Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl043037	A. BUILDING: **01** B. WING _____	**04/16/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE CARE FAMILY CARE II	**431 JUNNY ROAD** **ANGIER, NC 27501**

(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 April 16, 2024 from 02:00 PM to 3:30 PM at the above referenced facility. DHSR records indicate the home was first licensed on February 25, 2000 as a Family Care Home for six (6) non-ambulatory Residents (who are unable 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 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 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	All of the corrective actions below have been implemented. The corrective action will be monitored by the Administrator or designee weekly for 90 days and then bi-monthly going forward. This will be completed through environmental walk throughs as an admin team along with maintenance.	
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	See Next Page	

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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 bedroom #4 had a hole behind the door. This is not compliant with the rule. Take the necessary steps to repair the wall. 2.) At the time of the survey, it was observed that bedroom #4 attached bathroom textured ceiling is flaking. This is not compliant with the rule. Take the necessary steps to patch, prep, and paint. 3.) At the time of the survey, it was observed that the ADA Bathroom had a loose toilet at the base causing a potential for leaks to happen and also 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. 4.) At the time of the survey multiple escutcheon plates had dropped down throughout the facility from the fire-resistance-rated ceiling exposing an opening that could allowe 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. 5.) At the time of the survey, it was observed that the facility had pull-down stations that could not be tested during the survey as keys could not be located. This is not compliant with the rule. Take the necessary steps to have pull-down station keys available/ train and ensure all staff	C 174	The wall has been repaired and a preventative stopper has been put in place to prevent further damage from the doorknobs. The ceiling has been scraped and repaired. The toilet has been tightened and resecured in the bathroom. Escutcheon drops have been resecured Key was located and placed in secure area, in the reset box. Staff have been instructed on the location and procedure for the leys.	4/19/2024 5/20/2024 4/19/2024 5/22/2024 5/10/2024

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C 174	Continued From page 2 understand how to utilize the fire alarm. 6.) At the time of the survey, it was observed that the electrical door closures in the living room were not working as intended when released when activated by the alarm panel. This is not compliant with the rule. Take the necessary steps to ensure that when doors are released, they securely shut and work as designed. 7.) At the time of the survey, it was observed that the FDC connection on the exterior of the facility was leaking water. This is not compliant with the rule. Take the necessary steps to reach out to a qualified professional to diagnose and repair the FDC connection to ensure it works as intended.	C 174	The doors have been adjusted to the proper tension for release, when activated by the alarm The FDC connector has had a new check value replaced	5/13/2024 5/22/2024
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 front left railing at the exterior of the facility was loose. This is not compliant with the rule. Take the necessary steps to repair the railing. 2.) At the time of the survey, it was observed that the grading at the right side of the facility near the sidewalk has a 2-inch drop. this is no complaint with the rule. Take the necessary steps to build up grading around the sidewalk to help prevent trips and falls.	C 183	The rail has been secured and is in working order Soil has been replaced, leveled and brought into compliance.	4/19/2024 4/25/2024