Oct 1/24

Jonathan,

We have did all this

except - Fire Retardent paint
we will be working on this
paint even got to be ordered

Closet in one person room
has to have things put up
& moved.

IF POC is wrong again Please let ME KNOW. I've never had ONE NOT Accepted!

of course the 2 people
that were helping we
cant find. Both hurricanes
prob get A better offer with
pay + to help people of course

I've sent so many pics
to Michelle Hers or something like
that. almost done.

Thank you Susan Brown cell 919-519-8994

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073011	A. BUILDING: 01 B. WING _____	R 07/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS FAMILY CARE HOME	410 MONTFORD DRIVE ROXBORO, NC 27573

(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 Follow-up Survey on July 29, 2024 from 09:00 AM to 9:40 AM at the above-referenced facility. At the time of the survey, not all deficiencies were corrected therefore further action is required. Additional deficiencies were also observed. 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 the 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}	We sent many pictures of before August & Sept about has been done & rules are being followed We have just done more that we found Thank you, Susan	
{C 105}	Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING 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	{C 105}		

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{C 105}	Continued From page 1 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 none of the five residents present in the house responded and evacuated at the time the smoke detectors were activated. The Residents did not respond, and none of them evacuated during the drill. 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. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 2.) At the time of the survey, it was stated during a conversation with the staff that the resident in bedroom #3 is unable to evacuate on his own at times. 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	{C 105}	The residents have been trained over & over So they are now compliant to whoever pulls the alarm! Resident in B#3 has been gone we discharged him He left Sept 10/24 TO Durham Ridge	Completed 8-8-24 Completed Sept 10/24

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{C 105}	Continued From page 2 perform this take on their own for the home to maintain its ambulatory status. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 3.) At the time of the survey it was observed that there was wood paneling being used as a wall covering multiple parts of the facility. This paneling does not provide the minimum Class C finish required by the building code. This is not compliant with the rule. Take the necessary steps to treat the paneling with a fire-retardant material capable of achieving a minimum of a Class C finish, and provide documentation to DHSR on what product was used and how it was applied. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 4.) At the time of the survey, it was observed that the fire drill logs did not have all the information required. 1. Identity of the person conducting the drill. 2.. Date and time of the drill. 3. Notification method used. 4. Staff Members on duty and participating. 5. Number of occupants evacuated. 6. Special conditions simulated 7. Problems encountered. 8. Weather Conditions when occupants were evacuated 9. Time required to accomplish complete evacuation. Take the necessary steps to ensure the fire drills have the above information. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency.	{C 105}	ordering pt on payday fire retardent paint class C will provide documentaion on what & how it put all this on fire drill book the very first survey.	Oct 30/24 Been done completed aug 1 24

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{C 113}	Continued From page 3	{C 113}		
{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 bathroom door was approximately 24 inches wide. This is not compliant with the rule. Take the necessary steps to submit plans to DHSR on how the facility will alter said doorway to meet the rule above. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 2.) At the time of the survey, it was observed that the hallway bathroom door was approximately 27 inches wide. This is not compliant with the rule. Take the necessary steps to submit plans to DHSR on how the facility will alter said doorway to meet the rule above. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency.	{C 113}	Door plus (extra new bathroom was done floor done toilet done everything	completed Sept 1/24
{C 128}	Bedrooms-Minimum Area SECTION .0300 - THE BUILDING 10A NCAC 13G .0308 BEDROOMS (d) There shall be a minimum area of 100 square feet, excluding vestibule, closet or wardrobe space, in rooms occupied by one person and a minimum area of 80 square feet per bed, excluding vestibule, closet or wardrobe	{C 128}	We are still working on this one Bed #3	Oct 15/24

