STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL096009	A. BUILDING: **01** B. WING _____	**05/30/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANTHAM FAMILY CARE # II	**107 N GEORGIA AVENUE GOLDSBORO, NC 27530**

(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 30, 2024 from 01:05 PM to 02:20 PM at the above referenced facility. DHSR records indicate the home was first licensed on May 15, 1992 as a Family Care Home for Six Ambulatory Residents (able to respond and evacuate 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 1991 (10 NCAC 42C) "Rules for Family Care Homes Minimum Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the applicable portions of the 1991 North Carolina State Building Code - Section 514.1 Exception 1 - Residential Care Facilities. NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. Most of the 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 027	10A NCAC 13G .0302 (g) Design And Construction 10A NCAC 13G .0302 Design And Construction	C 027		

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C 027	Continued From page 1 (g) The basement and the attic shall not to be used for storage or sleeping. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the attic had storage. This is not compliant with the rule. Take the necessary steps to remove all storage from the attic.	C 027		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there was still a keyed lock on the door to the kitchen. This is not compliant with the rule. Take the necessary steps to keep the kitchen unlocked and accessible to the residents or provide the necessary provisions needed in the common area. -This deficiency was previously cited during our 2020 biennial survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2022 biennial survey and action hasn't been taken to address the deficiency.	C 912		
C 131	Bedrooms-Closets SECTION .0300 - THE BUILDING	C 131		

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C 131	Continued From page 2 10A NCAC 13G .0308 BEDROOMS (h) Bedroom closets or wardrobes shall be large enough to provide each resident with a minimum of 48 cubic feet of clothing storage space (approximately two feet deep by three feet wide by eight feet high) of which at least one-half shall be for hanging clothes with an adjustable height hanging bar. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there were three residents in the 2nd bedroom on the right. There was not enough closet or wardrobe space provided for three residents. This is not compliant with the rule. Take the necessary steps to provide the proper closet space or proper sized wardrobe for each resident. -This deficiency was previously cited during our 2020 biennial survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2022 biennial survey and action hasn't been taken to address the deficiency.	C 131		
C 146	Outside Entrances/Exits-Ramp(s) SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (c) At least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the home has any resident that must have physical assistance with evacuation, the home shall have two outside entrances/exits at grade level or accessible by a	C 146		

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C 146	Continued From page 3 ramp. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the side porch ramp was too steep at a height of approximately 32 inches, and a length of approximately 12 feet and 4 inches. This is not compliant with the rule. Take the necessary steps to correct the ramp slope to no more than one-inch rise for every one foot of length. -This deficiency was previously cited during our 2020 biennial survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2022 biennial survey and action hasn't been taken to address the deficiency. 2.) At the time of the survey, it was observed that the side porch ramp did not have an even transition to grade. This could potentially lead to a trip/fall hazard. This is not compliant with the rule. Take the necessary steps to provide an even transition to grade. -This deficiency was previously cited during our 2020 biennial survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2022 biennial survey and action hasn't been taken to address the deficiency.	C 146		
C 147	Outside Entrances/Exits-Single Hand Motion SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn	C 147		

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C 147	Continued From page 4 buttons on the inside of exit doors shall be removed or disabled. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that front and rear storm doors did not have a single motion handle. This is not compliant with the rule. Take the necessary steps to disable the lock on the storm doors or install a single motion unlocking device. -This deficiency was previously cited during our 2020 biennial survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2022 biennial survey and action hasn't been taken to address the deficiency.	C 147		
C 152	Floors 10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that multiple scatter rugs were being used in the house. This is not compliant with the rule. Take the necessary steps to remove the scatter rugs and ensure that they won't be used in the future. -This deficiency was previously cited during our 2020 biennial survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2022 biennial survey and action hasn't been taken to address the deficiency.	C 152		

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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 the attic heat detector was not installed at the proper elevation. This is not compliant with the rule. The heat detector needs to be rated 135 rates of rise or rated for 194 degrees to be wired to a dedicated circuit tied to a separate sounding device and installed at the proper dimensions per the recommended instructions.	C 169		
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.	C 174		

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C 174	Continued From page 6 This Rule is not met as evidenced by: 1.) At the time of the survey live fire drills were performed. At the time one resident was onsite. None of the residents responded or evacuated when the alarm was sounded. All residents remained seated in the living room. This is not compliant with the rule. Take the necessary steps to train the residents to respond and evacuate at the sound of the smoke alarms and any resident that requires physical or verbal prompting and or assistance needs to be relocated to another facility to accommodate their needs. -This deficiency was previously cited during our 2020 biennial survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2022 biennial survey and action hasn't been taken to address the deficiency. 2.) At the time of the survey, it was observed that the fire extinguishers were not being monitored every month. This is not compliant with the rule. Take the necessary steps to monitor the fire extinguishers every month and initial the inspection tag. -This deficiency was previously cited during our 2020 biennial survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2022 biennial survey and action hasn't been taken to address the deficiency. 3.) At the time of the survey, it was observed that the water heater relief valve was not piped. This is not compliant with the rule. Take the necessary steps to have the water heater discharge 6 inches from the floor and or exterior of the facility. -This deficiency was previously cited during our 2020 biennial survey and action hasn't been	C 174		

