Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL079086	A. BUILDING: 01 B. WING _____	R 07/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAFE HAVEN ADULT CARE HOME	165 GLENDALE DRIVE EDEN, NC 27288

(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 Follow-up Survey on July 29, 2024 from 12:05 PM to 12:30 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}	In Regards to SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION Residents were immediately assessed to determine their ability to evacuate independently in the event of a fire or disaster. This assessment included a review of Residents' assessments, FL-2s and Careplans. All documentation stated that residents could ambulate independently with or without assistive devices. Upon admission to the facility Residents with the aide of cane or walker. This was verified by the administrator upon entry into the facility by demonstrating the following: •The resident must independently ambulate with a walker or cane as follows •Push off a chair or bed to come to a standing •Push off a chair or bed to come to a standing position. •Hold the cane walker on the hand grips for stability. •Lift the cane walker. Placing it in front of them while leaning their body slightly forward. Walk with the cane or walker. Supporting their body weight on their hands when advancing permitting partial weight bearing or non-weight bearing as prescribed •Balance themselves on their feet. •Lift the walker or cane. and place it in front them again. •Look up as they walk.	7/30/24
{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}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Daphne S. Williamson | Administrator | 11/20/24

Division of Health Service Regulation

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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 none of the six residents present in the house responded and evacuated at the time of the smoke detectors were activated. This is not compliant with the rule due to home being licensed for all ambulatory residents. Take the necessary steps to train the residents to respond and evacuate, without staff prompting or assistance, at anytime the smoke detectors are activated . The residents have to perform this task on their own for the home to maintain its ambulatory status.	{C 105}	The facility will re-assess and re-evaluate the ambulatory status of all residents. Any resident found to have decreased ambulatory status will be assessed by their physician. If residents are found incapable of the ability to ambulate and exit the facility independently, the administrator will notify DHSR and the facility will follow directives, Any resident unable to ambulate or found to be immobile will be discharged from the facility in accordance with applicable rules. All residents will be assessed upon admission to the facil ity to verify ambulation status as documented on residents' FL2 and admission papers. Any resident incapable of ambulating will not be admitted. In regards toSECTION .0300 - THE BUILDING 8/10/23 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (m)	7/29/24 and ongoing
{C 116}	Construction-Meet Sanitary Requirements SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (m) The building shall meet sanitation requirements as determined by the North Carolina Department of Environment and Natural Resources; Division of Environmental Health. This Rule is not met as evidenced by:	{C 116}	The staff was reminded of the location of all inspection reports. Fire Inspections and Sanitation reports are in the home file book located in the staff room. All additional inspections and reports will be placed in the Home File Book by the administrator or designee. The administrator will conduct routine audits quarterly to ensure the¥ ace rnaio1aioed i□the Horne file Baok	7/30/24 and ongoing

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{C 116}	Continued From page 2 1. The sanitation inspection for 2022 has not been conducted due to ongoing work on the septic system. Provide a current approved sanitation report as soon as all septic system work is approved and complete. *At the time of the follow-up survey an updated sanitation report was not on site for review. Take the proper steps to provide an updated sanitation report.	{C 116}	See attached sanitation report	
{C 149}	Outside Entrances/Exits-Handrails At Porches 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 there is no handrail on the inside of the ramp. This is not compliant with the rule. Take the proper steps to resolve the issue by installing a handrail to ensure residents have handrails on both sides of the ramp. To be compliant with the rule. *At the time of the survey this deficiency had not been corrected. 2.) At the time of the survey it was observed that the handrails do not extend all the way to the bottom of the ramp. This is not compliant with the rule. Take the proper steps to resolve the issue by extending the Guardrail to reach the end of the ramp. *At the time of the survey this deficiency had not been corrected. 3.) At the time of the survey it was observed that	{C 149}	In regards to 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. The property owner, Mr Reynolds was informed and shown the issues involving the rails. Mr. Reynolds is in the process of finding matching rail extension or having rails made. When they are found he will have them installed. 12/30/24 estimated date of installation. the facility staff and administrator will monitor the structure to ensure compliance.	7/30/24 and ongoing

