STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL045122	A. BUILDING: **01** B. WING _____	**05/01/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORE'S HOME HENDERSON # 21	**2408 SPARTANBURG HWY EAST FLAT ROCK, NC 28726**

(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 May 01, 2024 from 1:25 PM to 3:00 PM at the above referenced facility. DHSR records indicate the home was first licensed on November 8, 2015 as a Family Care Home for six (6) non ambulatory Residents (who are not able to respond and evacuate without any 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 2005 Rules 10A NCAC 13G for Family Care Homes and the applicable portions of the 2009 North Carolina State Building Code - Section 425.5 - Large 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 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
	FCL045122	A. BUILDING: **01** B. WING _____	**05/01/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORE'S HOME HENDERSON # 21	**2408 SPARTANBURG HWY** **EAST FLAT ROCK, NC 28726**

(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 1 This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that the most recent sanitation inspection reports were not on-site and available for review. This is not compliant with the rule. Take the necessary steps to provide the reports for review. Copies of said reports are to be kept on-site for periodic review by both Licensure and DHSR construction sections. 2.) At the time of the survey, it was observed that the most recent Fire report is for the whole compound. This is not compliant with the rule. Take the necessary steps to provide proper documentation of Tore's Home, Inc. Henderson #21 with a fire report with only information from said facility to DHSR. 3.) At the time of the survey, it was observed that the facility couldn't provide the 5-Year Fire Sprinkler Inspection. This is not compliant with the rule. Take the necessary steps to provide the documentation to DHSR.	C 117		
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	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL045122	A. BUILDING: **01** B. WING _____	**05/01/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORE'S HOME HENDERSON # 21	**2408 SPARTANBURG HWY EAST FLAT ROCK, NC 28726**

(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 2 multiple doors throughout the facility with door closers are being held open with a door stopper. This is not compliant with the rule. Take the necessary steps to remove all door stoppers and or submit a project to DHSR to have magnetic door locks added to doors that release when the fire alarm activities. 2.) At the time of the survey, it was observed that the staff office exit sign was missing its front cover plate to indicate " Exit" This is not compliant with the rule. Take the necessary steps to repair and or replace the exit sign. 3.) At the time of the survey, it was observed that the common room had multiple elopement devices on windows that no longer work. This is not compliant with the rule. Take the necessary steps to remove and or bring to working condition all windows in the facility. 4.) At the time of the survey, it was observed that multiple windows in the facility have screws to stop the window from opening to its full intended dimension. This is not compliant with the rule. Record review doesn't indicate any written allowance to prohibit window function to deter elopement, make all windows operable to their full opening or request a written equivalency for Licensure Rule 10A NCAC 13G .0302 (k) 5.) At the time of the survey, it was observed that bedroom #1 door is not latching when closed by the door closer. This is not compliant with the rule. Take the necessary steps to adjust the door closer for the door to properly close. 7.) At the time of the survey, it was observed that multiple mechanical ventilation in the facility were dusty. This is not compliant with the rule. Take the	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL045122	A. BUILDING: **01** B. WING _____	**05/01/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORE'S HOME HENDERSON # 21	**2408 SPARTANBURG HWY EAST FLAT ROCK, NC 28726**

(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 3 necessary steps to clean the mechanical ventilation in the facility. 6.) At the time of the survey, it was observed that in bedroom #1 attached bathroom and bathroom closet, the fire sprinkler escutcheon plate dropped down from the fire-resistance-rated ceiling exposing an opening that allowed the spread of smoke and heat. This is not compliant with the rule. Take the necessary steps to ensure that the sprinkler head and escutcheon plate are working as intended. It is recommended to utilize a certified professional to set the sprinkler head and escutcheon plate back in their original state. 8.) At the time of the survey, it was observed that bedroom #3, attached bathroom water temperature for the bathroom sink, did not fall into the allowable range, the reading taken was 121 degrees Fahrenheit. This is not compliant with the rule. Take the necessary steps/actions to ensure that the water temperature is maintained between 100 to 116 degrees Fahrenheit. Once corrections have been made provide written verification to our office. 9.) At the time of the survey, it was observed that in front of bedroom #3, a crack was forming from the door frame to the sprinkler head above. This is not compliant with the rule. Take the necessary steps to patch and monitor. 10.) At the time of the survey, it was observed that the storage closet in front of bedroom #3 had a water spot next to the sprinkler head with an intrusion hole in the middle. This is not compliant with the rule. Take the necessary steps to properly patch and paint and find the root cause as well as monitor for further spots.	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL045122	A. BUILDING: **01** B. WING _____	**05/01/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORE'S HOME HENDERSON # 21	**2408 SPARTANBURG HWY EAST FLAT ROCK, NC 28726**