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{C 128}	Continued From page 4 space, in rooms occupied by two persons. This Rule is not met as evidenced by: 1. At the time of the survey, bedroom #3 had modifications done to it, and the closet was removed. The approximate square footage of the bedroom is 104 sqft. Including Wardrobes in the bedroom, the square footage is only approximately 97 square feet. Per rule (h) Bedroom closets or wardrobes shall be large enough to provide each resident with a minimum of 48 cubic feet of clothing storage space (approximately two feet deep by three feet wide by eight feet high) of which at least one-half shall be for hanging clothes with an adjustable height hanging bar. This is not compliant with the rule. Take the necessary steps to submit plans to DHSR on how the facility will alter the bedroom to meet 100 square feet meeting rules of 10A NCAC 13G .0308 BEDROOMS This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency.	{C 128}	Still working in progress We have a floating closet floating end table	Oct 15/24
{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 residents. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the hallway bathroom was missing a grab bar for the toilet. This is not compliant with the rule. Take the necessary steps to install a grab bar that's in reach to the toilet. This deficiency was previously cited during our	{C 135}	Grab bars are put in	Completed Bear done Sept 1/24

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{C 135}	Continued From page 5 2024 biennial survey and action hasn't been taken to address the deficiency. 2.) At the time of the survey, it was observed that bedroom #5 attached to the bathroom was missing a grab bar for the toilet. This is not compliant with the rule. Take the necessary steps to install a grab bar that's in reach of the toilet. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency.	{C 135}	grab bars all bathrooms Been done Completed Sept 1/24	
{C 168}	Fire Extinguishers SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home: (1) one five pound or larger (net charge) "A-B-C" type centrally located; (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and (3) any other location as determined by the code enforcement official. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the fire extinguisher was 2 months out of date. This is not compliant with the rule. Take the necessary steps to get the fire extinguisher recertified. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency.	{C 168}	New ext. were bought and a pict of Receipt to show fire dept they are new that what the fire dept told us to do. We got a perfect fire insp Been completed June 7/24	
{C 174}	Building Equipment Maintained Safe, Operating	{C 174}		

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{C 174}	Continued From page 6 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 locksets on doors #3 and #2 were reversed and could potentially lock the residents in the room. This is not compliant with the rule. Take the necessary steps to switch the lock sets to their proper orientation and or remove and install passage locks that still latch. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 2.) At the time of the system, it was observed that bedroom #3 ceiling air vent was loose and coming down from the ceiling. This is not compliant with the rule. Take the necessary steps to secure the air vent as intended. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 3.) At the time of the survey, it was observed that the windowpane in bedroom #3 was broken. This is not compliant with the rule. Take the necessary steps to repair and or replace the window. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 5.) At the time of the survey, it was observed that	{C 174}	locks were done Vent fixed its secure window pane fixed	Been done July 30/24 completed completed July 30/24 completed Done Sept 1/24

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{C 174}	Continued From page 7 the staff bedroom's attached bathroom was missing the exhaust fan cover. This is not compliant with the rule. Take the necessary steps to replace the exhaust fan cover. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 10.) At the time of the survey, it was observed that the kitchen had multiple damaged tiles on the floor. This could potentially lead to a trip/fall hazard. This is not compliant with the rule. Take the necessary steps to repair and or replace tiles as needed. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 11.) At the time of the survey, it was observed that the oven exhaust had duct tape on the bottom of the ductwork. This is not compliant with the rule. Take the necessary steps to replace the duct tape with metallic tape. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 12..) At the time of the survey, it was observed that the dining room flooring had black tape. This could potentially lead to a trip/fall hazard. This is not compliant with the rule. Take the necessary steps to repair and or replace the flooring permanently. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 13.) At the time of the survey, it was observed that the dining room textured ceiling was flaking. This is not compliant with the rule. Take the	{C 174}	Staff cover replaced Rtd. tiles done metallic tape is put there all black tape strips down as you asked popcorn put on ceiling as asked	Completed Sept 1/24 Completed Sept 1/24 Completed Sept 1/24 Completed Sept 3/24 Completed Sept 3/24 Completed Sept 3 24