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{C 149}	Continued From page 3 the small threshold ramp to the front door is too steep and has no protection on either side. This is not compliant with the rule. Please Install Guardrails on both sides of the door. *At the time of the survey this deficiency had not been corrected. 4.)At the time of the survey it was observed that the rear steps did not have a handrail at the inside of the stairs. The guard rails were disconnected and loose on both side steps. This is not compliant with the rule. Take the proper steps to resolve the issue by adding a handrail to the inside of the stairway and securing the guardrails. *At the time of the survey the deficiencies had not been corrected. 5.) At the time of the survey it was observed the transition at the top of the ramp to the platform was not smooth. This could cause a trip hazard. This is not compliant with the rule. Take the proper steps to resolve the issue by making a smooth transition between the ramp and the platform. *At the time of the survey this deficiency had not been corrected.	{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	{C 171}	In regards to SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN Staff was instructed to conduct fire drills at various times during the day. Drills are to occur in the morning, afternoon, evening and overnight. One overnight drill should be conducted at least once I every quarter.	7/30/24

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{C 171}	Continued From page 4 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 plans were not oriented on the walls properly. This is not compliant with the rule. Take the necessary steps to orient the plans so they match the layout of the house.	{C 171}	The evacuation plan was posted on the wall as well as placed in the Home File In regards to SECTION .0300 - THE BUILDING 1 0A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN	7/30/24 7/30/24
{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 facility was not conducting fire drills on the first and third shift. This is not compliant with the rule. *Fire drills were only being performed on 2nd shift. Take the proper steps to perform the fire drills on all 3 shifts. *At the time of the survey the deficiencies had not been addressed.	{C 172}	The facility will insure that all staff adheres to disaster plan and drill procedures. Residents will continue to participate in drills no less than once a month. The administrator will conduct random audits of fire rehearsed log to insure adherence to facility policy. Policy Interpretation and I implementation 1. Fire drills are required at leas· quarterly on each shift. 2. The purpose of the drill is to familiarize all personnel with emergency procedures and to practice the skills	
{C 174}	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE	{C 174}		

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{C 174}	Continued From page 5 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 windows in the bedrooms will not stay open. This is not compliant with the rule. Windows need to be repaired and or replaced to working order. *At the time of the survey this deficiency had not been corrected. 2.) At the time of the survey it was observed that there is a build up of lint behind the dryer. This is not compliant with the rule. Take the proper steps to clean debris behind the dryer and build a cleaning routine. *At the time of the survey this deficiency had not been corrected.	{C 174}	3. The drills are to focus on specific- tasks not routinely performed but critical to the safe management and evacuation of residents, visitors and staff in the event of a real fire. 4. Drills are serious and not to I be taken lightly. Professionalism is expected, and required. 5. Both residents and staff should be included in drill exercises. All facility employees on the premises at the time of a fire drill are required to participate and expected to follow all instructions issued. 6. The emphasis of a drill is to place an emphasis on orderly and safe evacuation procedures 7. rather than on the. duration of an evacuation. 8. Visitors on the premises during a fire drill are required to evacuate the premises. Visitors must follow all instructions issued by staff members. 9. All procedures are expected to be carried out "'live" and not "simulated".A post drill critique, staff] discussion/debrief shall be conducted .	
{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.	{C 180}		

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{C 180}	Continued From page 6 (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 call system was not active. The call system was capped off in the bedrooms and not working as intended. This is not compliant with the rule. Take the proper steps to install a working call system on site. *This deficiency has not been corrected.	{C 180}	The results of which will be documented on a standardized Fire Drill Report which shall include the following : o Date and Time of the drill o Date and Time of the drill o On which shift the drill was conducted o Staff Members present o Time for evacuation 10. Residents must exit the facility independently. No physical assistance or verbal prompts may be used to aid the resident's evacuation. Any resident unable to perform the evacuation process due to physical or mental defect will be discharged. See Attached Fire Drill Log In regards to SECTION .0300 - THE BUILDING 1 QA NCAC 13G .0317 BUILDING SERVICE EQUIPMENT see attached in regards toSECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (f) A call is system is in place and functioning.	7/30/24

Inspection of Residential Care Facilities

Establishment Name: SAFE HAVEN ADULT CARE HOMES

Establishment ID: 3079430272

Location Address: 165 GLENDALE DR.

Date: 09/16/2024 **Status Code:** A

City: EDEN **State:** North Carolina **Zip:** 27288

Time In: 2:56 PM **Time Out:** 4:05 PM

County: 79 Rockingham

⊗ **Inspection** ○ **Re-Inspection**

Licensee: SAFE HAVEN ADULT CARE HOMES

Telephone:

Number of Residents: 6

Wastewater System:

○ **Municipal / Community** ⊗ **Onsite**

Water Supply:

○ **Municipal / Community** ⊗ **Onsite**

Classification: ⊗ **Approved (40 or less demerits, and no 6-demerit item violated)** ○ **Disapproved (More than 40 demerits or 6-demerit item violat**

