

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032157	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 05/01/2024
NAME OF PROVIDER OR SUPPLIER TOWER OF BLESSING A REFUGE TO SEEK # :		STREET ADDRESS, CITY, STATE, ZIP CODE 407 NORTH HYDE PARK AVENUE DURHAM, NC 27703		
(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 Follow-up Survey on May 1, 2024 from 12:50 PM to 1:50 PM at the above referenced facility. At the time of the survey not all deficiencies were corrected and new deficiencies were noted, therefore further action is required. 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 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 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. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the basement area was full of storage items. This is not compliant with the rule for routine maintenance and could potentially cause a fire hazard, Take the necessary steps to remove the	{C 110}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{C 110}	Continued From page 1 storage items in the basement. * At the time of this follow up survey the provider stated that only the property owner had the key to the basement. This deficiency is considered not corrected due to not having access. All areas of the home must be accessible for DHSR Construction Surveys. **This deficiency was previously cited during our September 13, 2023 biennial survey, take action to correct this deficiency.	{C 110}		
{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 stove hood light cover was missing. This is not compliant with the rule for routine interior maintenance and could potentially cause a burn or shock hazard. Take the necessary steps to correct this deficiency. * At the time of the follow up survey this deficiency was not corrected but a photo was provided later the same day that the correction was made. 2. At the time of the survey it was observed that the toilet paper holder in the left-hand side resident bathroom was missing. This is not compliant with the rule for routine interior	{C 174}		

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{C 174}	Continued From page 2 maintenance and proper toilet paper storage. Take the necessary steps to correct this deficiency. *At the time of the follow up survey this deficiency was not corrected. A paper towel holder with a roll of paper towels was on the floor. A wall mounted or free-standing toilet paper holder must be provided with toilet paper. **This deficiency was previously cited during our September 13, 2023 biennial survey, take action to correct this deficiency. 3. At the time of the survey it was observed that the hot water tank electrical wire strain relief clamp was missing. This is not compliant with the rule for routine interior maintenance and could cause a potential shock hazard. Take the necessary steps to correct this deficiency. *At the time of the follow up survey the provider stated that he did not have access to the basement. The provider sent a photo the same day which shows that the wire strain relief clamp was still missing. *This deficiency was previously cited during our September 13, 2023 biennial survey, take action to correct this deficiency. 4. At the time of the survey it was observed that the exterior clothes dryer vent was damaged with lint buildup. This is not compliant with the rule for routine exterior maintenance and appearance. Take the necessary steps to correct this deficiency. *At the time of the follow up survey it was observed that there was not an exterior cap. The provider installed a new dryer cap and sent a photo as documentation the same day. The new dryer cap as a screen that has the potential cause the lint to build up and become a fire hazard. Take the necessary steps to remove the	{C 174}		

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{C 174}	Continued From page 3 screen. 5. At the time of the survey it was observed that there was debris in the back yard. This is not compliant with the rule for routine exterior maintenance and appearance. Take the necessary steps to correct this deficiency. *At the time of the follow up survey the debris had not been removed from the back yard. **This deficiency was previously cited during our September 13, 2023 biennial survey, take action to correct this deficiency. 6. At the time of the survey it was observed that there was a section of deteriorated fascia trim on the front left-hand side of the porch. This is not compliant with the rule for routine exterior maintenance and appearance. Take the necessary steps to correct this deficiency. *At the time of the follow up survey it was observed that the fascia repairs were not completed. **This deficiency was previously cited during our September 13, 2023 biennial survey, take action to correct this deficiency. 7. At the time of the survey it was observed that there was peeling paint at the window frames with cob web buildup. This is not compliant with the rule for routine exterior maintenance and appearance. Take the necessary steps to correct this deficiency. *At the time of the follow up survey it was observed that the windows had peeling paint. **This deficiency was previously cited during our September 13, 2023 biennial survey, take action to correct this deficiency. 8. At the time of the survey it was observed that there was leaf buildup at the gutters. This is not	{C 174}		

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{C 174}	Continued From page 4 compliant with the rule for routine exterior maintenance and appearance. Take the necessary steps to correct this deficiency. *At the time of the follow up survey it was observed that the gutters needed to be cleaned. **This deficiency was previously cited during our September 13, 2023 biennial survey, take action to correct this deficiency. New Deficiencies 1. At the time of the survey it was observed that the hallway HVAC return grill was missing the hinges and latches to secure it. This is not compliant with the rule. Take the necessary steps to repair or replace the return grill. *The provider sent a photo showing that a new return grill was purchased but it was not installed. 2. At the time of the survey it was observed that the exterior HVAC bonnet was not sealed at the house connection to prevent pests from entering the basement. This is not compliant with the rule. Take the necessary steps to seal around the bonnet. 3. At the time of the survey it was observed that the exterior of the building had algae on the brick and spider webs around the windows. This is not compliant with the rule. Take the necessary steps to routinely clean the exterior of the building.	{C 174}		