STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL035028	A. BUILDING: **01** B. WING _____	**04/04/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIONEER HEALTHCARE #1	**306 LUMPKIN BLVD** **LOUISBURG, NC 27549**

(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 April 04, 2024 from 09:00 AM to 10:00 AM at the above referenced facility. DHSR records indicate the home was first licensed on August 30, 2006 as a Family Care Home for six ambulatory Residents (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 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		

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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 a smoke detector was not outside of bedroom #1/ This is not compliant with the rule. Take the necessary steps to install a hardwired interconnected smoke detector directly outside of bedroom #1. 2.) At the time of the survey, it was observed that the light fixture in the activities room is 72 inches, Ceiling mounted electrical fixtures shall be a minimum of 80 inches above the finished floor unless mounted over a barrier that prevents occupants from traveling under the fixture. This is not compliant with the rule. Take the necessary steps to alter said height of 80 inches and or replace said fixture.	C 105		
C 130	Bedrooms-Windows	C 130		

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C 130	Continued From page 2 SECTION .0300 - THE BUILDING 10A NCAC 13G .0308 BEDROOMS (g) Each resident bedroom must have one or more operable windows and be lighted to provide 30 foot candles of light at floor level. The window area shall be equivalent to at least eight percent of the floor space. The windows shall have a maximum of 44 inch sill height. This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that the egress window in bedroom #2 did not have the required 4 square feet of clear opening and the sill height was more than 44 inches from the floor. This is not compliant with the rule. Take the necessary steps to correct this deficiency. *This deficiency was previously cited during our 2020 biennial survey and action hasn't been taken to address the deficiency. *This deficiency was previously cited during our 2022 biennial survey and action hasn't been taken to address the deficiency. *This deficiency was previously cited during our 2023 biennial follow-up survey and action hasn't been taken to address the deficiency. *This deficiency was previously cited during our 2023 biennial follow-up survey and action hasn't been taken to address the deficiency.	C 130		
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	C 174		

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C 174	Continued From page 3 family care homes. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that a smoke detector was beeping within the facility. The surveyor could not verify said location within the facility. This is not compliant with the rule. Take the necessary steps to verify the location and repair and or replace the smoke detector and or heat detector within the facility. 2.) At the time of the survey, it was observed that multiple smoke detectors are past the 10-year LifeSpan. Per NFPA 72 10.4.7 states " states that "Smoke Alarms", installed in one and two family dwellings "shall not remain in device for more than ten years from the date of manufacture"." This is not compliant with the rule. Take the necessary steps to replace all smoke detectors in the facility that are past the 10-year LifeSpan and monitor the rest. 3.) At the time of the survey, I observed in bedroom #2 the knobs on the dressers were missing. This is not compliant with the rule. Take the necessary steps to replace the knobs on the dresser. 4.) At the time of the survey, it was observed that the outlet behind the bed in bedroom #2 was damaged. This could potentially lead to electrical shock. This is not compliant with the rule. Take the necessary steps to replace the outlet cover. 5.) At the time of the survey, it was observed that the door knob was loose for the door. This is not compliant with the rule. Take the necessary steps to tighten the door knob. 6.) At the time of the survey, it was observed that	C 174		

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C 174	Continued From page 4 in bedroom #4 the closet doors were off track and falling. This is not compliant with the rule. Take the necessary steps to repair and or replace. 7.) At the time of the survey, it was observed that the attached bathroom for bedroom #4 was missing a globe on the light fixture. This is not compliant with the rule. Take the necessary steps to replace the globe. 8.) At the time of the survey, it was observed that the attached bathroom for bedroom #4 has a broken dish soap tile above the sink. This could potentially cause injury to residents and or staff. This is not compliant with the rule. Take the necessary steps to replace the broken dish soap tile. 9.) At the time of the survey, it was observed that the hallway bathroom was missing a globe on the light fixture and had an open light socket. This could potentially lead to electrical shock. This is not compliant with the rule. Take the necessary steps to replace the globe on the light fixture and ensure light sockets have a bulb in place. 10.) At the time of the survey, it was observed that the staff bedroom window did not stay open on its own. This could potentially impede egress in a time of need. This is not compliant with the rule. Take the necessary steps to repair the window.	C 174		
C 183	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean	C 183		

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C 183	Continued From page 5 and safe condition. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that on the rear right of the facility, the steps going down were loose. This is not compliant with the rule. Take the necessary steps to secure steps back down. 2.) At the time of the survey, it was observed that the rear left side of the facility deck had a GFCI outlet that no longer had the waterproof cover over it. This is not compliant with the rule. Take the necessary steps to replace the GFCI cover. 3.) At the time of the survey, it was observed on the left side of the facility the low-voltage communications box is disconnected from the facility. This is not compliant with the rule. Take the necessary steps to have the box secured to the facility.	C 183		