STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012042	A. BUILDING: **01** B. WING _____	R **09/24/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA'S COTTAGE FAMILY CARE HOME # 1	**5820 HOLLAND STREET MORGANTON, NC 28655**

(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 Follow-up Survey on September 24, 2024, from 1:50 PM to 2:15 PM at the above referenced facility. At the time of the survey not all deficiencies were corrected therefore further action is required. 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 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 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 sanitation report was past due. The last sanitation report was December 2022. This is not	{C 117}		

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{C 117}	Continued From page 1 compliant with the rule. Take the necessary steps to provide DSHR-Construction verification (email or letter on letter head from the county inspector) that you are on the county's Environmental Health wait list for an inspection or provide a copy of the current sanitation report with the plan of correction. *This deficiency was previously cited during our November 8, 2023, biennial survey as a reminder that the sanitation report was due to expire December 2023, take action to correct this deficiency.	{C 117}		
{C 131}	Bedrooms-Closets SECTION .0300 - THE BUILDING 10A NCAC 13G .0308 BEDROOMS (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 Rule is not met as evidenced by: 1. At the time of the survey it was observed that there was not a fixed divider in the closets where two residents share a room. Where there are two residents sharing one closet, there must be a distinction of space within the closet for each resident. This is not compliant with the rule. Take the necessary steps to provide a divider that will be in a fixed postion in the closet to separate an equal side for each resident. *This deficiency was previously cited during our Novemeber 8, 20243, biennial survey, take action to correct this deficiency.	{C 131}		

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{C 131}	Continued From page 2 NOTE: The provider had placed a shoe string in one closet and a piece of clothing in another as a divider which could be moved.	{C 131}		
{C 172}	Fire Safety-Four Rehearsals SECTION .0300 - THE BUILDING 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 two live fire drills were performed with four (4) residents were on-site and in their bedroom. None of the residents responded or evacuated when the alarm was sounded. All residents remained bedroom and staff had to verbally prompt them to exit the home. This is not compliant with the rule. Take the necessary steps to train the residents to respond and evacuate at the sound of the smoke alarms and any resident that requires verbal prompting and or physical assistance needs to be relocated to another facility to better accommodate their needs. *This deficiency was previously cited during our November 8, 2023, biennial survey, take action to correct this deficiency.	{C 172}		
{C 174}	Building Equipment Maintained Safe, Operating	{C 174}		

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{C 174}	Continued From page 3 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 kitchen ceiling was partially repaired and was not completely sealed from the attic. This is not compliant with the rule. Take the necessary steps to seal the opening in the kitchen ceiling to prevent pest, dust and insulation from coming into the home. NOTE: The ceiling was partially repaired with drywall but it was not completely sealed or painted. Take the necessary steps to complete the repair. *This deficiency was previously cited during our November 8, 2024, biennial survey, take action to correct this deficiency.	{C 174}		