

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL078120	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER HERITAGE CARE HOME OF DIALS #1		STREET ADDRESS, CITY, STATE, ZIP CODE 1685 CANAL ROAD PEMBROKE, NC 28372		
(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 May 16, 2024 from 8:30 AM until 9:30 AM. DHSR records indicate the home was first licensed on April 27, 2005 as a Family Care Home for six (6) Residents with up to three non-ambulatory residents (unable to respond and evacuate without any 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 1992 Rules 10A NCAC 13G for Family Care Homes, the applicable portions of the 2005 Rules for Family Care Homes 10A NCAC 13G, and the 2002 North Carolina State Building Code - Building Code - Section 421.3 - 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 168	Fire Extinguishers SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (a) Fire extinguishers shall be provided which	C 168		

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

TITLE

(X6) DATE

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C 168	Continued From page 1 meet these minimum requirements in a family care home: (1) one five pound or larger (net charge) "A-B-C" type centrally located; (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and (3) any other location as determined by the code enforcement official. 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 extinguishers. Per "NFPA 10, Standard for Portable Fire Extinguishers States" Portable fire extinguishers must be visually inspected monthly." The inspection should assure that: 1. Fire extinguishers are in their assigned place; 2. Fire extinguishers are not blocked or hidden; 3. Fire extinguishers are mounted in accordance with NFPA Standard No. 10 (Portable Fire Extinguishers); 4. Pressure gauges show adequate pressure (a CO2 extinguisher must be weighed to determine whether leakage has occurred); 5. Pin and seals are in place; 6. Fire extinguishers show no visual sign of damage or abuse; 7. Nozzles are free of blockage. Maintenance, inspection, and testing of an extinguisher are the responsibility of the employer. Maintenance should be done at least annually or more often if conditions warrant. The employer shall record the annual maintenance date and keep these records for one year after the recorded date or the life of the shell of the extinguisher.	C 168		

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C 169	Continued From page 2	C 169		
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 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 multiple smoke detectors were missing, in the hallway, bedroom #2, and the staff room. This is not compliant with the rule. Take the necessary steps to install hardwired, interconnected smoke detectors. *The facility was put on fire watch, and local fire officials were notified. 2.) At the time of the survey, it was observed that multiple smoke detectors were not properly interconnected. This is not compliant with the rule. Take the necessary steps to ensure when one smoke detector activates all smoke detectors in the facility activate.	C 169		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING	C 174		

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C 174	Continued From page 3 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 there were burned-out and missing bulbs in multiple locations of the house. This is not compliant with the rule. Take the necessary steps to replace the bulbs as needed. *This deficiency was previously cited during our 2022 biennial survey and action hasn't been taken to address the deficiency. 2.) At the time of the survey, it was observed that there was a broken windowpane in the front and middle bedroom. This is not compliant with the rule. Take the necessary steps to replace the broken glass. *This deficiency was previously cited during our 2022 biennial survey and action hasn't been taken to address the deficiency. 3.) At the time of the survey, it was observed that there were drop-offs at the front and rear patios that could cause a fall hazard. This is not compliant with the rule. Take the necessary steps to build up the grade in these areas so there is no drop-off. *This deficiency was previously cited during our 2022 biennial survey and action hasn't been taken to address the deficiency. 4.) At the time of the survey, it was observed that the living room and hallway had cracked tiles. this	C 174		

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C 174	Continued From page 4 is not compliant with the rule. Take the necessary steps to repair and or replace. 5.) At the time of the survey, it was observed that the hallway bathroom had a lock on the bathroom that could potentially lock clients out of the bathroom and or in. This is not compliant with the rule. take the necessary steps to install the locking mechanism in the proper orientation and or install a passage knob that latches as intended. 6.) At the time of the survey, it was observed that the hallway bathroom had multiple cracked tiles. This is not compliant with the rule. Take the necessary steps to repair and or replace. 7.) At the time of the survey, it was observed that bedroom #6 blinds were damaged. This could potentially affect the residents ' privacy. This is not compliant with the rule. Take the necessary steps to repair and or replace. 8.) At the time of the survey, it was observed that bedroom #6 vanity sink was not properly called. This is not compliant with the rule. Take the necessary steps to properly caulk the vanity sink. 9.) At the time of the survey, it was observed that bedroom #5 egress window was blocked by a window unit. This could potentially impede egress in a time of need. This is not compliant with the rule. Take the necessary steps to remove the window unit from any bedroom with only one egress window. 10.) At the time of the survey, it was observed that bedroom #1 blinds were damaged. This could potentially affect egress in a time of need. This is not compliant with the rule. Take the	C 174		

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C 174	Continued From page 5 necessary steps to repair and or replace. 11.) At the time of the survey, it was observed that the front bathroom water was spraying on the floor from the sink. This is not compliant with the rule. Take the necessary steps to repair and or replace the faucet and or sink to prevent water from spilling onto the floor. 12.) At the time of the survey, it was observed that the staff room had no globes on the light fixture. This is not compliant with the rule. Take the necessary steps to replace the globes on the light fixture. 14.) At the time of the survey, it was observed that the kitchen electrical outlet cover plates were cracked. This is not compliant with the rule. Take the necessary steps to replace the outlet covers. 15.) At the time of the survey, it was observed that the countertops were peeling and discolored. This is not compliant with the rule. Take the necessary steps to repair, and or replace components of the countertop to ensure it is maintaining its intended use for food sanitation.	C 174		
C 183	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the water heater storage closet was left unlocked. This is not compliant with the rule. Take the	C 183		

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C 183	Continued From page 6 necessary steps to ensure the outside storage closet is always locked unless in use. 2.) At the time of the survey, it was observed that the outside water heater closet had an open compartment on the bottom. This could potentially lead to electrical shock. This is not compliant with the rule. Take the necessary steps to secure the bottom compartment of the water heater. 3.) At the time of the survey, it was observed that the outside water heater closet had an infestation of ants. This is not compliant with the rule. Take the necessary steps to treat and remove ant mounts from the storage closet. 4.) At the time of the survey, it was observed that the front of the facility had debris of wood and a metal pipe. This is not compliant with the rule. Take the necessary steps to remove debris from the facility.	C 183		