STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL079076	A. BUILDING: **01** B. WING _____	**07/31/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWSON FAMILY CARE HOME #2	**704 WILLOW STREET REIDSVILLE, NC 27323**

(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 David Hickman DHSR Construction Section conducted a Biennial Survey on July 31, 2024 from 1:00 PM to 2:10 PM at the above referenced facility. DHSR records indicate the home was first licensed on April 1, 1973 as a Family Care Home for five (5) ambulatory Residents. Effective February 1, 1983, the building code was amended and the facility is currently licensed for six (6) ambulatory residents (able to respond and evacuate without any physical or verbal assistance during a fire or other emergency), which indicates that the bed count was increased to six sometime after April 1, 1984. Based on this information we are requiring the home to maintain compliance with the following: the 1984 "Rules for Family Care Homes minimum and desired standards and regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, the 1978 (Rev 5) North Carolina State Building Code - Section 409.1(g) - Residential 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 105	Initial Licensure-Meet NCSBC	C 105		

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C 105	Continued From page 1 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 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 six residents present in the house responded and evacuated at the time the smoke detectors were activated. This is not compliant with the rule due to the home being licensed for all ambulatory clients. Take the necessary steps to train the clients to respond and evacuate, without staff prompting or assistance, at any time the smoke detectors are activated. The clients must perform this task on their own for the home to maintain its ambulatory status. 2. At the time of the survey, it was observed that multiple smoke detectors are past the 10-year	C 105		

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C 105	Continued From page 2 lifespan. Per NFPA 72 10.4.7 states " that "Smoke Alarms", installed in one and two family dwellings "shall not remain in service for more than ten years from the date of manufacture"." This is not compliant with the rule. Take the necessary steps to replace all smoke detectors in the facility that are past the 10-year lifespan and monitor the rest. 3. At the time of the survey it was observed that the smoke detector in the right rear bedroom was mounted within three feet of the ceiling fan blades which may interfere with any smoke activating the detector if the fan is spinning. This is not compliant with the rule. Take the necessary steps to remove the fan and replace it with a light fixture or move the smoke detector to more than three feet away from the fan blades. This will ensure that the smoke detector will function properly.	C 105		
C 109	Construction-Two Stories SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (f) If the building is two stories in height, it shall meet the following requirements: (1) Each floor shall be less than 2500 square feet in area if existing construction or, if new construction, shall not exceed the allowable area for R-4 occupancy in the North Carolina State Building Code; (2) Aged or disabled persons are not to be housed on any floor above or below grade level; (3) Required resident facilities are not to be located on any floor above or below grade level; and (4) A complete fire alarm system with pull stations on each floor and sounding devices	C 109		

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C 109	Continued From page 3 which are audible throughout the building shall be provided. The fire alarm system shall be able to transmit an automatic signal to the local emergency fire department dispatch center, either directly or through a central station monitoring company connection. This Rule is not met as evidenced by: 1. At the time of the survey , it was observed that the house was a two story structure. The lower level is partially finished and being used to store the household items. At the present time there is no fire alarm installed in the house. This is not compliant with the rule. Take the necessary steps to install a complete fire alarm system with pull stations on each floor and sounding devices which are audible throughout the building. The fire alarm system must also be able to transmit an automatic signal to the local fire department dispatch center. This can be a direct transmit or through a central monitoring company.	C 109		
C 111	Construction-Ceiling SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (h) The ceiling shall be at least seven and one-half feet from the floor. This Rule is not met as evidenced by: 1. At the time of the survey, it was observed that the added dropped ceiling in the lower level caused the ceiling height to measure 6 feet 11 inches. This is not compliant with the rule. Take the necessary steps to raise the ceiling height to a minimum of 7 feet 6 inches.	C 111		

