STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL098032	A. BUILDING: **01** B. WING _____	**03/20/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALLED 2 CARE FAMILY CARE HOME # 2	**502 POE STREET WILSON, NC 27893**

(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 March 20, 2014 from 09:00 AM to 10:07 AM at the above referenced facility. DHSR records indicate the home was first licensed on May 4, 2015 as a Family Care Home for five (5) ambulatory Residents. A Capacity Change was approved on March 08, 2018. The facility is currently licensed as Family Care Home for six (6) ambulatory clients (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 the applicable portions of the 2012 North Carolina Building Code - Section 425.2 - 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 108	Existing Home Remodeling-Submit Plans SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION	C 108		

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C 108	Continued From page 1 (e) Any existing licensed home that plans to have new construction, remodeling or physical changes done to the facility shall have drawings submitted by the owner or his appointed representative to the Division of Health Service Regulation for review and approval prior to commencement of the work. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the hallway bathroom was being renovated and was not inspected at the time of the survey. This is not compliant with the rule above. Take the necessary steps to have any new construction, remodeling or physical changes done to the facility shall have drawings submitted by the owner or his appointed representative to the Division of Health Service Regulation for review and approval before commencement of the work.	C 108		
C 127	Bedrooms-Access Through SECTION .0300 - THE BUILDING 10A NCAC 13G .0308 BEDROOMS (c) A room where access is through a bathroom, kitchen or another bedroom shall not be approved for a resident's bedroom. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the door between the resident's bedroom and kitchen was unlocked and able to be accessed by the surveyor. Per the capacity increase, documentation was sent on December 7th, 2017, dictating the lock on the door between the bedroom and kitchen. On February 28, 2018, DHSR received documentation that all	C 127		

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C 127	Continued From page 2 outstanding deficiencies were corrected at said facility. This is not compliant with the rule. Take the necessary steps to seal the doorway to ensure no passage can be accessed from said bedroom to the kitchen and or submit a new project for capacity decrease. * At the time of the survey, it was observed that the passageway from the living room to the bedroom leading to the rear exit will need to maintain a clearance of 36 inches and ensure it is not blocked by furniture.	C 127		
C 130	Bedrooms-Windows 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 multiple bedroom windows in the facility are not properly latching to secure said window. This is not compliant with the rule. Take the necessary steps to repair and or replace the windows.	C 130		
C 135	Bathroom-Hand Grips SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (e) Hand grips shall be installed at all commodes, tubs and showers used by the residents. This Rule is not met as evidenced by:	C 135		

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C 135	Continued From page 3 1.) At the time of the survey, it was observed that the living room attached bathroom is missing a hand grip for the commode. This is not compliant with the rule. Take the necessary step to install a hand grip.	C 135		
C 137	Bathroom-Mechanical Ventilation SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (g) The bathrooms shall be lighted to provide 30 foot candles of light at floor level and have mechanical ventilation at the rate of two cubic feet per minute for each square foot of floor area. These vents shall be vented directly to the outdoors. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the attached bedroom #3 bathroom does not have mechanical ventilation. This is not compliant with the rule. Take the necessary steps to submit plans to DHSR on how the facility is going to install mechanical ventilation in said bathroom.	C 137		
C 152	Floors 10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that a scatter rug was at the front door. This is not compliant with the rule. Take the necessary step to remove scatter rug from the facility.	C 152		

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C 152	Continued From page 4 *Corrected at the time of the survey.	C 152		
C 168	Fire Extinguishers SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home: (1) one five pound or larger (net charge) "A-B-C" type centrally located; (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and (3) any other location as determined by the code enforcement official. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the fire extinguishers were not being checked by the staff monthly to evaluate the status of the extinguishers. Per "NFPA 10, Standard for Portable Fire Extinguishers States" Portable fire extinguishers must be visually inspected monthly." The inspection should assure that: 1. Fire extinguishers are in their assigned place. 2. Fire extinguishers are not blocked or hidden. 3. Fire extinguishers are mounted in accordance with NFPA Standard No. 10 (Portable Fire Extinguishers). 4. Pressure gauges show adequate pressure (a CO2 extinguisher must be weighed to determine whether leakage has occurred). 5. Pin and seals are in place. 6. Fire extinguishers show no visual sign of damage or abuse. 7. Nozzles are free of blockage. Maintenance, inspection, and testing of an	C 168		