PHYSICAL FACILITIES: (.1607 & .1608)			
1.	Floors and carpets kept clean	2	0
	Floors and carpets in good repair	(1)	0
2.	Walls, ceilings, and attachments clean	2	0
	Walls, ceilings, and attachments in good repair	1	(0)
LIGHTING AND VENTILATION: (.1609)			
3.	Illumination of required spaces	2	0
4.	Ventilation equipment clean and in good repair	2	0
TOILET: HANDWASHING: AND BATHING FACILITIES: (.1610)			
5.	Facilities provided	5	0
6.	Facilities clean and in good repair	4	0
7.	Hand sink design	4	0
8.	Handwashing facilities properly equipped	4	0
WATER SUPPLY: (.1611)			
9.	Approved water supply (6-demerit item)	6	0
10.	No cross-connections	5	0
11.	Water availability, pressure, at required ranges	4	(0)
LIQUID WASTES: (.1613)			
12.	Approved sewage disposal (6-demerit item)	6	(0)
SOLID WASTES: (.1614)			
13.	Approved waste storage	2	0
14.	Containers covered, clean, and good repair	2	0
15.	Waste removal frequency	2	0
PEST CONTROL AND OUTDOOR PREMISES: (.1615)			
16.	Pest presence	(3)	0
17.	Prevention of harborage conditions; premises clean	2	0
18.	Outdoor furniture and playgrounds in good repair	2	0
CHEMICAL AND MEDICATION STORAGE: (.1616)			
19.	Storage and Use	4	0

BEDS: LINEN: LAUNDRY: FURNITURE: (.1617)			
20.	Furnishings clean	2	(
21.	Furnishings in good repair	2	(
22.	Bed linens provided and in good repair	(4)	
23.	Bed linens clean; cleaning frequency	4	
24.	Clean linen storage	3	(
25.	Laundry area and equipment kept clean and in good repair	3	
FOOD SERVICE UTENSILS AND EQUIPMENT: (.1618)			
26.	Utensils/equipment (except holding equipment) in good repair	3	(
27.	Utensils and equipment clean	4	
28.	Equipment non-food contact sides clean	2	(
29.	Utensil and equipment storage	2	
30.	Ware washing provisions	5	
31.	Food storage areas clean	3	
FOOD: (.1619)			
32.	Foods safe and approved sources	5	
FOOD PROTECTION: (.1620)			
33.	Food time and temperature control	5	
34.	Live pet prohibitions	3	
35.	Food holding equipment provided and in good repair	5	
36.	Temperature indicating device provided and accurate	2	
37.	Food storage	4	
EMPLOYEES: (.1621)			
38.	Handwashing method	4	
39.	Handwashing frequency	4	
40.	Proper use of restriction, exclusion, and reporting	3	
41.	Vomitus and diarrheal clean up supplies; written plan available	2	

Total Demerits: 8

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Fire Inspection

Comment Addendum to Inspection Report

Establishment Name: SAFE HAVEN ADULT CARE HOMES **Establishment ID:** 3079430272

Date: 09/16/2024 **Time In:** 2:56 PM **Time Out:** 4:05 PM

Observations and Corrective Actions

1b 15A NCAC 18A .1607 FLOORS All floors shall be kept in good repair.

In bedroom #1 the floor is damaged under the rug. There is tape on the floor in bedroom #3 and in the livingroom.

2b 15A NCAC 18A .1608 WALLS AND CEILINGS (a) The interior walls and ceilings, including doors, window, and window trim, shall be kept in good
repair. (b) Wall and ceiling attachments, such as light fixtures, fans, and vent covers, shall be kept in good repair.

There is slight wall damage in the hallway and by the light switch in bedroom #3. There is tape on a closet door in bedroom #3.

11 15A NCAC 18A .1611 WATER SUPPLY
(d) Residential care facilities shall provide water heating facilities. Hot and cold running water under pressure shall be provided to carry out all operations. Hot water shall be provided at temperatures between 105 degrees Fahrenheit and 116 degrees Fahrenheit at handwashing and bathing facilities.

The hot water in the kitchen was 132 F. Hot water above 120 F is a burn hazard.

12 15A NCAC 18A .1613 LIQUID WASTES
All sewage originating from the residential care facility shall be disposed by using a publicly operated sewage treatment plant or in a sewage disposal system that meets the requirements of Section .1900 of this Subchapter.

The vale box near the road is broken and needs a new lid.

16 15A NCAC 18A .1615 PEST CONTROL AND OUTDOOR PREMISES
(a) Pests shall not be present in a residential care facility.

EHS observed several dead cockroaches in cabintes and drawers. The owner stated that Advance Pest Control comes quartlerly.

