STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl079113	A. BUILDING: **01** B. WING _____	**11/06/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARRISONS CARING HANDS	**814 LINDSEY STREET REIDSVILLE, NC 27320**

(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 Jonathan Gamsey DHSR Construction Section conducted a Biennial Survey on November 6, 2024 from 12:40 PM to 01:30 PM at the above referenced facility. DHSR records indicate the home was first licensed on November 29, 2007 as a Family Care Home for six ambulatory Residents (able to evacuate and respond 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 and the 2006 North Carolina State Building Code - Section 421.2 - Residential Care Homes. NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site 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 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	C 105		

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C 105	Continued From page 1 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 communicated that the facility performs drills by a single station smoke detector that is brought into the facility at the time of the fire drill. This is not compliant with the rule due to the home being licensed for all ambulatory clients. Take the necessary steps to train the residents to respond and evacuate, without staff prompting or assistance, at any time the smoke detectors are activated. The residents must perform this task on their own for the home to maintain its ambulatory status.	C 105		
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	C 123		

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C 123	Continued From page 2 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 only measured approximately 36 square feet. This is not compliant with the rule. Take the necessary steps to submit plans to DHSR on how the facility will update the layout to meet the rule above.	C 123		
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 storm door on the left side of the facility is not single hand motion. This is not compliant with the rule. Take the necessary steps to replace and or disable the storm door lock to meet single hand motion.	C 147		

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C 152	Continued From page 3	C 152		
C 152	Floors 10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the facility had a scatter rug in the bathroom. This is not compliant with the rule. Take the necessary steps to remove the scatter rug from the facility.	C 152		
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 staff bedroom double pane window was cracked on the exterior. This is not compliant with the rule. Take the necessary steps to repair and or replace. 2.) At the time of the survey, it was observed that the staff bedroom Smoke Alarm was in distress when surveyors arrived. Staff/Owner was not aware on how to use the alarm system within the facility including the pull-down stations. This is not	C 174		

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C 174	Continued From page 4 compliant with the rule. Take the necessary steps to reach out to the Alarm company to repair, train and provide an alarm report to DHSR yearly from the Alarm company. 3.) At the time of the survey, it was observed that the call system had a Tone Off button that mutes the system. This is not compliant with the rule. Take the necessary steps to disable the Tone Off button. 4.) At the time of the survey, it was observed that the bedroom #1 call button was missing on the left bed. This is not compliant with the rule. Take the necessary steps to repair the call button so it functions as intended. 5.) At the time of the survey, it was observed that bedroom #3 window does not stay open. This could potentially impede egress in a time of need. This is not compliant with the rule. Take the necessary steps to repair and or replace the window. 6.) At the time of the survey, it was observed that the exterior dryer vent was clogged. This is not compliant with the rule. Take the necessary steps to clean out the dryer vent. It is recommended to clean it on a routine basis. 7.) At the time of the survey, it was observed that the siding on the left side of the facility is starting to fall down. This is not compliant with the rule. Take the necessary steps to repair the siding.	C 174		