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C 174	Continued From page 7 taken to address the deficiency. This deficiency was previously cited during our 2022 biennial survey and action hasn't been taken to address the deficiency. 4.). At the time of the survey, it was observed that the door to the left-hand side bedroom would not latch properly. This is not compliant with the rule. Take the necessary steps to correct this deficiency. -This deficiency was previously cited during our 2022 biennial survey and action hasn't been taken to address the deficiency. 5.). At the time of the survey, it was observed that the front bathroom door would not latch properly. This is not compliant with the rule. Take the necessary steps to correct this deficiency. -This deficiency was previously cited during our 2022 biennial survey and action hasn't been taken to address the deficiency. 6.). At the time of the survey, it was observed that the rear bathroom door would not latch properly. This is not compliant with the rule. Take the necessary steps to correct this deficiency. -This deficiency was previously cited during our 2022 biennial survey and action hasn't been taken to address the deficiency. 7.) At the time of the survey, it was observed that the fire extinguisher in the kitchen was blocked by a fridge. This could impede access in a time of need. This is not compliant with the rule. Take the necessary steps to move the fridge and or fire extinguisher. 8.) At the time of the survey, it was observed that a light fixture in the living room was missing a bulb. This could potentially lead to electrical	C 174		

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C 174	Continued From page 8 shock. This is not compliant with the rule. Take the necessary steps to replace the bulb in the empty socket. 9.) At the time of the survey, it was observed that an extension cord was run from the 2nd bathroom on the right to the trailer outside the facility. This is not compliant with the rule. Take the necessary steps to remove the extension cord from the facility, and if power is needed for the trailer install a dedicated power for said item. 10.) At the time of the survey, it was observed that the first bathroom on the right has two light fixtures missing globes. This is not compliant with the rule. Take the necessary steps to install globes on the light fixtures. 11.) At the time of the survey, it was observed that the 2nd bathroom on the right floor is beginning to separate. This could potentially cause a trip/fall hazard. This is not compliant with the rule. Take the necessary steps to repair and or replace as needed. 12.) At the time of the survey, it was observed that the first bedroom on the right of the facility had soft flooring near the bed on the left. This is not compliant with the rule. Take the necessary steps to troubleshoot and repair. 13.) At the time of the survey, it was observed that the bedroom on the right side of the facility door was not latching as intended. 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 components as needed. 14.) At the time of the survey, it was observed	C 174		

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C 174	Continued From page 9 that the staff bedroom windows were not working as intended, one would not open as intended and the other would not stay open on its own. This could potentially impede egress in a time of need. This is not compliant with the rule. Take the necessary steps to repair and or replace as needed.	C 174		
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 family care homes. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there was not a proper call system. This is not compliant with the rule. Take the necessary steps to install an electrically operated call system 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 the resident lying on the bed. -This deficiency was previously cited during our 2020 biennial survey and action hasn't been	C 180		

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C 180	Continued From page 10 taken to address the deficiency. This deficiency was previously cited during our 2022 biennial survey and action hasn't been taken to address the deficiency.	C 180		
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 there was chipping paint in multiple areas of the interior windows as well as window sashes and trim. This is not compliant with the rule. Take the necessary steps to scrap and reapply the paint as needed. -This deficiency was previously cited during our 2020 biennial survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2022 biennial survey and action hasn't been taken to address the deficiency. 2.) At the time of the survey, it was observed that there were deteriorated soffit and fascia boards. This is not compliant with the rule. Take the necessary steps to replace the deteriorated boards as needed. -This deficiency was previously cited during our 2020 biennial survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2022 biennial survey and action hasn't been taken to address the deficiency.	C 183		

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C 183	Continued From page 11 3.) At the time of the survey, it was observed that there was chipping paint in multiple areas on the exterior of the house. This is not compliant with the rule. Take the necessary steps to scrape all chipping paint and reapply paint as needed. -This deficiency was previously cited during our 2020 biennial survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2022 biennial survey and action hasn't been taken to address the deficiency. 4.) At the time of the survey, it was observed multiple wasp nests around the facility. This is not compliant with the rule. Take the necessary steps to remove all wasp nests and monitor. If needed, hire a professional to treat wasps during peak seasons. 5.) 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. 6.) At the time of the survey, it was observed that the windows throughout the facility were in various states of disrepair. This is not compliant with the rule. Take the necessary steps to repair and or replace as needed.	C 183		