

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2024
NAME OF PROVIDER OR SUPPLIER NOVELTY HEALTHCARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 LOXLEY PLACE RALEIGH, NC 27610		
(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 21, 2024 from 12:20 PM to 1:45 PM at the above referenced facility. DHSR records indicate the home was first licensed on May 1, 2007 as a Family Care Home for six 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 and the 2006 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 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 007	10A NCAC 13G .0206 Capacity 10A NCAC 13G .0206 Capacity (a) Pursuant to G.S. 131D-2(a)(5), family care homes have a capacity of two to six residents. (b) The total number of residents shall not exceed the number shown on the license. (c) A request for an increase in capacity by adding rooms, remodeling or without any building	C 007		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2024
NAME OF PROVIDER OR SUPPLIER NOVELTY HEALTHCARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 LOXLEY PLACE RALEIGH, NC 27610		
(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 007	Continued From page 1 modifications shall be made to the county department of social services and submitted to the Division of Facility Services, accompanied by two copies of blueprints or floor plans. One plan showing the existing building with the current use of rooms and the second plan indicating the addition, remodeling or change in use of spaces showing the use of each room. If new construction, plans shall show how the addition will be tied into the existing building and all proposed changes in the structure. (d) When licensed homes increase their designed capacity by the addition to or remodeling of the existing physical plant, the entire home shall meet all current fire safety regulations. (e) The licensee or the licensee's designee shall notify the Division of Facility Services if the overall evacuation capability of the residents changes from the evacuation capability listed on the homes license or of the addition of any non-resident that will be residing within the home. This information shall be submitted through the county department of social services and forwarded to the Construction Section of the Division of Facility Services for review of any possible changes that may be required to the building. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the house did not provide enough bedroom space for the licensed amount of residents. The house is licensed for 6 residents and based on the square footage of each bedroom and one	C 007		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2024
NAME OF PROVIDER OR SUPPLIER NOVELTY HEALTHCARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 LOXLEY PLACE RALEIGH, NC 27610		
(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 007	Continued From page 2 bedroom being used for a staff bedroom, there is only enough required space to accommodate 4 residents. Take the necessary steps to provide the required amount of bedrooms for 6 residents or decrease the licensed capacity to four residents. *This deficiency is being carried over from the previous biennial survey.	C 007		
C 911	G.S 131D 21(1) Declaration of Resident's Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: (1) To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there was a chain hanging next to the refrigerator and a pad lock sitting on top of the refrigerator, allowing for the possibility for the refrigerator to be locked. There were no additional provisions supplied for the residents if the refrigerator was locked. This is not compliant with the rule. Take the necessary steps to remove the chain and padlock from the house, or have the proper provisions available to the residents if the refrigerator is locked. *This deficiency is being carried over from the previous biennial survey.	C 911		
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	C 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2024
NAME OF PROVIDER OR SUPPLIER NOVELTY HEALTHCARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 LOXLEY PLACE RALEIGH, NC 27610		
(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 3 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 none of the 4 residents inside the house responded and evacuated when the smoke detectors were sounded. This is not compliant with the rule. Take the necessary steps to train the residents to respond and evacuate, without staff prompting or assistance, at any time the smoke detectors are sounded. (Two of the residents were already outside) *This deficiency is being carried over from the previous biennial survey. 2. At the time of the survey, it was observed that the door to the exterior in the right rear bedroom was blocked by furniture and there was lockable hardware on the bedroom door. This is not compliant with the rule. At the time of licensing, this was provided as a remote exit for the house.	C 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2024
NAME OF PROVIDER OR SUPPLIER NOVELTY HEALTHCARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 LOXLEY PLACE RALEIGH, NC 27610		
(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 4 The exterior door in the room needs to be kept clear and the hardware for the bedroom door cannot have locking hardware.	C 105		
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. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the front left bedroom had two residents using the room but only had 156 square feet required for the room. This is not compliant with the rule. Take the necessary steps to reduce the occupancy of the bedroom to one resident or increase the size of the room to provide the required 160 square feet for two residents. *This deficiency is being carried over from the previous biennial survey. 2. At the time of the survey it was observed that the front middle bedroom had two residents using the room but only had 152 square feet required for the room. This is not compliant with the rule. Take the necessary steps to reduce the occupancy of the bedroom to one resident or increase the size of the room to provide the required 160 square feet for two residents. *This deficiency is being carried over from the previous biennial survey.	C 128		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2024
NAME OF PROVIDER OR SUPPLIER NOVELTY HEALTHCARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 LOXLEY PLACE RALEIGH, NC 27610		
(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 131	Continued From page 5	C 131		
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 the front left bedroom did not have any closet space provided and did not have a sufficient stand-alone wardrobe to accommodate the residents' needs. This is not compliant with the rule. Take the necessary steps to provide the required closet or wardrobe. *This deficiency is being carried over from the previous biennial survey.	C 131		
C 147	Outside Entrances/Exits-Single Hand Motion SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that none of the exterior egress doors had single motion unlocking devices and the storm doors did	C 147		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2024
NAME OF PROVIDER OR SUPPLIER NOVELTY HEALTHCARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 LOXLEY PLACE RALEIGH, NC 27610		