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C 123	Continued From page 4	C 123		
C 123	Dining Room SECTION .0300 - THE BUILDING 10A NCAC 13G .0306 DINING ROOM (a) Family care homes licensed on or after April 1, 1984 shall have a dining room or area of at least 120 square feet. The dining room may be used for other activities during the day. (b) When the dining area is used in combination with a kitchen, an area five feet wide shall be allowed as work space in front of the kitchen work areas. The work space shall not be used as the dining area. (c) The dining room shall have operable windows and be lighted to provide 30 foot candles of light at floor level. This Rule is not met as evidenced by: 1. At the time of the survey, it was observed that the dining room provided in the house was measuring 104 square feet instead of the required 120 square feet. This is not compliant with the rule. Take the necessary steps to provide a dining room space meeting the minimum requirements of 120 square feet.	C 123		
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 space, in rooms occupied by two persons. This Rule is not met as evidenced by: 1. At the time of the survey, it was observed that	C 128		

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C 128	Continued From page 5 bedroom 1 was being used as a resident room and measuring 94 square feet instead of the minimum 100 square feet. This is not compliant with the rule. Take the necessary steps to modify the room to measure a minimum of 100 square feet or remove the resident from this room and relocate them to another room. (The bedroom being used as the staff bedroom can accommodate two residents and could be converted to a resident room. Bedroom 1 can be used as a staff bedroom due to it being larger than 70 square feet.)	C 128		
C 132	Bathroom-For Each 5 or Fewer SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (a) Adult care homes licensed on or after April 1, 1984, shall have one full bathroom for each five or fewer persons including live-in staff and family. This Rule is not met as evidenced by: 1. At the time of the survey, it was observed that there was only one available bathroom for the six residents due to the second bathroom being located within the staff bedroom area. This is not compliant with the rule. Take the necessary steps to provide an additional bathroom or convert the staff bedroom to a double occupancy resident bedroom. (The licensed capacity of the house can also be lowered to 5 to be compliant with the rule.)	C 132		
C 144	Outside Entrances/Exits-Two Remote Exits SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (a) In family care homes, all floor levels shall	C 144		

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C 144	Continued From page 6 have at least two exits. If there are only two, the exit or exit access doors shall be so located and constructed to minimize the possibility that both may be blocked by any one fire or other emergency condition. This Rule is not met as evidenced by: 1. At the time of the survey, it was observed that the exits for the main level floor were not remote. The main exit in the living room on the front of the house and the secondary exit located in the living room on the left side of the house. This is not compliant with the rule. Take the necessary steps to provide a remote exit on the right end of the house to meet the requirements of the rule.	C 144		
C 147	Outside Entrances/Exits-Single Hand Motion SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled. This Rule is not met as evidenced by: 1. At the time of the survey, it was observed that the exit door on the left side of the living room did not have single motion unlocking hardware. This is not compliant with the rule. Take the necessary steps to install the proper single motion unlocking door hardware.	C 147		
C 149	Outside Entrances/Exits-Handrails At Porches	C 149		

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C 149	Continued From page 7 SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (f) All steps, porches, stoops and ramps shall be provided with handrails and guardrails. This Rule is not met as evidenced by: 1. At the time of the survey, it was observed that the steps in the garage did not have handrails on both sides out of each door. This is not compliant with the rule. Take the necessary steps to install handrails on both sides of each set of steps. (A center rail can be added in the corner and shared by each set of steps.)	C 149		
C 171	Fire Safety- Evacuation Plan SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (d) A written fire evacuation plan (including a diagrammed drawing) which has the approval of the local code enforcement official shall be prepared in large print and posted in a central location on each floor. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. This Rule is not met as evidenced by: 1. At the time of the survey, it was observed that the evacuation plan was indicating the exit path through the door into the kitchen and out the door from the kitchen. The door to the kitchen has lockable door hardware and is being locked a night. This is not compliant with the rule. Take the necessary steps to revise the evacuation plan noting the proper exit paths.	C 171		

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C 172	Continued From page 8	C 172		
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, it was observed that the fire drills were not being performed on all shifts. This is not compliant with the rule. Take the necessary steps to perform the drills at various times including all shifts.	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 fire extinguishers were not being checked by the staff monthly to evaluate the status of the extinguisher. This is not compliant with the rule.	C 174		