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C 168	Continued From page 5 extinguisher are the responsibility of the employer. Maintenance should be done at least annually or more often if conditions warrant. The employer shall record the annual maintenance date and keep these records for one year after the recorded date or the life of the shell of the extinguisher. This is not compliant with the rule. Take the necessary steps to have the staff inspect the extinguishers once a month and date the tags accordingly to prevent the extinguisher from becoming damaged or losing its charge and being unusable in a time of need.	C 168		
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 bathroom attached to the living mechanical exhaust was binding. This could potentially cause a fire. This is not compliant with the rule. Take the necessary steps to repair the mechanical exhaust. 2.) At the time of the survey, it was observed that the bathroom attached to the living light fixture was missing the globe. This is not compliant with the rule. Take the necessary steps to replace the	C 174		

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C 174	Continued From page 6 globe. 3.) At the time of the survey, it was observed multiple stains in the laundry room ceiling. This is not compliant with the rule. Take the necessary steps to troubleshoot and find the root cause patch paint the ceiling and monitor for further water spots. 4.) At the time of the survey, it was observed that the dining room had a water spot above the light fixture. This is not compliant with the rule. Take the necessary steps to find the root cause patch and paint the ceiling and monitor for further water spots. 5.) At the time of the survey, it was observed that the kitchen had open sockets on the light fixture. This could potentially lead to electrical shock. This is not compliant with the rule. Take the necessary steps to replace all open sockets with a bulb. 6.) At the time of the survey, it was observed that the light switch cover in the dining room was cracked. This could potentially lead to electrical shock. This is not compliant with the rule. Take the necessary steps to replace the cover. 7.) At the time of the survey, it was observed that bedroom #2 outlet cover was damaged. This is not compliant with the rule. Take the necessary steps to repair and or replace. 8.) At the time of the survey, it was observed that bedroom #3 door does not properly latch. This could potentially affect the privacy of the resident in the room. This is not compliant with the rule. Take the necessary steps to repair and or replace the door.	C 174		

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C 174	Continued From page 7 9.) At the time of the survey, it was observed that the bathroom door in bedroom #3 did not properly shut. This could potentially affect the privacy of the residents in the room. This is not compliant with the rule. Take the necessary steps to repair and or replace the door. 10.) At the time of the survey, it was observed that the bedroom #3 light fixture was missing multiple light bulbs. This could potentially lead to electrical shock. This is not compliant with the rule. Take the necessary steps to replace bulbs.	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 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. 2.) At the time of the survey, it was observed that the front deck steps had a loose railing on the left and the right, boards were showing signs of decay, and chipping paint on the railing and steps. This is not compliant with the rule. Take the necessary steps to repair the railing, and or replace and remove all chipping paint and paint steps. 3.) At the time of the survey, it was observed that the foundation vent on the left side of the facility	C 183		

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C 183	Continued From page 8 was no longer properly secured. This is not compliant with the rule. Take the necessary steps to repair the foundation vent. 4.) At the time of the survey, it was observed the ramp on the right side of the facility has multiple loose boards and some are showing signs of decay. This is not compliant with the rule. Take the necessary steps to repair and or replace boards as needed. 5.) At the time of the survey, it was observed that both exterior lights on the right and rear of the facility were missing bulbs. This is not compliant with the rule. Take the necessary steps to replace bulbs. 6.) At the time of the survey, it was observed that the storage shed was unlocked, and the left side of the storage shed siding was coming down. This could potentially become a harbinger for pests. This is not compliant with the rule. Take the necessary steps to ensure the storage shed is always locked when not in use, and repair and or replace the siding as needed. 7.) At the time of the survey, it was observed the wooden fence on the left side of the facility was in a state of disrepair. This is not compliant with the rule. Take the necessary steps to repair and or replace. 8.) At the time of the survey, it was observed that the gutter on the left side of the facility was damaged due to overgrown growth. This is not compliant with the rule. Take the necessary steps to remove growth and repair and or replace the gutter.	C 183		