(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 147	Continued From page 6 not have single motion unlocking devices. This is not compliant with the rule. Take the necessary steps to provide single motion unlocking door hardware at all exterior egress doors and disable all the storm door locks. *This deficiency is being carried over from the previous biennial survey.	C 147		
C 149	Outside Entrances/Exits-Handrails At Porches SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (f) All steps, porches, stoops and ramps shall be provided with handrails and guardrails. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the left side steps did not have a handrail on the house side of the steps. This is not compliant with the rule. Take the necessary steps to add a handrail. *This deficiency is being carried over from the previous biennial survey. 2. At the time of the survey it was observed that the platform on the right side of the house was missing a guardrail, and the steps did not have handrails. This is not compliant with the rule. Take the necessary steps to add the proper handrails and guardrails. (The wood on the platform and steps is deteriorated and needs to be replaced.) *This deficiency is being carried over from the previous biennial survey.	C 149		
C 169	Fire Safety-Smoke Detectors SECTION .0300 - THE BUILDING	C 169		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2024
NAME OF PROVIDER OR SUPPLIER NOVELTY HEALTHCARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 LOXLEY PLACE RALEIGH, NC 27610		
(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 169	Continued From page 7 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 there was a smoke detector installed in the attic instead of a heat detector. This is not compliant with the rule. Take the necessary steps to install a proper heat detector. The heat detector needs to be rated for 135-degree rate of rise or 194-degree fixed temperature. The detector needs to be wired to a dedicated circuit and tied to a separate sounding device centrally located in the house. *This deficiency is being carried over from the previous biennial survey.	C 169		
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.	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2024
NAME OF PROVIDER OR SUPPLIER NOVELTY HEALTHCARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 LOXLEY PLACE RALEIGH, NC 27610		
(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 8 (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: - At the time of the survey it was observed that the door knob to the front middle bedroom was loose. This is not compliant with the rule. Take the necessary steps to secure the door knob. - At the time of the survey it was observed that the window in the staff bedroom was missing a piece of glass. This is not compliant with the rule. Take the necessary steps to replace the glass. - At the time of the survey it was observed that there were cracked receptacle plates in the right rear bedroom and the hallway. This is not compliant with the rule. Take the necessary steps to replace the receptacle plates. - At the time of the survey it was observed that the exhaust fan cover in the rear bathroom was dirty. This is not compliant with the rule. Take the necessary steps to clean the fan cover. - At the time of the survey it was observed that there were multiple issues in the hallway bathroom including the following. - There were bulbs burned out in the light fixture. - The overflow drain for the tub was missing a cover. - There was a hole in the door. This is not compliant with the rule. Take the necessary steps to correct these deficiencies. - At the time of the survey it was observed that there was wood paneling being used as wall covering in multiple areas of the house. This is not compliant with the rule. Take the necessary	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2024
NAME OF PROVIDER OR SUPPLIER NOVELTY HEALTHCARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 LOXLEY PLACE RALEIGH, NC 27610		
(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 9 steps to treat the paneling with a fire retardant capable of achieving a minimum of a Class C finish or provide the documentation of any previous treatment. *This deficiency is being carried over from the previous biennial survey. 7. At the time of the survey it was observed that the bath exhaust vents in the attic had come loose at their junction and were not venting properly. This is not compliant with the rule. Take the necessary steps to repair the exhaust vents. *This deficiency is being carried over from the previous biennial survey. 8. At the time of the survey it was observed that the exterior brick and wood siding had dirt and mildew all over and there was ivy growing on the right side of the house. This is not compliant with the rule. Take the necessary steps to remove the ivy and power wash the house. *This deficiency is being carried over from the previous biennial survey. 9. At the time of the survey it was observed that the rear storage building was open and accessible to the residents. This is not compliant with the rule. Take the necessary steps to secure the storage building. *This deficiency is being carried over from the previous biennial survey. 10. At the time of the survey it was observed that the blocks at the bottom of the rear deck steps were uneven, causing a possible fall hazard. This is not compliant with the rule. Take the necessary steps to remove or level the blocks. *This deficiency is being carried over from the previous biennial survey.	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2024
NAME OF PROVIDER OR SUPPLIER NOVELTY HEALTHCARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 LOXLEY PLACE RALEIGH, NC 27610		
(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 10 11. At the time of the survey it was observed that there were multiple issues at the rear deck and ramp including the following. a) The step handrails were loose. b) There were loose and missing pickets. c) The transition from the ramp to the walkway was not smooth and was causing a trip hazard. This is not compliant with the rule. Take the necessary steps to correct these deficiencies. *These deficiencies are being carried over from the previous biennial survey. 12. At the time of the survey it was observed that there were gaps around the rear door at the siding. This is not compliant with the rule. Take the necessary steps to seal the gaps around the door. 13. 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. *This deficiency is being carried over from the previous biennial survey.	C 174		
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 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	C 180		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2024
NAME OF PROVIDER OR SUPPLIER NOVELTY HEALTHCARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 LOXLEY PLACE RALEIGH, NC 27610		
(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 180	Continued From page 11 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 operating resident call system provided in the house. This is not compliant with the rule. Take the necessary steps to provide a proper resident call system. *This deficiency is being carried over from the previous biennial survey.	C 180		