STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092213	A. BUILDING: **01** B. WING _____	**07/17/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VAL'S PLACE	**4910 MOREHEAD DRIVE** **RALEIGH, NC 27612**

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C 000	Initial Comments Report By Kelly Myers DHSR Construction Section conducted a Biennial Survey on July 17, 2024, from 11:00 am to 12:45 pm at the above referenced facility. DHSR records indicate the home was first licensed on January 08, 2016 as a Family Care Home for six (6) ambulatory Residents (able to evacuate and respond without physical or verbal assistance during a fire or other emergency). A change of ambulatory status to non-ambulatory residents was approved March 24, 2017. At this time the home was fully spinkled with a 13 D wet system. Based on this we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 2012 North Carolina State Building Code - Section 425.4 - Small Non-Ambulatory. 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	C 110		

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C 110	Continued From page 1 used for storage or sleeping. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there was storage in the basement, which is prohibited whether the basement has a sprinkler system or not. This is not compliant with the rule. Take the necessary steps to remove all stored items from the basement.	C 110	All Items will be removed from basement as of September 15, 2024. No Items will be stored in basement.	
C 142	Corridor-Night Lights SECTION .0300 - THE BUILDING 10A NCAC 13G .0311 CORRIDOR (b) Corridors shall be lighted with night lights providing 1 foot-candle power at the floor. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the corridor lighting was not working in the left hallway and the back left bedroom which is meant to illuminate the floor. This is not compliant with the rule. Take the necessary steps to routinely check and charge the battery to each light.	C 142	Proper corridor lighting will be installed by September 15, 2024. Parts ordered, waiting arrival.	
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	C 146		

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C 146	Continued From page 2 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 there was a ramp inside the home leading to the sunroom and at the exit door of the sunroom that did not have a smooth transition. This is not compliant with the rule. Take the necessary steps to repair or replace the ramps to have a smooth transition that can be easily navigated. NOTE: At the time of the survey there was a resident sitting in the sunroom while the ramp was being discussed, the resident made a comment that it is very difficult for her to get her walker over the lip at the bottom of the ramp.	C 146	Ramp transitions to sun room and outside will be smoothed for easier navigation by 09/15/2024.	
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	C 169	Crawford Sprinkler contacted, scheduled to re-test and ensure system is compliant by end of September 2024	

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C 169	Continued From page 3 the fire alarm system did not sound when the pull station was pulled. The only audible sounds were a beeping at the fire panel at the front door and a faint sound that resembled a failing sounding device. This is not compliant with the rule. When the pull station is pulled, it should activate a centralized sounding device that will alert all residents and staff. Take the necessary steps to have a professional technician evaluate the system and repair as needed. 2. At the time of the survey it was observed that the smoke detectors were not interconnected. The smoke alarm sounded at the detector that was tested with Smoke Check spray. Though the alarm was loud in the room located in the left hallway, there was not a sounding device in a centralized area that would alert all residents and staff. This is not compliant with the rule. Take the necessary steps to have the system further evaluated by a professional technician or installer and repair as needed. NOTE: The provider called the company that services the system at the time of the survey to discuss the two items mentioned above.	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 4 This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the left hallway return was missing a filter and was dusty. This is not compliant with the rule. Take the necessary steps to install a filter and clean the return grill.	C 174	Filter replaced on 07/18/24. Dusted and cleaned return grill. Air Duct Cleaning scheduled for 09/2024	
	2. At the time of the survey it was observed that the over the range microwave light was not working. This is not compliant with the rule. Take the necessary steps to repair the microwave or replace the light bulb.		Light bulb replaced, will ensure maintenance supervisor is notified when it goes out again.	08/15/2024
	3. At the time of the survey it was observed that there was lint behind the dryer. This is not compliant with the rule. Take the necessary steps to clean behind the dryer routinely. * This was cleaned at the time of the survey		Dryer hose attached more securely, lint cleaned and lint duct cleaned	08/26/2024
	4. At the time of the survey it was observed that the right bedroom door did not shut properly. This is not compliant with the rule. Take the necessary steps to repair the door.		Door was fixed, hinges tightened	07/20/24
	5. At the time of the survey it was observed that the right bedroom bath had several deficiencies. These are not compliant with the rule. Take the necessary steps to repair or replace each deficiency. A) The bath exhaust fan cover was dusty. Clean routinely B) The bath linen closet door handle is loose C) The GFCI receptacle reset button popped out of the receptacle on the left side of the vanity when testing the GFCI on the right side of the vanity. The receptacle could not be reset.		Exhaust fan cover dusted. Once air duct cleaning for the whole facility takes place, maintenance will routinely be able to dust once per week and maintain properly. Door handle fixed 07/21/2024 GFCI receptacle was reset and button repaired 07/21/2024	
	6. At the time of the survey it was observed that the wooden exterior windows were chipping/peeling paint, and the glazing was		Windows will be re-painted and re-glazed by 09/30/2024	

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C 174	Continued From page 5 deteriorating and missing in some areas. This is not compliant with the rule. Take the necessary steps to repair the windows. 7. At the time of the survey it was observed that the front door sticks and is difficult to open, which has the potential to delay egress in the event of a fire or other emergency.	C 174	Front door repaired and no longer sticks as of 07/20/2024	