(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 11.) At the time of the survey, it was observed that the riser room had an intrusion hole where the piping penetrations into the attic. This is not compliant with the rule. Take the necessary steps to properly caulk the area with an approved fire-rated caulk. 12.) At the time of the survey, it was observed that the riser room door that is fire-rated does not properly latch. This is not compliant with the rule. Take the necessary steps to repair the door to latch properly. 13.) At the time of the survey, it was observed that the bedroom #2 door did not latch properly when shut with the door closer. This is not compliant with the rule. Take the necessary steps to repair the door closer to the latch when shut. 14.) At the time of the survey, it was observed that the bedroom #6 door does not latch properly when shut with the door closer. This is not compliant with the rule. Take the necessary steps to repair the door closer to the latch when shut. 15.) At the time of the survey, it was observed that in the mechanical room, the fire sprinkler escutcheon plate dropped down from the fire-resistance-rated ceiling exposing an opening that allowed the spread of smoke and heat. This is not compliant with the rule. Take the necessary steps to ensure that the sprinkler head and escutcheon plate are working as intended. It is recommended to utilize a certified professional to set the sprinkler head and escutcheon plate back in their original state. 16.) At the time of the survey, it was observed that the mechanical room breaker panels have multiple gaps in the breaker panel that could lead	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL045122	A. BUILDING: **01** B. WING _____	**05/01/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORE'S HOME HENDERSON # 21	**2408 SPARTANBURG HWY EAST FLAT ROCK, NC 28726**

(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 to electrical shock. This is not compliant with the rule. Take the necessary steps to fill the gaps with filler plates. 17.) At the time of the survey, it was observed that the facility has two wire penetration holes in the facility hallway and work has not been completed. Take the necessary steps to ensure all penetration holes in the ceiling have fire-rated caulk utilized in any penetrations. 18.) At the time of the survey, it was observed that in bedroom #4 attached bathroom, the fire sprinkler escutcheon plate dropped down from the fire-resistance-rated ceiling exposing an opening that allowed the spread of smoke and heat. This is not compliant with the rule. Take the necessary steps to ensure that the sprinkler head and escutcheon plate are working as intended. It is recommended to utilize a certified professional to set the sprinkler head and escutcheon plate back in their original state. 19.) At the time of the survey, it was observed that the laundry room fire sprinkler escutcheon plate dropped down from the fire-resistance-rated ceiling exposing an opening that allowed the spread of smoke and heat. This is not compliant with the rule. Take the necessary steps to ensure that the sprinkler head and escutcheon plate are working as intended. It is recommended to utilize a certified professional to set the sprinkler head and escutcheon plate back in their original state. 20.) At the time of the survey, it was observed that the hallway bathroom water temperature for the bathroom sink did not fall into the allowable range, the reading taken was 124 degrees Fahrenheit. This is not compliant with the rule. Take the necessary steps/actions to ensure that	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL045122	A. BUILDING: **01** B. WING _____	**05/01/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORE'S HOME HENDERSON # 21	**2408 SPARTANBURG HWY EAST FLAT ROCK, NC 28726**

(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 the water temperature is maintained between 100 to 116 degrees Fahrenheit. Once corrections have been made provide written verification to our office. 21.) At the time of the survey, it was observed that the exit near bedroom #6 behind the exit sign was an intrusion hole. This is not compliant with the rule. Take the necessary steps to patch and paint. 22.) At the time of the survey, it was observed that the kitchen pendant light was falling out of the ceiling. This is not compliant with the rule. Take the necessary steps to secure the pendant light flush to the ceiling. 23.) At the time of the survey, it was observed that the countertop trim was starting to peel. This is not compliant with the rule. Take the necessary steps to repair the countertop trim. 24.) At the time of the survey, it was observed that the light switch cover plate was cracked. This is not compliant with the rule. Take the necessary steps to replace the cover plate. 25.) At the time of the survey, it was observed that staff are not trained in how to properly train on the fire system within the facility. This is not compliant with the rule. Take the necessary steps to train all staff on how to properly utilize the fire system and mag locks within the facility.	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	C 183		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL045122	A. BUILDING: **01** B. WING _____	**05/01/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORE'S HOME HENDERSON # 21	**2408 SPARTANBURG HWY** **EAST FLAT ROCK, NC 28726**

(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 183	Continued From page 7 family care homes shall be maintained in a clean and safe condition. This Rule is not met as evidenced by: 1) At the time of the survey, it was observed that the exterior of the house was dirty and had mildew. This is not compliant with the rule. Take the necessary steps to power wash the house.	C 183		