STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012043	A. BUILDING: **01** B. WING _____	R **09/24/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA'S COTTAGE # 2	**5824 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 2:15 PM to 12:35 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 current sanitation report was past due with a December 2022 date. This is not compliant with	{C 117}		

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{C 117}	Continued From page 1 the rule. Take the necessary steps to provide DSHR-Construction verification (email or on letter head from the county Health and Sanitation inspector) that you are on the county's Environmental Health wait list for an inspection with the plan of correction. *This deficiency was previously cited during our November 8, 2023, biennial survey, take action to correct this deficiency.	{C 117}		
{C 130}	Bedrooms-Windows SECTION .0300 - THE BUILDING 10A NCAC 13G .0308 BEDROOMS (g) Each resident bedroom must have one or more operable windows and be lighted to provide 30 foot candles of light at floor level. The window area shall be equivalent to at least eight percent of the floor space. The windows shall have a maximum of 44 inch sill height. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the window in the supervisor's bedroom does not open. This is not compliant with the rule. Take the necessary steps to repair or replace the window so that it opens without delay. *This deficiency was previously cited during our November 8, 2023, biennial survey, take action to correct this deficiency.	{C 130}		
{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	{C 172}		

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{C 172}	Continued From page 2 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 a live fire drill was performed while two (2) residents were in the living room and two (2) were in their bedroom. None of the residents responded or evacuated when the alarm was sounded and a staff member prompted all four (4) residents to evacuate 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 alarm any time it is activated. This home is licensed for 6 ambulatory residents which means that each resident should be able to evacuate the building without physical assistance or verbal prompting. Any resident that requires physical assistance or verbal prompting may need to be relocated to a facility to better accommodate their needs. Train staff how to properly conduct a fire drill. *This deficiency was previously cited during our November 8, 2023, biennial survey, take action to correct this deficiency.	{C 172}		