PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mailed to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Faxed to: (919) 733-6592

Emailed to: DHSR.Construction.Admin@dhhs.nc.gov
Attn: Kelly Myers

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction."

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by December 27, 2024. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by December 27, 2024. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Jeff Harms, Acting Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: https://info.ncdhhs.gov/dhsr/.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Kelly Myers

Kelly Myers
Architectural / Engineering Technician
DHSR – Construction Section

cc: DHSR – Adult Care Licensure Section
County Building Inspection Department – with attachment (via email only)
Cleveland County DSS – with attachment (via email only)

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
	FCL023007	A. BUILDING: 01 B. WING _____	04/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GORDON'S FAMILY CARE HOME	3727 RUBE SPANGLER ROAD LAWNDALE, NC 28090

(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 Survey on April 2, 2024 from 12:20 PM to 1:40 PM at the above referenced facility. DHSR records indicate the home was first licensed on July 23, 1982 as a Family Care Home for four (4) ambulatory Residents (able to respond and evacuate without physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: The 1977 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2005 Rules for Family Care Homes 10A NCAC 13G, and the 1978 (revision 4) North Carolina State Building Code - Section 409.1(g) - Small Residential Care Homes NOTES: 1.) At the time of the Virtual walk through and after review of our requested documentation provided by facility staff, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site staff during the exit interview or with the contact person listed on record for the facility after viewing the submitted documents and pictures prior to writing this report. 2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed along with your signed plan of correction.. The cited deficiencies are as follows:	C 000		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Jessie Gordon TITLE Administrator (X6) DATE 12/16/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL023007	A. BUILDING: 01 B. WING _____	04/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 142	Continued From page 1	C 142		
C 142	Corridor-Night Lights SECTION .0300 - THE BUILDING 10A NCAC 13G .0311 CORRIDOR (b) Corridors shall be lighted with night lights providing 1 foot-candle power at the floor. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there a corridor night light in the hallway that was not operating. This is not compliant with the rule. Take the necessary steps to repair or replace the corridor light.	C 142	1. Night Light have been Replaced. 5/5/24.	
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 kitchen counter GFCI to the right of the sink could not be reset. The receptacle on the left side of the sink was loose and not GFCI protected. This is not compliant with the rule. Take the necessary steps to repair or replace the receptacles.	C 174	1. The receptacle on the left have been tightened. The whole receptacle will be replaced by 12/30/24.	
C 126	Smoke and heat detectors C. The Home 5. Fire Safety Requirements:	C 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL023007	A. BUILDING: 01 B. WING _____	04/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 126	Continued From page 2 b. Provide automatic single station U.L. products of combustion type smoke detectors as determined by the Division of Facility Services and U.L. approved heat detectors in the attic and basement. All units must be operated by house current. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the attic was not accessible due to the limited space within a closet where the scuttle opening was located. This is not compliant with the rule. Take the necessary steps to provide documentation such as a picture of the heat detector in the attic. *A copy of the invoice was provided to show that 2 heat detectors were installed in the basement and attic by an alarm company. A heat detector was present for a visual inspectoin in the basement. 2. At the time of the survey it was observed that the pull station was not able to be tested due to not having a reset key on hand. This is not compliant with the rule. Take the necessary steps to have a key on site so that the pull station can be tested.	C 126	1. A picture of the heat detector in the attic will also be sent on the 12/30/24 2. A reset key is on hand for the ~~reset~~ pull station was in home. Also picture will be sent on 12/30/24	