STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL017008	A. BUILDING: **01** B. WING _____	**09/17/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONEY CREEK FAMILY CARE HOME	**2896 STONEY CREEK SCHOOL ROAD REIDSVILLE, NC 27320**

(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 September 17, 2024 from 1:50 PM to 2:55 PM at the above referenced home. DHSR records indicate the home was first licensed on March 01, 1981 as a Family Care Home for five Residents. On February 18, 1991 a capacity increase was approved for a maximum capacity of six (6) all-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 1984 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, and the 1978 (Revision 5) North Carolina State Building Code - Section-409.1(g)-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 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 105	Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING	C 105		

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C 105	Continued From page 1 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 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, it was observed that there were four residents present in the residence. The residents did not respond without assistance from the staff. This is not compliant with the rule due to the home being licensed for all ambulatory residents. 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. -The surveyor performed a 2nd fire drill during the survey, and 3 out of the 4 residents responded to the 2nd Fire drill with out prompting. -The surveyor noted that one of the Residents	C 105		

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C 105	Continued From page 2 was prompting another resident by going to his bedroom, and reentering the facility when the other resident did not come outside.	C 105		
C 113	Construction-Door Width SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (j) The door width shall be a minimum of two feet and six inches in the kitchen, dining room, living rooms, bedrooms and bathrooms. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the hallway and the bedroom on the left-hand side of the facility with attached bathroom doors are only 2 feet wide. This is not compliant with the rule. Take the necessary steps to alter both doors to a minimum of two feet and six inches.	C 113		
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 entrances/exits at grade level or accessible by a ramp.	C 146		

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C 146	Continued From page 3 This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the ramp was not a smooth transition to grade. This is not compliant with the rule. Take the necessary steps to build the grade up to ensure a smooth transition. 2.) At the time of the survey, it was observed that the rear ramp railing did not extend to the end of the ramp. This is not compliant with the rule. Take the necessary steps to have the railing go to the end of the ramp. 3.) At the time of the survey, it was observed that a resident has a prosthetic leg, and when he is not wearing it, he needs assistance with a wheelchair. The facility's design currently allows the ramp to be blocked by a singular event, which is not compliant with the regulations. To address this issue, it is necessary to install a secondary ramp at the front entrance to ensure compliance with rule 10A NCAC 13G .0312 (a) and (c) . Please reach out to the local building official to determine if a permit is required and provide documentation to DHSR. Additionally, submit plans to DHSR outlining how the facility will design and install a new ramp that meets current building code standards and regulations. 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.	C 146		

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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 bedroom on the left side of the facility, the first on the right has an attached broom where the ceiling itself has dropped and is no longer properly secured to the joist of the ceiling. This is not compliant with the rule. Take the necessary steps to repair, and or replace components as needed. 2.) At the time of the survey, it was observed that the kitchen outlet cover was not properly secured, and this could potentially cause electrical shock. This is not compliant with the rule. Take the necessary steps to repair and or replace the outlet cover. 3.) At the time of the survey, it was observed that the laundry room doors were not properly on track. This is not compliant with the rule. Take the necessary steps to repair the door to work as intended. 4.) At the time of the survey, it was observed that the bedroom on the right side of the facility with 3 residents' doors do not properly close, and latch as intended. This is not compliant with the rule. Take the necessary steps to repair and or	C 174		

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C 174	Continued From page 5 replace. 5.) At the time of the survey, it was observed that the 3 resident bedroom attached bathroom mechanical ventilation is not working as intended. This is not compliant with the rule. Take the necessary steps to repair and or replace the mechanical ventilation 6.) At the time of the survey, it was observed that the 3 resident bedroom attached bathroom hand grip behind the toilet is not properly secured. This is not compliant with the rule. Take the necessary steps to repair and or replace. 7.) At the time of the survey, it was observed that the attic access could not be accessed during the survey. Take the necessary steps to remove items from the closet on the date of the follow-up survey. 8.) At the time of the survey, it was observed that the exterior rear of the facility and the mechanical ventilation vents both have a wasp nest inside. This is not compliant with the rule. Take the necessary steps to remove the wasp nest. 9.) At the time of the survey, it was observed that multiple windows around the facility had chipping paint. This is not compliant with the rule. Take the necessary steps to remove the chipping paint, and paint the windows. 10.) At the time of the survey, it was observed that the rear deck spindles were not properly secured. This is not compliant with the rule. Take the necessary steps to secure all back deck spindles.	C 174		

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C 180	Continued From page 6	C 180		
C 180	Building Service Equipment-Call System SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (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 the call system was not working as intented. This is not compliant with the rule. Take the necessary steps to install an electrically operated call system that 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 the resident lying on his bed. For any wireless system to be approved, the base unit must use the house power, must recognize when any of the activators stop providing a signal, and must function according to the intent of the Rules.	C 180		