20 15A NCAC 18A .1617 BEDS: LINEN: LAUNDRY: FURNITURE
(a) Furnishings, including furniture, curtains, draperies, and blinds, shall be kept clean. Mattresses shall be kept clean and dry.

There are stains on the rocking chair in bedroom #3, on the lift chair in the living room, and rust on the potty chair.

21 15A NCAC 18A .1617 BEDS: LINEN: LAUNDRY: FURNITURE
(a) Furnishings, including furniture, curtains, draperies, and blinds, shall be kept in good repair. Mattresses shall be kept in good repair.

The 2 chairs in bedroom #1 are worn and stained. There are missing drawer knobs in bedroom #3

22 15A NCAC 18A .1617 BEDS: LINEN: LAUNDRY: FURNITURE
(b) Bed linen in good repair shall be provided for each resident.

In bedroom #1, one of the pillows has a large tear and the bed spreads on both beds are worn with runs in the material.

26 15A NCAC 18A .1618 FOOD SERVICE UTENSILS AND EQUIPMENT
(a) All food service equipment and utensils shall be kept in good repair.

The microwave is peeling.

28 15A NCAC 18A .1618 FOOD SERVICE UTENSILS AND EQUIPMENT
(a) All food service equipment and utensils shall be kept clean.

In the kitchen 2 of the drawers on the right side of the dishwasher are dirty and need cleaning.

Additional Comments

Hot water Kitchen - 132 F
Air temperature Refrigerator - 36 F
Bathroom water 111-112 F

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01/15/2020 09:48 FAX

NAME OF FACILITY Safe Haven Assisted PERSON IN CHARGE [illegible]

STREET ADDRESS 165 Glendale Dr Eden 27288 PHONE # 336 [illegible] 623 07 91

CHECK YES or NO AS TO THE CONDITIONS IN THE HOME RELATING TO THE INSPECTION

		YES	NO	N/A
1.	Does the occupant utilize *listed* extension cords? These cords shall not be substituted for permanent wiring and must be used only for portable appliances.	☐	☐	☑
2.	Is a working, mounted fire extinguisher(s), rated 2-A: 10-B: C or larger, readily available in the residence?	☑	☐	☐
3.	Does a fire evacuation plan remain posted continually in a prominent location, and is visible to all residents and guests?	☑	☐	☐
4.	Does the home have a working telephone which functions without use of electrical power and emergency numbers posted within sight of the telephone?	☑	☐	☐
5.	Is there a working smoke alarm in the residence complying with the following? **(CHECK ONLY ONE)**			
	• Houses licensed prior to 1976 must have a battery or electric smoke alarm installed outside every sleeping area.	☐	☐	
	• Houses licensed 1976 – June 30, 1999, electric smoke alarms shall be placed outside sleeping areas as required by the code in effect at construction time.	☐	☐	
	• Houses licensed after June 30, 1999 must have smoke alarms in every sleeping room, outside bedrooms and other areas, interconnected as required in the N.C. Building Code.	☑	☐	
6.	Are double key dead bolts installed on any required egress doors? (If YES, these must be removed or changed out to a thumb latch.)	☐	☑	
7.	Do doors and windows in rooms used for sleeping open properly with little effort?	☑	☐	
8.	Are all hallways, doorways, entrances, ramps, steps, and corridors unobstructed, free of storage and readily accessible?	☑	☐	
9.	Are address numbers posted in a prominent exterior location and are they visible and legible?	☑	☐	
10.	If provided, the Fire Alarm System and/or Sprinkler System must be maintained, tested and inspected on annual basis by qualified and approved service personnel. Provide documentation.	☐	☑	

11. Designate Primary Heat Source Electric Secondary Heat Source (if applicable) _____

12. List any substandard components or hazards found which were not addressed above or which would require additional inspections: _____

DATE of INSPECTION 9-11-24 STATUS: Approved ☑ Not Approved ☐

FIRE INSPECTOR: (Signature) [signature] (Printed Name) Jeremy Shelton

PHONE NUMBER 336 634 3007 INSPECTION DEPT. RCFMO

LICENSEE'S (Signature) Carolyn Miller (Printed Name & Title) Carolyn Miller SFC

If Initial Licensure application must include the following information:

NC State Building Code (Code Section) _____ (Code Classification) _____

DHSR Inspector Name and Title _____ _____ Phone No. _____

Any item marked NO on this form will not necessarily result in a non-approval of this home, depending on the various applicable Licensure Regulations. However, any form marked Not Approved will result in non-approval until the items marked are corrected and verified approved by the local Official.

9-11-24

002

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