

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>FCL-092317</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 RESERVE AT MILLS FARM VILLA #2</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2010 MILLS CHASE LOOP<br/>APEX, NC 27523</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 Jonathan Gamsey</p> <p>DHSR Construction Section conducted a Biennial Survey on April 23, 2024 from 08:35 AM to 8:50 AM at the above referenced facility. DHSR records indicate the home was first licensed on September 28, 2020 as a Family Care Home for six (6) non-ambulatory residents (unable to evacuate and respond without 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 State Building Code - Group I-2</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. There were previous deficiencies that were not closed out from an open biennial survey, these deficiencies were brought forward from previous survey.</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</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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| C 174                                                                         | Continued From page 1<br><br>care home shall be maintained in a safe and<br>operating condition.<br>(j) This Rule shall apply to new and existing<br>family care homes.<br><br>This Rule is not met as evidenced by:<br>1.) At the time of the survey, it was observed that<br>the FACP had a TEL COM alert. This is not<br>compliant with the rule. Take the necessary steps<br>to resolve the issue and send documentation to<br>DHSR. | C 174                                                                                    | Makson, our fire alarm company reset,<br>power cycled the panel and everything<br>returned to normal. Signals were sent,<br>verified and received. All systems are<br>normal. | 5/17/2024                                              |