STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092045	A. BUILDING: **01** B. WING _____	**06/19/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIMS FAMILY CARE HOME	**6337 MIMS ROAD** **HOLLY SPRINGS, NC 27540**

(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 Kelly Myers DHSR Construction Section conducted a Biennial Survey on June 19, 2024 from 2:10 PM to 3:35 PM at the above referenced facility. DHSR records indicate the home was first licensed on January 9, 1994 as a Family Care Home for six (6) ambulatory Residents (able 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", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, the 1991 (94 Rev) 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. 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		
C 135	Bathroom-Hand Grips SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (e) Hand grips shall be installed at all commodes, tubs and showers used by the	C 135		

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C 135	Continued From page 1 residents. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there was a suction cup style grab bar at the tub in the left hallway bathroom. This is not compliant with the rule. Take the necessary steps to permanently affix a grab bar. Suction cup style grab bars fail over time which is a potential hazard for the residents who rely on using them.	C 135		
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 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 the front door, front storm door and the laundry door all had locking knobs or a lock that required more than a single hand motion to open. This is not complaint with the rule. Take the necessary steps to remove or disengage the lock on the storm door and install single motion knobs on the two exterior doors. *This deficiency was previously cited during our June 16, 2021, biennial survey, take action to correct this deficiency.	C 147		
C 172	Fire Safety-Four Rehearsals SECTION .0300 - THE BUILDING	C 172		

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C 172	Continued From page 2 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the fire drills are not being performed on all three shifts. This is not compliant with the rule. Take the necessary steps to activate the smoke detector for all fire drills and conduct fire drills on all three shifts. This home is currently licensed for six (6) ambulatory residents, which means that they should be able to evacuate the home without verbal prompting or physical assistance during a fire or other emergency. Educate and train the residents to immediately respond to the smoke detector any time that it is activated.	C 172		
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:	C 174		

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C 174	Continued From page 3 1. At the time of the survey it was observed that the back steps had a broken picket and peeling paint. This is not compliant with the rule. Take the necessary steps to replace the broken picket and remove all peeling/chipping paint and paint. 2. At the time of the survey it was observed that the water heater temperature pressure relief valve pipe did not terminate outside the crawlspace. This is not compliant with the rule. Take the necessary steps to terminate the pipe outside the crawlspace. 3. At the time of the survey it was observed that the right side entrance flood light was not operating due to a the sensor being damaged. This is not compliant with the rule. Take the necessary steps to repair or replace the flood light. 4.At the time of the survey it was observed that there was an electrical receptacle at the side entrance that was missing a cover. This is not compliant with the rule. Take the necessary steps to replace the receptacle cover. 5. At the time of the survey it was observed that the left hall bath exhaust fan cover was dusty. This is not compliant with the rule. Take the necessary steps to clean the exhaust fans routinely to allow for proper operation. 6. At the time of the survey it was observed that there were older non operable smoke detectors or mounting plates next to a newer operable smoke detector. This is not compliant with the rule. Take the necessary steps to remove the older smoke detectors and mounting plates. All smoke detectors should be replaced every 10 years or by the expiration date stamped on the	C 174		

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C 174	Continued From page 4 back of the smoke detector. 7. At the time of the survey it was observed that the staff bedroom window was blocked with a chest of drawers. This is not compliant with the rule. Take the necessary steps to maintain a clearance in front of the window so that the window can be used as an emergency egress in the event of a fire or other emergency. *This deficiency was previously cited during our June 16, 2021, biennial survey, take action to correct this deficiency.	C 174		