STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL054042	A. BUILDING: **01** B. WING _____	R **05/30/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOBBS HELPING HANDS	**2504 TOWERHILL ROAD KINSTON, NC 28501**

(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 Follow-up Survey on May 30, 2024 from 10:30 AM to 11:45 AM at the above-referenced facility. At the time of the survey, not all deficiencies were corrected therefore further action is required. Additional deficiencies were also observed. 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. There were previous deficiencies that were not closed out from an open biennial survey, these deficiencies were brought forward from the previous survey. 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 105}	Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State	{C 105}		

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{C 105}	Continued From page 1 Building Code, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars ($380.00). (b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home. This Rule is not met as evidenced by: 1.) At the time of the survey, per a conversation with the facility staff it was observed that prompting is taking place during fire drills. This is not compliant with the rule due to the home being licensed for all ambulatory clients. Take the necessary steps to train the residents to respond and evacuate, without staff prompting or assistance, at any time the smoke detectors are activated. The residents must perform this task on their own for the home to maintain its ambulatory status. *At the time of the survey no residents were present to verify if prompting was happening during fire drills	{C 105}		
{C 109}	Construction-Two Stories SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (f) If the building is two stories in height, it shall meet the following requirements: (1) Each floor shall be less than 2500 square feet in area if existing construction or, if new construction, shall not exceed the allowable area	{C 109}		

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{C 109}	Continued From page 2 for R-4 occupancy in the North Carolina State Building Code; (2) Aged or disabled persons are not to be housed on any floor above or below grade level; (3) Required resident facilities are not to be located on any floor above or below grade level; and (4) A complete fire alarm system with pull stations on each floor and sounding devices which are audible throughout the building shall be provided. The fire alarm system shall be able to transmit an automatic signal to the local emergency fire department dispatch center, either directly or through a central station monitoring company connection. This Rule is not met as evidenced by: 1.) At the time of the survey, the facility is not working as intended by the rule. Per .2102 CONSTRUCTION (b) The home must be one story in height, or two stories in height and meet the following requirements: A complete fire alarm system with pull stations on each floor and sounding devices which are audible throughout the building must be provided. The fire alarm system must be able to transmit an automatic signal to the local fire department where possible. Per the test the facility the system is not sending an automatic signal to the local fire department. -This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency.	{C 109}		
{C 146}	Outside Entrances/Exits-Ramp(s) SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS	{C 146}		

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{C 146}	Continued From page 3 (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 ramp. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the second portion of the front ramp did not meet the 1:12 ratio required for ramps. The ramp had a rise of 25 inches and only extended 12.5 feet where the first portion of the ramp has a 33 inch of rise and a slope of 16.5 feet. This is not compliant with the rule. Take the necessary steps to submit plans to DHSR on how the ramp will be altered to meet the rule of one inch rise for each 12 inches of length of height of the ramp. -This deficiency was previously cited during our 2019 biennial survey and action hasn't been taken to address the deficiency. -This deficiency was previously cited during our 2024 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.) 1. At the time of the survey, it was observed that the front and back doors of the home were not in single-hand motion. This is not compliant with the rule. Take the necessary steps to change out the front and back doors to a single hand motion locking mechanism. -This deficiency was previously cited during our 2019 biennial survey and action hasn't been taken to address the deficiency -This deficiency was previously cited during our 2024 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 floor rugs were being used in both the Living and Dining Room of the home. This is not compliant with the rule. Take the necessary steps to remove all scatter rugs from the facility -This deficiency was previously cited during our 2019 biennial survey and action hasn't been taken to address the deficiency. -This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency.	{C 152}		

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{C 152}	Continued From page 5 3.) At the time of the survey, it was observed that the interior stairs leading to the 2nd floor were starting to deteriorate. This is not compliant with the rule. Take the necessary steps to repair and or replace the flooring. -This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency.	{C 152}		
{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. This Rule is not met as evidenced by: 3.) At the time of the survey, it was observed that the kitchen light had no globe. This is not compliant with the rule. Take the necessary steps to install a new light globe. -This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 6.) At the time of the survey, it was observed that the upstairs ceiling had multiple spots that showed water damage and or flaking of the textured ceiling. This is not compliant with the rule. Take the necessary steps to repair, paint, and monitor. If further damage occurs find the root cause -This deficiency was previously cited during	{C 174}		

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{C 174}	Continued From page 6 our 2024 biennial survey and action hasn't been taken to address the deficiency. 12.) At the time of the survey, it was observed that the last bedroom at the end of the hallway had burnt-out bulbs. This is not compliant with the rule. Take the necessary steps to replace all bulbs in the room that are burnt out. -This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 13.) At the time of the survey, it was observed that the laundry door was starting to delaminate at the bottom. This is not compliant with the rule. Take the necessary steps to repair and or replace the laundry door. -This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. * New Deficiencies * 14.) At the time of the survey, it was observed that the upstairs light fixture between the bedroom and bathroom was missing a globe. This is not compliant with the rule. Take the necessary steps to replace the globe. 15.) At the time of the survey, it was observed that bedroom #2 had a broken panel in the window. This is not compliant with the rule. Take the necessary steps to repair and or replace.	{C 174}		
{C 180}	Building Service Equipment-Call System SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT	{C 180}		

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{C 180}	Continued From page 7 (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 each call system was not in reach for all residents in the rooms to utilize Per .2214 BUILDING SERVICE EQUIPMENT (f) Where the bedroom of the live-in staff is located in a separate area from residents ' bedrooms, an electrically operated sounding device must be provided connecting each resident bedroom to the live-in staff bedroom. The resident call switches must be such that they can be activated with a single action and remain on until switched off by staff. The call switch must be within reach of the resident lying on his bed. This is not compliant with the rule. Take the necessary steps to install additional systems at each bed to meet the rule above. -Addtionaly disable off switch on main panel to prevent accidentail incidents where call system is not working. -This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 2.) At the time of the survey, it was observed that the call button chain had broken off in the first bedroom to the left. This is not compliant with the	{C 180}		

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{C 180}	Continued From page 8 rule. Take the necessary steps to repair or replace the chain. -This deficiency was previously cited during our 2024 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: 3.) 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. -This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 4.) At the time of the survey, it was observed that on the right-hand side of the facility at the peak of the roof, multiple shingles are raised and damaged. This could potentially allow water into the facility. This is not compliant with the rule. Take the necessary steps to repair and replace as needed. -This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 5.) At the time of the survey, it was observed that on the right-hand side of the facility, multiple pieces of soffit and flashing were damaged. This is not compliant with the rule. Take the necessary steps to repair and replace as needed.	{C 183}		

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{C 183}	Continued From page 9 -This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 7.) At the time of the time of survey it was observed that the fence was damaged. This is not compliant with the rule. Take the necessary steps to repair and replace parts of the fence as needed. -This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 8.) At the time of the survey, it was observed that the resident's home had neglected gutters. This is not compliant with the rule. Take the necessary steps to clean out the gutters and build a preventative maintenance plan to ensure the gutters are cleaned regularly. -This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. * New Deficiencies * 9.) At the time of the survey, it was observed that the exterior flight of stairs leading to the emergency egress window has trees growing over the top platform. This could potentially become a hazard. This is not compliant with the rule. Take the necessary steps to trim back the foliage and monitor. 10.) At the time of the survey, it was observed that the right side of the facility at the front has areas where the mortar is missing. This is not compliant with the rule. Take the necessary steps to fill the areas that are missing the motor and monitor. If it returns hire a qualified professional to evaluate the area.	{C 183}		

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