STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092284	A. BUILDING: **01** B. WING _____	**02/07/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ONE CHOICE FAMILY CARE HOME INC	**7305 PERRY CREEK ROAD RALEIGH, NC 27616**

(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 David Hickman DHSR Construction Section conducted a Biennial Survey on February 7, 2024 from 1:00 PM to 2:15 PM at the above referenced facility. DHSR records indicate the home was first licensed on November 10, 2014 as a Family Care Home for six (6) ambulatory Residents (Who are able to respond and evacuate 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 2005 Rules 10A NCAC 13G for Family Care Homes, the 2012 North Carolina State Building Code - Section 425.2 - 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 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 requirements of the North Carolina State Building	C 105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092284	A. BUILDING: **01** B. WING _____	**02/07/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ONE CHOICE FAMILY CARE HOME INC	**7305 PERRY CREEK ROAD RALEIGH, NC 27616**

(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 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 two of the five residents did not respond and evacuate, without staff prompting, when the smoke detectors were activated. This is not compliant with the rule. Take the necessary steps to train the residents to respond and evacuate, without staff prompting, at any time the alarms are sounded.	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 shall be maintained in the home and available for review.	C 117		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092284	A. BUILDING: **01** B. WING _____	**02/07/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ONE CHOICE FAMILY CARE HOME INC	**7305 PERRY CREEK ROAD RALEIGH, NC 27616**

(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 This Rule is not met as evidenced by: 1. At the time of the survey, it was observed that the sanitation report provided was more than a year old. This is not compliant with the rule. Take the necessary steps to provide a current sanitation report.	C 117		
C 121	Ample Living Arrangements SECTION .0300 - THE BUILDING 10A NCAC 13G .0304 LIVING ARRANGEMENT A family care home shall provide living arrangements to meet the individual needs of the residents, the live-in staff and other live-in persons. This Rule is not met as evidenced by: 1. At the time of the survey, it was observed that there was a bed in the living room that was being used for the staff to sleep in which did not provide the proper accommodation for the staff or privacy for the staff or residents. This is not compliant with the rule. Take the necessary steps to remove the bed from the living room and provide a proper bedroom for the staff member. 24-hour shift staff may also be provided.	C 121		
C 128	Bedrooms-Minimum Area SECTION .0300 - THE BUILDING 10A NCAC 13G .0308 BEDROOMS (d) There shall be a minimum area of 100 square feet, excluding vestibule, closet or wardrobe space, in rooms occupied by one person and a minimum area of 80 square feet per bed, excluding vestibule, closet or wardrobe space, in rooms occupied by two persons.	C 128		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092284	A. BUILDING: **01** B. WING _____	**02/07/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ONE CHOICE FAMILY CARE HOME INC	**7305 PERRY CREEK ROAD RALEIGH, NC 27616**

(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 128	Continued From page 3 This Rule is not met as evidenced by: 1. At the time of the survey it was observed that bedroom one had 95 square feet of space and was being used as a resident bedroom. This is not compliant with the rule. Take the necessary steps to relocate the resident to a proper size room providing the required 100 square feet. (Bedrooms that are used by staff are only required to meet the building code requirements of 70 square feet. This room could be used as a staff bedroom.) If no other space is available in the home to accommodate the resident for this room, the licensed capacity will have to be reduced to five, and one of the residents will need to be relocated.	C 128		
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 there was wood paneling used as a wall covering in the living room and hallway. 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 of a Class C finish. 2. At the time of the survey, it was observed that the ceiling in the kitchen was separated at the	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092284	A. BUILDING: **01** B. WING _____	**02/07/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ONE CHOICE FAMILY CARE HOME INC	**7305 PERRY CREEK ROAD RALEIGH, NC 27616**

(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 4 front left corner. This is not compliant with the rule. Take the necessary steps to repair the ceiling. 3. At the time of the survey, it was observed that the exhaust vent cover in the bathroom in bedroom 4 was dirty. This is not compliant with the rule. Take the necessary steps to clean the exhaust vent cover. 4. At the time of the survey, it was observed that the relief valve for the water heater was not piped to a safe location. This is not compliant with the rule. Take the necessary steps to pipe the valve to within six inches of the floor. 5. At the time of the survey, it was observed that there were multiple deficiencies in the hallway bathroom including the following: a. The exhaust vent cover was dirty and needs to be cleaned. b. The toilet was loose at its base and needs to be secured. c. The caulk behind the vanity was cracking and needs to be resealed. Take the necessary steps to correct these deficiencies. 6. At the time of the survey, it was observed that the vinyl siding was dirty and mildewed. This is not compliant with the rule. Take the necessary steps to power wash the house. 7. At the time of the survey, it was observed that the cable boxes in the rear and on the left side were open and had wires hanging out. This is not compliant with the rule. Take the necessary steps to secure the cable boxes. 8. At the time of the survey, it was observed that	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092284	A. BUILDING: **01** B. WING _____	**02/07/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ONE CHOICE FAMILY CARE HOME INC	**7305 PERRY CREEK ROAD RALEIGH, NC 27616**

(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 the dryer exhaust vent was clogged with lint. This is not compliant with the rule. Take the necessary steps to clean out the exhaust vent. 9. At the time of the survey, it was observed that the gutters were clogged with leaves and debris. This is not compliant with the rule. Take the necessary steps to clean out the gutters. 10. At the time of the survey, it was observed that the rear shed was open and accessible to the residents. This is not compliant with the rule. Take the necessary steps to keep the shed locked. 11. At the time of the survey, it was observed that there were items being stored on the right side of the house, including a bed frame, and old water heater, a tire, a ceiling fan, and a mattress. This is not compliant with the rule. Take the necessary steps to remove these items.	C 174		