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{C 174}	Continued From page 8 necessary steps to repair, patch, and paint the ceiling. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 17.) At the time of the survey, it was observed that the bedroom #5 door handle was loose. This is not compliant with the rule. Take the necessary steps to secure the doorknob. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 19.) At the time of the survey, it was observed that the "Mechanical Air Conditioner" secured into the wall in bedroom #5 has walling directly underneath it that is starting to rot. This is not compliant with the rule. Take the necessary steps to repair and or replace the affected area and find the root cause of said issue. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 20.) At the time of the survey, it was observed that bedroom #5 attached to the bathroom had a loose toilet at the base causing a potential for leaks to happen and for residents to be injured when using the facilities. This is not compliant with the rule. Take the necessary steps to secure the toilets to prevent any leaks or possible injuries. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 21.) At the time of the survey, it was observed that the mechanical ventilation in bedroom #5 attached bathroom is binding. This could	{C 174}	Bedroom 4 handle tightened on door been fixed A/C pushed out more Toilet not loose new fan put in ventalation	Beendone completed aug 30/24 completed Sept 19/24 Completed aug 30/24 Completed aug 30/24

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{C 174}	Continued From page 9 potentially cause a fire. This is not compliant with the rule. Take the necessary steps to repair and or replace the mechanical ventilation. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 22.) At the time of the survey, it was observed that the grab bar for bedroom #5 attached bathroom is coming out of the wall on the bottom. This could potentially lead to a trip/fall hazard. This is not compliant with the rule. Take the necessary steps to repair the grab bar. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 23.) At the time of the survey, it was observed that bedroom #5 closet had cobwebs throughout the ceiling. This is not compliant with the rule. Take the necessary steps to remove the cobwebs This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 24.) At the time of the survey, it was observed in the attic that multiple ceiling penetrations with water were water-damaged and exposed light coming through the decking. This is not compliant with the rule. Take the necessary steps to repair/replace these areas in the attic. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 25.) At the time of the survey, it was observed that the bathroom exhaust for the staff bedroom is missing the ductwork in the attic. This is not compliant with the rule. Take the necessary steps to replace and or install said ductwork.	{C 174}	Grab bar is fixed Completed Sept 1 24 Been done cobwells got down Completed aug 1/24 all things fixed in attic Completed aug 30/24 Fixed exhaust in attic for staff Completed aug 30/24	

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{C 174}	Continued From page 10 This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 26.) At the time of the survey, it was observed that the kitchen oven exhaust duct work has duct tape in the attic. This is not compliant with the rule. Take the necessary steps to utilize metallic tape on all duct work repairs and or installations. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. * New Deficiencies * 27.) At the time of the survey, it was observed that the ceiling was damaged above the staff bedroom door. This is not compliant with the rule. Take the necessary steps to repair. 28.) At the time of the survey, it was observed that the hallway bathroom flooring was soft next to the tub. This is not compliant with the rule. Take the necessary steps to repair. 29.) At the time of the survey, it was observed that the laundry room flooring on the exterior was starting to deteriorate. This is not compliant with the rule. Take the necessary steps to repair and or replace.	{C 174}	utilized metallic tape Completed Sept 20/24 Fixed ceiling Completed Sept 4/24 flooring plus outer bathroom remolded Completed Sept 15/24 repaired laundry Room tile (exterior) Took out Completed Aug 1/24	
{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	{C 180}		

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{C 180}	Continued From page 11 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 old call system no longer works as intended and replaced with a wireless call system that does not meet the rule. This is not compliant with the rule. Take the necessary steps to program the wireless system to stay on till switched off from the device that initiated the activation of the call system. -If the old call system is no longer in use take the necessary steps to remove components from the facility. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency.	{C 180}	We have a new call system Completed aug 1/1/24 plug in Wall batt backup the push we heart in staff room we go Check client then turn it off in Client Room a wee! Took wired old Completed Sept 1/24 Call system from ages ago down	
{C 183}	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. This Rule is not met as evidenced by: 2.) At the time of the survey, it was observed that the exterior rear porch light fixture was missing a globe. This is not compliant with the rule. Take the necessary steps to replace the globe.	{C 183}	Globe ~~bulb~~ bowl kept out Sept 15/24 on back porch.	

