

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092213	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 10/03/2024
NAME OF PROVIDER OR SUPPLIER VAL'S PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 MOREHEAD DRIVE RALEIGH, NC 27612		
(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 October 3, 2024, from 11:30 AM to 1:25 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}	Crawford Sprinkler Company arrived same day they determined that a previous power outage caused the alarm to malfunction when power was restored. They reset the power and the alarm. It sounded correctly when spray smoke was tested and when pull station by front door was pulled. The tech left instructions to make sure if a power outage should happen again, to flip each breaker off and then on one at a time rather than having all power restore at once. The administrator will be responsible for doing so in the future of any power outages and the SIC will notate the alarm functionality on each fire drill we perform quarterly.	10/03/2024
{C 169}	Fire Safety-Smoke Detectors SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of	{C 169}		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Iryna Martynyuk

Administrator

01/06/2024

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092213	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 10/03/2024
NAME OF PROVIDER OR SUPPLIER VAL'S PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 MOREHEAD DRIVE RALEIGH, NC 27612		
(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 169}	Continued From page 1 the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the fire alarm system did not sound when the pull station was pulled. The only audible sounds were a beeping at the fire panel at the front door and a faint sound that resembled a failing sounding device. This is not compliant with the rule. When the pull station is pulled, it should activate a centralized sounding device that will alert all residents and staff. Take the necessary steps to have a professional technician evaluate the system and repair as needed. 2. At the time of the survey it was observed that the smoke detectors were not interconnected. The smoke alarm sounded at the detector that was tested with Smoke Check spray. Though the alarm was loud in the room located in the left hallway, there was not a sounding device in a centralized area that would alert all residents and staff. This is not compliant with the rule. Take the necessary steps to have the system further evaluated by a professional technician or installer and repair as needed. NOTE: The provider called the company that services the system at the time of the survey to discuss the two items mentioned above. *This deficiency was previously cited during our July 17, 2024, biennial survey, take action to correct this deficiency. The provider contacted Crawford Sprinkler (installer) at the time of the survey. Crawford was scheduled to arrive the same day.	{C 169}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092213	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 10/03/2024
NAME OF PROVIDER OR SUPPLIER VAL'S PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 4910 MOREHEAD DRIVE RALEIGH, NC 27612		
(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	