

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL012044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/08/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE PATTERSON HOUSE FAMILY CARE HOME

**3053 COUNTRY PINES 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 9:40 AM to 10:55 PM at the above referenced facility. DHSR records indicate the home was first licensed on February 1, 1989 as a Family Care Home for six (6) all ambulatory Residents (able to respond and evacuate without 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 1984 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2005 Rules for Family Care Homes 10A NCAC 13G, and the 1978 North Carolina State Building Code - Section 409.1(g) - Residential Care Homes 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, receipts, invoices, ect for all work performed. 3.) The cited deficiencies are as follows.	C 000	<i>See Attached</i>	
C 105	Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable	C 105		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

5EKH21

TITLE

(X6) DATE

If continuation sheet 1 of 8

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL012044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/08/2023
---	---	---	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE PATTERSON HOUSE FAMILY CARE HOME

**3053 COUNTRY PINES 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 105	Continued From page 1 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 thte time of the survey it was observed that bathroom #1 tub was being used for storing mop buckets and there were multiple boxes stored next to the tub limiting access. This is not compliant with the rule. This home is licensed for 6 residents therefore requiring the home to have two full accessible bathrooms. The bathroom should not be used as a storage area even if the walk in shower in bathroom #2 is used the majority of the time.	C 105		
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	C 117	<i>Cleared Boxes and tub Area</i>	<i>2/10/24</i>

Division of Health Service Regulation		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/08/2023
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL012044		

NAME OF PROVIDER OR SUPPLIER THE PATTERSON HOUSE FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3053 COUNTRY PINES 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 117	Continued From page 2 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 drill logs were not on site for review. This is not compliant with the rule. Take the necessary steps to have the fire drill logs on site for review and provide copies of the fire drill logs to DHSR-Construction.	C 117	Move Sanitation, Fire drill Log to "general" area and advised ALL STAFF where to locate	2/16/24
-------	--	-------	--	---------

C 168	Fire Extinguishers SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home: (1) one five pound or larger (net charge) "A-B-C" type centrally located; (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and (3) any other location as determined by the code enforcement official. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the fire extinguishers were not being monitored on a monthly basis. This is not compliant with the rule. Take the necessary steps to monitor the fire extinguishers monthly to assure that it is ready for use. *This deficiency was previously cited during our April 5, 2022 biennial survey, take action to correct this deficiency.	C 168	HAVE updated initials on every month. HAD STAFF TRAINING on "MAINTENANCE" - cleanliness etc FIRE SAFETY CELL scheduled April 2024	2/18/24
-------	--	-------	---	---------

C 170	Fire Safety-Any Other City Ordinances	C 170		
-------	---------------------------------------	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL012044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/08/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER THE PATTERSON HOUSE FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3053 COUNTRY PINES 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 170 Continued From page 3
SECTION .0300 - THE BUILDING
10A NCAC 13G .0316 FIRE SAFETY AND
DISASTER PLAN
(c) Any fire safety requirements required by city
ordinances or county building inspectors shall be
met.

C 170

This Rule is not met as evidenced by:
1. At the time of the survey it was observed that
there were large items being stored on the front
porch which was blocking the emergency egress
of the the staff bedroom. This is not compliant
with the rule. Take the necessary steps to
remove the stored items from the front porch.

Porch clear of
clutter and
All windows are
unobstructed
and can be used
as ER-exits-

2/5/24

C 172 Fire Safety-Four Rehearsals

C 172

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:
1. At the time of the survey it was observed that
the fire drill log was not available for review. This
is not compliant with the rule. Take the necessary
steps to provide DHSR- Construction copies of
the fire drill log that indicate the fire drills are
being conducted on 1st, 2nd and 3rd shifts and a
description of how the drill was performed and the

Fire drills are
and were up to date @
time of survey

2/16/24

Fire Log moved to
service area and
All staff aware where
to locate

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL012044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/08/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE PATTERSON HOUSE FAMILY CARE HOME

**3053 COUNTRY PINES 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 172	Continued From page 4 total time for evacuation from the home.	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 electrical panel was not labeled. This is not compliant with the rule. Take the necessary steps to label each circuit in the electrical panel. *This deficiency was previously cited during our April 5, 2022 biennial survey, take action to correct this deficiency. 2. At the time of the survey it was observed that there was lint build up behind the clothes dryer located in the left hand side bathroom. This is not compliant with the rule. Take the necessary steps to correct this deficiency. *This deficiency was previously cited during our April 5, 2022 biennial survey, take action to correct this deficiency. 3. At the time of the survey it was observed that the porch ceiling and trim was dirty. This is not compliant with the rule. Take the necessary steps to power wash the house. *This deficiency was previously cited during our April 5, 2022 biennial survey, take action to correct this deficiency.	C 174	called local electrician - waiting on scheduling Pulled out washer/ dryer - dusted - cleaned weas/floors in area - contacted painter - waiting scheduling	2/22/24 2/18/24 2/22/24

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL012044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/08/2023
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE PATTERSON HOUSE FAMILY CARE HOME

**3053 COUNTRY PINES 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 174 Continued From page 5

4. At the time of the survey it was observed that the window in bedroom # 2 and the staff bedroom would not stay open. This is not compliant with the rule. Take the necessary steps to repair or replace the window.

