

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>170090</b>                        | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/23/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE COTTAGES OF SWANSBORO-COTTAGE I</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>127 DOLPHIN BAY ESTATES<br/>CEDAR POINT, NC 28584</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG                                                                               | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C 000                                                                          | <p>Initial Comments</p> <p>Report by Kelly Myers</p> <p>DHSR Construction Section conducted a Biennial Survey on April 23, 2024 from 11:15 AM to 11:45 AM at the above referenced facility. DHSR records indicate the home was first licensed on November 14, 2018 as a Family Care Home for six (6) non-ambulatory residents (who may not be 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 2012 North Carolina Building Code - Section 425.4 - Small Non-ambulatory Care Facilities.</p> <p>NOTES:</p> <p>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.</p> <p>2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed.</p> <p>The cited deficiencies are as follows:</p> | C 000                                                                                             |                                                                                                                          |                                                        |
| C 174                                                                          | <p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING<br/>10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT<br/>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | C 174                                                                                             |                                                                                                                          |                                                        |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE COTTAGES OF SWANSBORO-COTTAGE I</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>127 DOLPHIN BAY ESTATES<br/>CEDAR POINT, NC 28584</b> |                                                                                                                          |                                                        |
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| C 174                                                                          | <p>Continued From page 1</p> <p>operating condition.<br/>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by:</p> <p>1. At the time of the survey it was observed that bedroom #1 and bedroom #4 and the half bath exhaust fan light cover was missing. This is not compliant with the rule. Take the necessary steps to replace the light covers.</p> <p>2. At the time of the survey it was observed that there was a burnt vanity light bulb in bedroom #3 bath. This is not compliant with the rule. Take the necessary steps to replace the burnt bulb.</p> <p>3. At the time of the survey it was observed that the exterior of the home had dirt and algae build up. This is not compliant with the rule. Take the necessary step to routinely clean the exterior of the home.</p> | C 174                                                                                             |                                                                                                                          |                                                        |