STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL045127	A. BUILDING: **01** B. WING _____	**05/01/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORE'S HOME # 22	**41 TORE'S DRIVE** **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 1, 2024 from 3:00 PM to 3:40 PM at the above referenced facility. DHSR records indicate the home was first licensed on October 28, 2017 as a Family Care Home for six non-ambulatory Residents who are unable to evacuate and respond 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 2012 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		

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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 #22 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 172	Fire Safety-Four Rehearsals SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved.	C 172		

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C 172	Continued From page 2 This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the facility could not produce any fire drills for the facility. This is not compliant with the rule. Take the necessary steps to provide documentation to DHSR.	C 172		
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 the majority of the sprinkler heads in the facility are either missing and or have fire sprinkler escutcheon plates 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. 2.) At the time of the survey, it was observed that the riser room had a penetration hole in the ceiling. This is not compliant with the rule. Take the necessary steps to fire caulk around the sprinkler pipe.	C 174		

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C 174	Continued From page 3 3.) At the time of the survey, it was observed that the riser room had an open junction box which could potentially lead to electrical shock. This is not compliant with the rule. Take the necessary steps to install a plate over the junction box. 4.) At the time of the survey, it was observed that the laundry room had a hole in the ceiling next to the water heater. This is not compliant with the rule. Take the necessary steps to properly patch and paint the ceiling. 5.) At the time of the survey, it was observed in the office the breaker panel has a gap between breakers and this could potentially lead to electrical shock. This is not compliant with the rule. Take the necessary steps to fill holes with a filler plate. 6.) At the time of the survey, it was observed that the facility has residential smoke detectors as well as a monitored fire alarm. Bedroom #4 residential smoke detector was missing. This is not compliant with the rule. Take the necessary steps to install a new smoke detector. 7.) At the time of the survey, it was observed that bedroom #4 door does not close properly on its own. This is not compliant with the rule. Take the necessary steps to adjust the door closure. 8.) 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. 9.) At the time of the survey, it was observed that	C 174		

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C 174	Continued From page 4 bedroom #5 door does not latch properly when closed with the door closure. This is not compliant with the rule. Take the necessary steps to adjust the door closure. 10.) At the time of the survey, it was observed that bedroom #3 interior door was missing. This is not compliant with the rule. Take the necessary steps to provide documentation from the local building official and fire marshal to determine if said door could have been removed without affecting the design of the facility and provide documentation to DHSR. 11.) 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 equivalence for Licensure Rule 10A NCAC 13G .0302 (k)	C 174		