STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL045129	A. BUILDING: **01** B. WING _____	**05/01/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEBRON FAMILY CARE HOME	**1310 HEBRON STREET HENDERSONVILLE, NC 28739**

(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 11:45 AM until 12:35 PM at the above referenced facility. DHSR records indicate the home was first licensed on December 29, 2011 as a Family Care Home for six (6) ambulatory residents (able to evacuate and respond 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 for Family Care Homes 10A NCAC 13G, and the 2009 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 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.	C 117		
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: 1.) At the time of the survey, it was observed that bedroom #2 attached bathroom was missing a grab bar for the commode. This is not compliant with the rule. Take the necessary steps to install a hand grip for the commode.	C 135		
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	C 168		

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C 168	Continued From page 2 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 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		

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C 169	Continued From page 3	C 169		
C 169	Fire Safety-Smoke Detectors SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that one of the smoke detectors in the facility was beeping. This is an indicator that the smoke detector could be in distress. This is no complaint with the rule. Take the necessary steps to troubleshoot and or replace. 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 the 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, old smoke detectors were throughout the facility that are no longer in	C 169		

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C 169	Continued From page 4 operation. This is not compliant with the rule. Take the necessary steps to repair and or remove.	C 169		
C 171	Fire Safety- Evacuation Plan SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (d) A written fire evacuation plan (including a diagrammed drawing) which has the approval of the local code enforcement official shall be prepared in large print and posted in a central location on each floor. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that the evacuation plans were not oriented on the walls correctly. This is not compliant with the rule. Take the necessary steps to orient the plans correctly.	C 171		
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 5 This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that only four of the five residents present in the house responded and evacuated at the time the smoke detectors were activated. This is not compliant with the rule due to the home being licensed for all ambulatory clients. Take the necessary steps to train the residents to respond and evacuate, without staff prompting or assistance, at any time the smoke detectors are activated. The residents must perform this take on their own for the home to maintain its ambulatory status. 2.) At the time of the survey, staff were not able to provide fire drills. 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.	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 in the hall bathroom the faucet was loose. This is not compliant with the rule. Take the necessary steps to repair and or replace.	C 174		

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C 174	Continued From page 6 2.) At the time of the survey, it was observed in the hall bathroom that the grab bar was loose. This is not compliant with the rule. Take the necessary steps to secure the grab bar. 3.) At the time of the survey, it was observed in the hall bathroom that multiple areas in the bathroom were unpainted and had patch work. This is not compliant with the rule. Take the necessary steps to patch, prep, and paint the walls as needed. 4.) At the time of the survey, it was observed in the hall bathroom the toilet paper holder in the bathroom was missing. This is not compliant with the rule. Take the necessary steps to install a toilet paper holder and our fixture. 5.) At the time of the survey, it was observed in the hall bathroom that mechanical ventilation was not working. This is not compliant with the rule. Take the necessary steps to repair and or replace. 6.) At the time of the survey. It was observed in the staff bedroom that the fan has exposed wires. This could potentially lead to electrical shock. This is not compliant with the rule. Take the necessary steps to properly repair the fan and or replace it. 7.) At the time of the survey, it was observed that bedroom #5 windows do not have locks. This is not compliant with the rule. Take the necessary steps to install the original mechanism on the windows to ensure they lock as intended. * Per conversation with owner Fire Marshal asked to remove lock. Provide documentation to DHSR.	C 174		

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C 174	Continued From page 7 8.) At the time of the survey, it was observed that bedroom #5 blinds were damaged. This is not compliant with the rule. Take the necessary steps to repair and or replace. 9.) At the time of the survey, it was observed that bedroom #4 had wall damage at the foot of the bed. This is not compliant with the rule. Take the necessary steps to patch, prep, and paint the wall. 10.) At the time of the survey, it was observed that bedroom #4 had no blinds on the window. This could potentially affect the privacy of the resident. This is not compliant with the rule. Take the necessary steps to install blinds. 11.) At the time of the survey, it was observed that the bedroom #4 light fixture was missing a globe. This is not compliant with the rule. Take the necessary steps to install a new globe. 12.) At the time of the survey, it was observed that bedroom #3 doorknob was loose. This is not compliant with the rule. Take the necessary to secure the doorknob. 13.) At the time of the survey, it was observed that bedroom #2 attached bathroom light fixture was missing a globe. This is not compliant with the rule. Take the necessary steps to replace the globe. 14.) At the time of the survey, it was observed that bedroom #2 attached bathroom had a loose toilet at the base causing a potential for leaks to happen and for residents to be injured when using the facilities. This is not compliant with the rule. Take the necessary steps to secure the toilets to prevent any leaks or possible injuries.	C 174		

