 1, 2024.	