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{C 183}	Continued From page 12 This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 3.) At the time of the survey, it was observed that the rear porch had an exhaust screen that was damaged and a bug nest inside of it. This is not compliant with the rule. Take the necessary steps to remove the nest, install a new screen, and or repair the existing one. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 4.) At the time of the survey, it was observed that the resident's home had neglected gutters. This is not compliant with the rule. Take the necessary steps to clean out the gutters and build a preventative maintenance plan to ensure the gutters are cleaned regularly This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 6.) At the time of the survey, it was observed that the flashing, soffit, and gabbles were in a state of disrepair. This is not compliant with the rule. Take the necessary steps to repair, and or replace components as needed as well as prep, and paint said areas after work is completed. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 7.) At the time of the survey, it was observed that the exterior of the house was dirty and had mildew. This is not compliant with the rule. Take the necessary steps to power wash the house. This deficiency was previously cited during our 2024 biennial survey and action hasn't been	{C 183}	Screen fixed repaired gutters have been cleaned will be done monthly. Been done a few times since U been here gabbles fixed soffit repair House washed mildew removed	completed aug 30 21 Sept 1/24 Sept 1/24 Sept

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073011	A. BUILDING: 01 B. WING _____	R 07/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS FAMILY CARE HOME	410 MONTFORD DRIVE ROXBORO, NC 27573

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{C 183}	Continued From page 13 taken to address the deficiency. 8.) At the time of the survey, it was observed that the staff bedroom window on the left side of the facility was showing signs of rot. This is not compliant with the rule. Take the necessary steps to repair and or replace. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 9.) At the time of the survey, it was observed on the rear left side of the facility that a row of shingles against the vinyl siding was showing signs of disrepair. This is not compliant with the rule. Take the necessary steps to repair and or replace. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 10.) At the time of the survey, it was observed that the front left side of the yard had two washouts that could potentially become trip/fall hazards and or harbingers for pests. This is not compliant with the rule. Take the necessary steps to find out if the areas are intentionally for drainage and if so, install proper coverings to prevent residents and or staff from accessing and or filling if not needed and monitor. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 12.) At the time of the survey, it was observed that the front porch light fixture was missing a globe. This is not compliant with the rule. Take the necessary steps to replace the globe on the light fixture. This deficiency was previously cited during our	{C 183}	mildew gone shingles are fixed washout fixed no trip haz. New front porch lights	Completed Sept 1/24 Completed Sept 10/24 Completed Sept 1/24 Completed Sept 3/24

Division of Health Service Regulation

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	FCL073011	A. BUILDING: 01 B. WING _____	R 07/29/2024

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{C 183}	Continued From page 14 2024 biennial survey and action hasn't been taken to address the deficiency. 13.) At the time of the survey, it was observed that the front porch window for the living room was showing signs of rot. This is not compliant with the rule. Take the necessary steps to repair and or replace. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 14.) At the time of the survey, it was observed that the front porch railing on the right side was loose. This could potentially cause a trip/fall hazard. This is not compliant with the rule. Take the necessary steps to repair and or replace the railing. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 15.) At the time of the survey, it was observed that on the right side of the facility, the exterior wall of bedroom #5 wall is starting to separate from the facility. This is not compliant with the rule. Take the necessary steps to secure it back and find the root cause. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 17.) At the time of the survey, it was observed that the electrical power supply for the HVAC system had a broken conduit leading up to the attic. This is not compliant with the rule. Take the necessary steps to repair and or replace. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency.	{C 183}	painted repaired fixed repaired paint repaired side of facility + painted Fixed took conduit out.	Completed Sept 4/24 Completed Completed Sept 3/24 Completed aug 31/24 Completed Sept 10/24

Division of Health Service Regulation

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