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C 174	Continued From page 8 15.) At the time of the survey, it was observed that bedroom #2 attached to the bathroom toilet paper holder was missing. This is not compliant with the rule. Take the necessary steps to install a toilet paper holder and our fixture. 16.) At the time of the survey, it was observed that bedroom #2 had an unpleasant odor. This is not compliant with the rule. Take the necessary steps to find the root cause and monitor it. 17.) At the time of the survey, it was observed that bedroom #1 windows do not lock as intended. This is not compliant with the rule. Take the necessary steps to repair and or replace components as needed. * Per conversation with owner Fire Marshal asked to remove lock. Provide documentation to DHSR. 18.) At the time of the survey, it was observed that bedroom #1 wallpaper was peeling off the wall. This is not compliant with the rule. Take the necessary steps to repair the wallpaper. 19.) At the time of the survey, it was observed that the laundry room behind the dryer was full of debris. This could potentially lead to a fire. This is not compliant with the rule. Take the necessary steps to clean out behind the dryer. 20.) At the time of the survey, it was observed that the hall bathroom near bedroom #1 had a loose toilet at the base causing a potential for leaks to happen and for residents to be injured when using the facilities. This is not compliant with the rule. Take the necessary steps to secure the toilets to prevent any leaks or possible injuries.	C 174		

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C 174	Continued From page 9 21.) At the time of the survey, it was observed that the hall bathroom near bedroom #1 had no hot water. This is not compliant with the rule. Take the necessary steps to repair and send a waterlog to DHSR. 22.) At the time of the survey, it was observed that the hall bathroom near bedroom #1 toilet paper holder was missing. This is not compliant with the rule. Take the necessary steps to install a toilet paper holder and our fixture. 23.) At the time of the survey, it was observed that the hall bathroom near bedroom #1 had an open light socket. This could potentially lead to electrical shock. This is not compliant with the rule. Take the necessary steps to install a bulb. 24.) At the time of the survey, it was observed that the hall bathroom near bedroom #1 textured ceiling was peeling. This is not compliant with the rule. Take the necessary steps to prep and patch the textured ceiling. 25.) At the time of the survey, it was observed that throughout the common areas of the facility, multiple areas of the facility are dirty, and need to be patched, and or painted. This is not compliant with the rule. Take the necessary steps to clean common areas of the facility as well as patch, prep, and paint as needed. 26.) At the time of the survey, it was observed in the dining room a chair was blocking the exit door. This is not compliant with the rule. Take the necessary steps to rearrange the furniture in the room to ensure a 36-inch pathway to the door. 27.) At the time of the survey, it was observed in	C 174		

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C 174	Continued From page 10 the kitchen the oven exhaust and light were not working. This is not compliant with the rule. Take the necessary steps to repair and or replace.	C 174		
C 179	Building Service Equipment-Night Lights SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (e) All resident areas shall be well lighted for the safety and comfort of the residents. The minimum lighting required is: (3) 1 foot-candle power at the floor for corridors at night. (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 facility is missing nightlights in the hallway. This is not compliant with the rule. Take the necessary steps to install nightlights.	C 179		
C 180	Building Service Equipment-Call System SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (f) Where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of resident lying on his bed. (j) This Rule shall apply to new and existing	C 180		

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C 180	Continued From page 11 family care homes. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the call system is not working in the intended way, and the audible call bell once the button is pressed is on the other side of the facility and not in the staff bedroom. This is not compliant with the rule. Take the necessary steps to have a provide an electrically operated call system shall connect each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of the resident lying on his bed." For any wireless system to be approved, the base unit must use the house power, must recognize when any of the activators stop providing a signal and must function in accordance with the intent of the Rules. 2.) At the time of the survey, it was observed that the call button in bedroom #5 is in between the beds and not in reach of both residents. This is not compliant with the rule. Take the necessary steps to install an additional call button in the bedroom near the bed to ensure both beds have access to a call button when in bed. 3.) At the time of the survey, it was observed that bedroom #2 call button does not work and does not send a signal to the call system. This is not compliant with the rule. Take the necessary steps to repair and or replace.	C 180		
C 183	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING	C 183		

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C 183	Continued From page 12 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 all exterior wooden porches are in a state of disrepair not limited to but including loose boards, rotting boards, nail pops, loose railing missing bollards. This is not compliant with the rules. Take the necessary steps to repair and or replace components as needed. 3.) At the time of the survey, it was observed that the wooden porch leading out from the staff quarters had debris all over it. This is not compliant with the rule. Take the necessary steps to remove debris off deck, 4.) At the time of the survey, it was observed that the wooden porches only have railing on one side of the steps. This is not compliant with the rule. Take the necessary steps to install railing on the facility side. 5.) At the time of the survey, it was observed that the front of the facility had a 3-inch drop from the sidewalk. This is not compliant with the rule. Take the necessary steps to build up grades to ensure an even transition from sidewalk to grade.	C 183		