STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012044	A. BUILDING: **01** B. WING _____	R **09/24/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PATTERSON HOUSE FAMILY CARE HOME	**3053 COUNTRY PINES STREET MORGANTON, NC 28655**

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{C 000}	Initial Comments Report by Jonathan Gamsey DHSR Construction Section conducted a Biennial Follow-up Survey on September 24, 2024 from 01:35 PM to 02:35 PM 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}		
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	C 105		

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C 105	Continued From page 1 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 the call system was not installed per the rule. 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 105		
{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	{C 117}		

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{C 117}	Continued From page 2 review. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the sanitation were not current. This is not compliant with the rule. Take the necessary steps to provide documentation that sanitation has been scheduled with the local sanitation department and or provide a current sanitation.	{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 enforcement official. This Rule is not met as evidenced by: 1. At thte time of the survey it wa observed that the fire extinguishers were not being monitored on a monthly basis. This is not compliant with the rule. Take the necessary steps to monitor the fire extinguishers monthly to assure that it is ready for use. *This deficiency was previously cited during our April 5, 2022 biennial survey, take action to correct this deficiency.	{C 168}		
{C 172}	Fire Safety-Four Rehearsals SECTION .0300 - THE BUILDING	{C 172}		

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{C 172}	Continued From page 3 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the facility is not performing 3rd shift fire drills. This is not compliant with the rule. Take the necessary steps to do 3rd shift fire drills.	{C 172}		
{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 electrical panel was not labeled. This is not compliant with the rule. Take the necessary steps to label each circuit in the electrical panel. *This deficiency was previously cited during our April 5, 2022 biennial survey, take action to correct this deficiency. *This deficiency was previously cited during	{C 174}		

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{C 174}	Continued From page 4 our April 5, 2023 biennial survey, take action to correct this deficiency. 3. At the time of the survey it was observed that the porch ceiling and trim was dirty. This is not compliant with the rule. Take the necessary steps to power wash the house. *This deficiency was previously cited during our April 5, 2022 biennial survey, take action to correct this deficiency. *This deficiency was previously cited during our April 5, 2023 biennial survey, take action to correct this deficiency. 6. At the time of the survey it was observed that the first left bathroom #1 was missing a light cover at the exhaust fan/light. This is not compliant with the rule. Take the necessary steps to install a light cover. *This deficiency was previously cited during our April 5, 2023 biennial survey, take action to correct this deficiency. 7. At the time of the survey it was observed that the closet in bathroom #1 was missing a door knob that and chemicals were being stored in the closet. This is not compliant with the rule. Take the necessary steps to install a locking door knob if chemicals will continue to be stored in this closet. *This deficiency was previously cited during our April 5, 2023 biennial survey, take action to correct this deficiency. 9. At the time of the survey it was observed that bathroom #2 had a delaminating mirror at the bottom. This is not compliant with the rule. Take the necessary steps to repair or replace the mirror. *This deficiency was previously cited during	{C 174}		

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{C 174}	Continued From page 5 our April 5, 2023 biennial survey, take action to correct this deficiency. 10. At the time of the survey it was observed that bathroom #2 had finished flooring missing at the base of the shower and the vinyl baseboard is not secured to the wall and organic matter on the wall. This is not compliant with the rule. Take the necessary steps to repair or replace the flooring, organic matter on the wall and the vinyl baseboard *This deficiency was previously cited during our April 5, 2023 biennial survey, take action to correct this deficiency. 11. At the time of the survey it was observed that bathroom #2 had a loose grab bar at the shower. This is not compliant with the rule. Take the necessary steps to secure the grab bard. *This deficiency was previously cited during our April 5, 2023 biennial survey, take action to correct this deficiency. 13. At the time of the survey it was observed that bedroom #2 light switch is not operating at intended and there is a burnt out bulb at the ceiling fixture. This is not compliant with the rule. Take the necessary steps to replace the light switch and burnt out bulb. *This deficiency was previously cited during our April 5, 2023 biennial survey, take action to correct this deficiency. 16. At the time of the survey it was observed that there is a drop off along the front porch. This is not compliant with the rule. Take the necessary steps to build the grade level up to the level of the porch. *This deficiency was previously cited during our April 5, 2023 biennial survey, take action to	{C 174}		

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{C 174}	Continued From page 6 correct this deficiency. 19. At the time of the survey it was observed that there is rotting soffit and fascia at the back right and left corner of the building. This is not compliant with the rule. Take the necessary steps to repair or replace the rotting wood. *This deficiency was previously cited during our April 5, 2023 biennial survey, take action to correct this deficiency. New Deficiencies 20. At the time of the survey, it was observed that the propane tank is not properly secured. Take the necessary steps to put in a exterior storage shed that is not connected to the facility and or properly chain to prevent it from tipping over.	{C 174}		