STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL009022	A. BUILDING: **01** B. WING _____	**07/17/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT LIVING FAMILY CARE HOME	**7264 NC HWY 211 W** **BLADENBORO, NC 28320**

(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 July 17, 2024 from 9:00 AM to 09:50 AM at the above referenced facility. DHSR records indicate the home was first licensed on January 03, 2007 as a Family Care Home for five 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 2005 Rules 10A NCAC 13G for Family Care Homes and the applicable portions of the 2006 North Carolina State Building Code - Section 421.2 - Residential Care Homes. NOTES: 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. 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 110	Construction-Basement, Attic SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (g) The basement and the attic shall not to be used for storage or sleeping.	C 110		

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C 110	Continued From page 1 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 110		
C 144	Outside Entrances/Exits-Two Remote Exits SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (a) In family care homes, all floor levels shall have at least two exits. If there are only two, the exit or exit access doors shall be so located and constructed to minimize the possibility that both may be blocked by any one fire or other emergency condition. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the door leading to the rear exit door in the office had a locking mechanism on it. This is not compliant with the rule. Take the necessary steps to remove the locking mechanism and install a passage knob to ensure a proper pathway to the egress door at all times.	C 144		
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.	C 147		

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C 147	Continued From page 2 This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the rear left storm door is not a single action. This is not compliant with the rule. Take the necessary steps to change and or disable the locking mechanism on the door.	C 147		
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 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 service 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		

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C 169	Continued From page 3 2.) At the time of the survey, it was observed that multiple smoke detectors in the facility were no longer interconnected. This is not compliant with the rule. Take the necessary steps to ensure all smoke detectors in the facility are interconnected.	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. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the flooring near the kitchen and bathroom had become soft. This is not compliant with the rule. Take the necessary steps to find the root cause and repair and or replace if needed. 2.) At the time of the survey, it was observed that the bathroom door in the hallway was not latching as intended. This could potentially affect the privacy of the clients. This is not compliant with the rule. Take the necessary steps to repair the door to ensure it latches as intended. 3.) At the time of the survey, it was observed that the window unit in the living room had wall damage directly below it. This is not compliant with the rule. Take the necessary steps to repair the wall. 4.) At the time of the survey, it was observed that	C 174		

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C 174	Continued From page 4 bedroom #3 was not latching as intended. This could potentially affect the privacy of the clients. This is not compliant with the rule. Take the necessary steps to repair the door to ensure it latches as intended. 5.) At the time of the survey, it was observed the light fixtures in bedrooms #1, and #2 are missing globes. This is not compliant with the rule. Take the necessary steps to install globes on all light fixtures in the facility. 6.) At the time of the survey, it was observed that the blinds in bedroom #1 were damaged. This could potentially affect the privacy of the clients. This is not compliant with the rule. Take the necessary steps to repair and or replace the blinds. 7.) At the time of the survey, it was observed the railing on the right side of the facility was loose on both sides. This is not compliant with the rule. Take the necessary steps to repair or replace the railing.	C 174		