5. At the time of the survey the rangehood was missing a protective light cover. This is not compliant with the rule. Take the necessary steps to install a light cover at the rangehood.

6. At the time of the survey it was observed that the first left bathroom #1 was missing a light cover at the exhaust fan/light. This is not compliant with the rule. Take the necessary steps to install a light cover.

7. At the time of the survey it was observed that the closet in bathroom #1 was missing a door knob that and chemicals were being stored in the closet. This is not compliant with the rule. Take the necessary steps to install a locking door knob if chemicals will continue to be stored in this closet.

8. At the time of the survey it was observed that bathroom #2 had burnt out light bulbs at the vanity light fixture. This is not compliant with the rule. Take the necessary steps to replace burnt out bulbs regularly.

9. At the time of the survey it was observed that bathroom #2 had a delaminating mirror at the bottom. This is not compliant with the rule. Take the necessary steps to repair or replace the mirror.

10. At the time of the survey it was observed that bathroom #2 had finished flooring missing at the

C 174

CONTACTED REPAIR
SERVICE
Awaiting schedule

will replace RANGEHOOD
COVER - NOT AVAILABLE
will schedule with
ELECTRICIAN

Replaced Both
door knobs on closet
door in BR 1 & 2

Replaced Bulbs

will replace MIRROR
NO DATE SET YET

New Floor ordered

2/22/24

2/22/24

2/16/24

2/4/24

2/22/24

2/2/24

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL012044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/08/2023
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

THE PATTERSON HOUSE FAMILY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

**3053 COUNTRY PINES 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 174	Continued From page 6 base of the shower and the vinyl baseboard is not secured to the wall. This is not compliant with the rule. Take the necessary steps to repair or replace the flooring and the vinyl baseboard. 11. At the time of the survey it was observed that bathroom #2 had a loose grab bar at the shower. This is not compliant with the rule. Take the necessary steps to secure the grab bard. 12. At the time of the survey it was observed that bedroom #3 had one burnt out light bulb and the left cloest door had a hole in it. This is not compliant with the rule. Take the necessary steps to replace the burnt out bulb and repair the hole in the closet door. 13. At the time of the survey it was observed that bedroom #2 light switch is not operating at intended and there is a burnt out bulb at the ceiling fixture. This is not compliant with the rule. Take the necessary steps to replace the light switch and burnt out bulb. 14. At the time of the survey it was observed that the staff bedroom ceiling light fixture was not working and missing 3 bulbs. This is not compliant with the rule. Take the necessary steps to repair and replace the light fixture and replace the light bulbs. 15. At thte time of the survey it was observed that the left gable vent was damaged. This is not compliant with the rule. Take then necessary steps to repair thegable vent. 16. At the time of the survey it was observed that there is a drop off along the front porch. This is not compliant with the rule. Take the necessary steps to build the grade level up to the level of the	C 174	<i>New Flooring ordered x2 for Both and Paid in Full - Awaiting install 2/17/24</i> <i>Ordered New GRAB BARS - Awaiting install 2/20/24</i> <i>Called local electrician Awaiting scheduling 2/22/24</i> <i>↑ SAME AS ABOVE ↑ 2/22/24</i> <i>Scheduled Repair - Awaiting materials 2/22/24</i> <i>INSTALLING DRAIN SYSTEMS in DRIVE/Front AREA 2/22/24</i>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL012044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/08/2023
---	---	--	--

NAME OF PROVIDER OR SUPPLIER THE PATTERSON HOUSE FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3053 COUNTRY PINES 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 174	Continued From page 7 porch. 17. At the time of the survey it was observed that the gutter were full of leaves. This is not compliant with the rule. Take the necessary steps to clean the gutters to prevent damage to the structure. 18. At the time of the survey it was observed that exterior dryer vent cover is not flush with the exterior of the building. This is not compliant with the rule. Take the necessary steps to seal around the dryer vent cover to prevent pest from entering the home. 19. At the time of the survey it was observed that there is rotting soffit and fascia at the back right corner of the building. This is not compliant with the rule. Take the necessary steps to repair or replace the rotting wood.	C 174	cleaned Gutters Scheduled Repair Scheduled Repair	2/16/24 2/22/24 2/22/24