

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL068030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER CHARLES HOUSE - WINMORE ELDERCARE H		STREET ADDRESS, CITY, STATE, ZIP CODE 121 DELLA ST CARRBORO, NC 27510		
(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 Survey on October 3, 2024, from 9:10 AM to 10:20 AM at the above referenced facility. DHSR records indicate the home was first licensed on September 22, 2014 as a Family Care Home for six (6) non-ambulatory Residents (Who are un-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, the 2012 North Carolina State Building Code - Section 425.4 - Small Non-ambulatory 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 onsite 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 114	Construction-Windows SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (k) All windows shall be maintained operable. This Rule is not met as evidenced by:	C 114		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL068030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER CHARLES HOUSE - WINMORE ELDERCARE H		STREET ADDRESS, CITY, STATE, ZIP CODE 121 DELLA ST CARRBORO, NC 27510		
(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 114	Continued From page 1 1. At the time of the survey it was observed that bedroom #3 windows were not opened due to the bed being against the wall where the windows were located. This is not compliant with the rule. Take the necessary steps to open the window and provide a picture with the plan of correction.	C 114		
C 117	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the most recent fire inspection report was not on site and available for review. This is not compliant with the rule. Take the necessary steps to have a copy of the fire report on site for periodic review and provide a copy of the current report to DHSR construction section with the plan of correction.	C 117		
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	C 168		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL068030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER CHARLES HOUSE - WINMORE ELDERCARE H		STREET ADDRESS, CITY, STATE, ZIP CODE 121 DELLA ST CARRBORO, NC 27510		
(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 168	Continued From page 2 enforcement official. This Rule is not met as evidenced by: 1. At the time of the survey, it was observed that the fire extinguisher were not being monitored. This is not complaint with the rule. Take the necessary steps to have staff monitor all extinguishers monthly to ensure that it is ready for use by initialing and date the back of the tag.	C 168		
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 bedroom #1 and the half bath doors stick and require extra effort to open and close. This is not compliant with the rule. Take the necessary steps to repair the doors. 2. At the time of the survey it was observed that there were ceiling stains in the dining room and in bedroom #6. This is not compliant with the rule. Take the necessary steps to further evaluate the cause of the water stains and repair as needed. NOTE: There were water stains on the subflooring at the HVAC room in the upper level. the dining room stains could possibly be coming from this area and or condensation from the refrigerant line.	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL068030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER CHARLES HOUSE - WINMORE ELDERCARE H		STREET ADDRESS, CITY, STATE, ZIP CODE 121 DELLA ST CARRBORO, NC 27510		
(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 174	Continued From page 3 3. At the time of the survey it was observed that bedroom #5 door drags on the floor making it very difficult to open and close. This is not compliant with the rule. Take the necessary steps to repair the doors. 4. At the time of the survey it was observed that bedroom #5 window was unable to be opened. This is not compliant with the rule. Take the necessary steps to repair the window so that it opens with ease. 5. At the time of the survey it was observed that bedroom #4 had a small dresser unit blocking access to both windows (emergency egress). This is not compliant with the rule. Take the necessary steps to have at least one window fully accessible in the event of a fire or other emergency. 6. At the time of the survey it was observed that the exhaust fan switch in the back hall full bath was malfunctioning requiring the switch to be held in place for the exhaust fan to work. This is not compliant with the rule. Take the necessary steps to repair or replace the switch. 7. At the time of the survey it was observed that the bath exhaust fan covers were dusty. This is not compliant with the rule. Take the necessary steps to clean the exhaust fans routinely to allow for proper operation. 8. At the time of the survey it was observed that the HVAC return grills were dirty. This is not compliant with the rule. Take the necessary steps to routinely clean the return grills. 9. At the time of the survey it was observed that	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL068030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER CHARLES HOUSE - WINMORE ELDERCARE H		STREET ADDRESS, CITY, STATE, ZIP CODE 121 DELLA ST CARRBORO, NC 27510		
(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 174	Continued From page 4 there was organic growth on the supply vent above the kitchen sink. This is not compliant with the rule. Take the necessary steps to properly clean or replace the supply grill. 10. At the time of the survey it was observed that there were items behind the dryer. This is not compliant with the rule. Take the necessary steps to clean behind the dryer routinely to minimize the possibility of a fire. 11. At the time of the survey it was observed that there were two burnt vanity bulbs in the front bathroom. This is not compliant with the rule. Take the necessary steps to replace all burnt bulbs. 12. At the time of the survey it was observed that there were spider webs and dusty windows in all bedrooms. This is not compliant with the rule. Take the necessary steps to routinely clean windows and windowsills. 13. At the time of the survey it was observed that there were vine growing up the side the house on the right front side and there was one butterfly bush against the back left corner and one partially blocking access to the riser room. This is not compliant with the rule. Take the necessary steps to remove and control the growth of vegetation. 14. At the time of the survey it was observed that there was deteriorating trim at the riser room. This is not compliant with the rule. Take the necessary steps to repair or replace the deteriorating trim. 15. At the time of the survey it was observed that there was deteriorating trim at the riser room. This is not compliant with the rule. Take the	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL068030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER CHARLES HOUSE - WINMORE ELDERCARE H		STREET ADDRESS, CITY, STATE, ZIP CODE 121 DELLA ST CARRBORO, NC 27510		
(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 174	Continued From page 5 necessary steps to repair or replace the deteriorating trim. 16. At the time of the survey it was observed that the there was a missing electrical cover at the right-side patio. This is not compliant with the rule. Take the necessary steps to protect the receptacle with a watertight cover. 17. At the time of the survey it was observed that the exterior of the home had dirt build up on the exterior. This is not compliant with the rule. Take the necessary step to routinely clean the exterior of the home.	C 174		
C 067	10A NCAC 13G .0312 (e) Outside Entrance And Exits 10A NCAC 13G .0312 Outside Entrance And Exits (e) All entrances/exits shall be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that all windows have side slide locks and a sing lock that require special knowledge and some effort to open which has the potential to delay egress in the event of a fire or other emergency. This is not compliant with the rule. Take the necessary steps to remove the side locks.	C 067		
C 911	G.S 131D 21(1) Declaration of Resident's Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: (1) To be treated with respect, consideration,	C 911		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL068030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER CHARLES HOUSE - WINMORE ELDERCARE H		STREET ADDRESS, CITY, STATE, ZIP CODE 121 DELLA ST CARRBORO, NC 27510		
(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 911	Continued From page 6 dignity, and full recognition of his or her individuality and right to privacy. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that bedroom #5 and bedroom #2 both had cameras within the room and a small monitor for staff to view the residents. The monitor is located in the staff office space that is accessible to be view by others. This is not compliant with the privacy rule. Take the necessary steps to provide consent documentation from the families and ensure that the monitor is not able to be viewed by other residents or guests. A sign should also be placed on the two doors that a camera is in use within the room.	C 911		