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C 174	Continued From page 9 Take the necessary steps to have the staff inspect the extinguishers once a month and date the tags accordingly to prevent the extinguisher from becoming damaged or losing its charge and being unusable in a time of need. 2. At the time of the survey, it was observed that there was a chain lock being used on the door to the kitchen. This is not compliant with the rule. Take the necessary steps to remove the chain lock. 3. At the time of the survey, it was observed that there were globes missing on lights in multiple locations throughout the house. This is not compliant with the rule. Take the necessary steps to replace the globes in all necessary locations. 4. At the time of the survey, it was observed that there were multiple deficiencies in the rear middle bedroom including the following: a) The door hardware was reversed and enabled the resident to be locked in their room. The lock needs to be installed properly. b) The window blinds were damaged and need to be replaced. c) The window was hard to open and needs to be freed up, so it will open easily. d) There was a wasp nest between the window and the screen that needs to be removed. This is not compliant with the rule. Take the necessary steps to correct these deficiencies. 5. At the time of the survey, it was observed that GFCI receptacle in the rear hallway bathroom was not tripping properly. This is not compliant with the rule. Take the necessary steps to repair or replace the receptacle so it works properly. 6. At the time of the survey, it was observed that	C 174		

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C 174	Continued From page 10 the door to the right rear bedroom would not latch properly and the door knob to the laundry room was loose. This is not compliant with the rule. Take the necessary steps to adjust the bedroom door to latch securely and tighten the loose door knob for the laundry room. 7. At the time of the survey, it was observed that the emergency light in the hallway was loose from the wall. This is not compliant with the rule. Take the necessary steps to secure the light. 8. At the time of the survey, it was observed that the windows in the front middle bedroom would not open due the crank handles being stripped. This is not compliant with the rule. Take the necessary steps to replace the handles so they will open the window properly. 9. At the time of the survey, it was observed that there were exposed wires hanging from the old, unused smoke detector in the front middle bedroom and the attic. This is not compliant with the rule. Take the necessary steps to cap the wires properly. 10. At the time of the survey, it was observed that there was an unmounted fire extinguisher in the lower level causing a hazard if the extinguisher is knocked over. This is not compliant with the rule. Take the necessary steps to properly mount the extinguisher to prevent accidentally knocking the extinguisher over and possibly damaging the pressurized valve. 11. At the time of the survey, it was observed that the door to the exterior of the lower level serving as the second means of egress was blocked and could not be accessed. This is not compliant with the rule. Take the necessary steps to move all	C 174		

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C 174	Continued From page 11 items blocking the door and keep the exit pathway clear. 12. At the time of the survey, it was observed that the relief valve for the water heater was not piped properly causing a hazard for burns or damaged if the valve is released. This is not compliant with the rule. Take the necessary steps to pipe the valve to within 6 inches of the finished floor using the proper piping materials. 13. At the time of the survey, it was observed that there were open junction boxes and open receptacles without proper covers in the lower level. This is not compliant with the rule. Take the necessary steps to install the proper covers on the junction boxes and receptacles. 14. At the time of the survey, it was observed that there were ceiling tile tracks, wires and ceiling tiles hanging down and in a state of disrepair in the entire lower level. This is not compliant with the rule. Take the necessary steps to repair these areas in the lower level. 15. At the time of the survey, it was observed that the heat detector in the lower level did not have power and was not working properly. This is not compliant with the rule. Take the necessary steps to repair the heat detector. 16. At the time of the survey it was observed that the exterior exhaust vent for the dryer was clogged with lint causing the dryer not to work properly and also creating a possible fire ignition hazard. This is not compliant with the rule. Take the necessary steps to clean out the dryer exhaust so the dryer will work properly and the ignition hazard is reduced.	C 174		

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C 174	Continued From page 12 17. At the time of the survey it was observed that the left side patio had an abundance of debris underneath and the decorative concrete veneer was loose and in danger of falling. This is not compliant with the rule. Take the necessary steps to clean out under the patio and secure the veneer all around the patio.	C 174		
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 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 he resident call system was not working properly. This is not compliant with the rule. Take the necessary steps to repair or replace the call system.	C 180		