

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2024
NAME OF PROVIDER OR SUPPLIER THE COTTAGES AT SWANSBORO- COTTAGE I		STREET ADDRESS, CITY, STATE, ZIP CODE 107 PELICAN CIRCLE SWANSBORO, NC 28584		
(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 Kelly Myers DHSR Construction Section conducted a Biennial Survey on April 23, 2024 from 10:45 AM to 11:15 AM at the above referenced facility. DHSR records indicate the home was first licensed on May 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. NOTES: 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. 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 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	C 174		

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

TITLE

(X6) DATE

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C 174	Continued From page 1 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 toilet was loose at the based in bedroom #4 Bath. This is not compliant with the rule. Take the necessary steps to steps to secure the toilet at the base. 2. At the time of the survey it was observed that bedroom #5 bath exhaust fan was missing the light cover. This is not compliant with the rule. Take the necessary steps install a light cover. 3. At the time of the survey it was observed that the over the range microwave was missing the top cover and grease filter. This is not compliant with the rule. Take the necessary steps to replace the top cover and install a grease filter. 4. 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.	C 174		