

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>FCL078119</b>        | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>05/15/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>B &amp; B ASSISTED LIVING # 4</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9461 HWY 710 S<br/>ROWLAND, NC 28383</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 May 15, 2024 from 12:30 AM to 01:30 PM at the above referenced facility. DHSR records indicate the home was first licensed on April 22, 2005 as a Family Care Home for six (6) Residents with no more than three who are non-ambulatory (who are unable to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1992 "Rules for Family Care Homes Minimum and Desired Standards and Regulations," applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2002 North Carolina State Building Code - Section 421.3 - Small Residential 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 on-site 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 149                                                                    | <p>Outside Entrances/Exits-Handrails At Porches</p> <p>SECTION .0300 - THE BUILDING<br/>10A NCAC 13G .0312 OUTSIDE ENTRANCE<br/>AND EXITS</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | C 149                                                                                |                                                                                                                          |                                                        |

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 149                                                                    | Continued From page 1<br><br>(f) All steps, porches, stoops and ramps shall be provided with handrails and guardrails.<br><br>This Rule is not met as evidenced by:<br>1. At the time of the survey it was observed that the front ramp did not have handrails and guardrails on both sides of the ramps and not extended to the end of the ramp. This is not compliant with the rule. Take the necessary steps to install handrails on both sides to the end of the ramp.<br><br>2. At the time of the survey it was observed that there are no handrails and guard rails on either side of the rear steps. This is not compliant with the rule. Take the necessary steps to install guard rails on both sides of the rear steps.<br><br>3. At the time of the survey it was observed that the front and rear decks both have drop-offs. This is not compliant with the rule. Take the necessary steps to build the grade back up to ensure an even transition to grade. | C 149                                                                                |                                                                                                                          |                                                        |
| C 169                                                                    | Fire Safety-Smoke Detectors<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN<br>(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.<br>Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be                                                                                                                                                                                                                                                                                                                                                                                                        | C 169                                                                                |                                                                                                                          |                                                        |

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| C 169                                                                    | Continued From page 2<br><br>interconnected with smoke detectors, but does not require it.<br><br>This Rule is not met as evidenced by:<br>1.) 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 " that "Smoke Alarms", installed in one and two family dwellings "shall not remain in 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.                                                                                                                                                                                                                                  | C 169                                                                                |                                                                                                                          |                                                        |
| C 174                                                                    | Building Equipment Maintained Safe, Operating<br><br>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 operating condition.<br>(j) This Rule shall apply to new and existing 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 the staff bedroom light fixture was missing a globe. This is not compliant with the rule. Take the necessary steps to replace the globe on the light fixture.<br><br>2.) At the time of the survey, it was observed that the staff bedroom blinds on the window were damaged. This is not compliant with the rule. Take the necessary steps to repair and or | C 174                                                                                |                                                                                                                          |                                                        |

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| C 174                                                                    | Continued From page 3<br><br>replace.<br><br>3.) At the time of the survey, it was observed that the staff-attached bedroom light fixture is missing the globe. This is not compliant with the rule. Take the necessary steps to replace globe on light fixture.<br><br>4.) At the time of the survey, it was observed that bedroom #3 light fixture was missing a globe. This is not compliant with the rule. Take the necessary steps to replace globe on the light fixture.<br><br>5.) At the time of the survey, it was observed that bedroom #2 blinds are damaged. This could potentially affect the privacy of the residents. This is not compliant with the rule. Take the necessary steps to repair and or replace the blinds.<br><br>6.) At the time of the survey, it was observed that Room #7 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.<br><br>7.) At the time of the survey, it was observed that multiple smoke detectors are beeping in the facility. This is not compliant with the rule. Take the necessary steps to troubleshoot smoke detectors in the facility.<br><br>8.) At the time of the survey, it was observed that bedroom #5 attached to the bathroom had multiple areas in the room that need to be touched up with paint. This is not compliant with the rule. Take the necessary steps to prep and paint the walls. | C 174                                                                                |                                                                                                                          |                                                        |

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| C 174                                                                    | Continued From page 4<br><br>9.) At that time of the survey, it was observed that multiple vanity sinks in the facility need be caulked to the wall to prevent the fixture from falling and water penetration behind the sink. This is not compliant with the rule. Take the necessary steps to caulk the sinks.<br><br>10.) At the time of the survey, it was observed that bedroom #1 attached bathroom has damaged blinds. This could potentially affect the privacy of the residents. This is not compliant with the rule. Take the necessary step stop repairing or replacing the blinds.<br><br>11.) At the time of the survey, it was observed that bedroom #1 attached bathroom light fixture is missing a globe. This is not compliant with the rule. Take the necessary steps to replace the light fixture globe.<br><br>12.) At the time of the survey, it was observed that bedroom 31 attached bathroom mechanical exhaust is dusty. This is not compliant with the rule. Take the necessary steps to clean the mechanical ventilation.<br><br>13.) At the time of the survey, it was observed that the attic access was blocked by a desk. This is not compliant with the rule. Take the necessary steps to ensure that the attic access is always available for repairs and or surveys. | C 174                                                                                |                                                                                                                          |                                                        |