STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL016019	A. BUILDING: **01** B. WING _____	**12/06/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEA COAST FCH	**107 GRAHAM ROAD BEAUFORT, NC 28516**

(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 Jonathan Gamsey DHSR Construction Section conducted a Biennial Survey on December 6, 2023 from 11:45 AM to 12:20 AM at the above referenced facility. DHSR records indicate the home was first licensed on December 18, 1991 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 1991 Family Care Homes Minimum Standards and Regulations, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1991 North Carolina State Building Code - Section 513.1, Exception 1 - Residential Care Facilities. 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 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	C 128		

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C 128	Continued From page 1 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 #3 bedroom is not meeting 70 square feet with no one dimension less than 7 feet as well as the square footage of the room is approximately 93.2 This is not compliant with the rule. Take the necessary steps to submit plans to meet the rule above and or change capacity to meet the needs of the residents. *Submit plans to DHSR before beginning any construction and or changes to the facility.	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 in bedroom #3 the window is blocked by a TV and well as not allow 36 inches of clearance pathway due to the design of the room and furniture layout. This could potentially lead to injury in a time of need. This is not compliant with the rule. Take the necessary steps to rearrange the room and move the TV from in front of the window. 2.) At the time of the survey, it was observed that	C 174		

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C 174	Continued From page 2 in the bathroom next to bedroom #5 the towel bar is no longer fastened to the wall. This is not compliant with the rule. Take the necessary steps to remount the towel bar. 3.) AT the time of the survey, it was observed that the GFCI outlet in the bathroom next to the kitchen had a gap above the outlet. This is not compliant with the rule. Take the necessary steps to fill the gap. 4.) At the time of the survey it was observed that the hallway bathroom next to the kitchen had a loose toilet at the base causing a potential for leaks to happen and also for residents to be injured when using the facilities. This is not compliant with the rule. Take the necessary steps to secure the toilets to prevent any leaks or possible injuries. 5.) At the time of the survey, it was observed that the 2nd level of the facility is missing smoke detectors in every room and has open plates with hanging wires. This is not compliant with the rule. Take the necessary steps to install smoke detectors in the facility on the 2nd level. 6.) At the time of the survey, it was observed that the rear exterior deck leading to the 2nd level had soft railing and boards that were in a state of decay. this is not compliant with the rule. Take the necessary steps to repair the steps and deck.	C 174		