

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL078121	(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 #2		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 9:30 AM to 10:15 AM at the above referenced facility. 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 (3) non ambulatory residents (unable 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 1992 Minimum Standards and Regulations 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 - Section 421.3 - Small 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 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 135	Bathroom-Hand Grips SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (e) Hand grips shall be installed at all commodes, tubs and showers used by the residents.	C 135		

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

TITLE

(X6) DATE

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C 135	Continued From page 1 This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the facility did not have hand grips on the tub in the hallway bathroom. This is not compliant with the rule. take the necessary steps to install a handgrip on the tub.	C 135		
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 front door did not have a single motion unlocking device. This is not compliant with the rule. Take the necessary steps to install the proper single motion unlocking door hardware. *This deficiency was previously cited during our 2022 biennial survey and action hasn't been taken to address the deficiency.	C 147		
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:	C 149		

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C 149	Continued From page 2 1. At the time of the survey it was observed that the rails for the front ramp did not extend the full length of the ramp. This is not compliant with the rule. Take the necessary steps to extend the handrails to the full length of the ramp. *This deficiency was previously cited during our 2022 biennial survey and action hasn't been taken to address the deficiency.	C 149		
C 168	Fire Extinguishers SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (a) Fire extinguishers shall be provided which 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	C 168		

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C 168	Continued From page 3 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		
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 are past the 10-year lifespan. Per NFPA 72 10.4.7 states " that	C 169		

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C 169	Continued From page 4 "Smoke Alarms", installed in one and two family dwellings "shall not remain in device for more than ten years from the date of manufacture". This is not compliant with the rule. Take the necessary steps to replace all smoke detectors in the facility that are past the 10-year lifespan and monitor the rest. 2.) At the time of the survey, it was observed that the facility had multiple beeping smoke detectors in the facility. This is not compliant with the rule. Take the necessary step stop repairing and or replace. 3.) At the time of the survey, it was observed that bedroom #1 smoke detector produced no sound. This is not compliant with the rule. take the necessary steps to repair and or replace. 4.) At the time of the survey, it was observed that bedroom #3 smoke detector is not interconnected. This 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 smoke detector in the staff bedroom was not working as intended. This is not compliant with the rule. Take the necessary steps to repair and or replace.	C 169		
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	C 174		

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C 174	Continued From page 5 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 throughout the facility were multiple cracked tiles. This is not compliant with the rule. Take the necessary steps to repair and or replace the tiles. 2.) At the time of the survey, it was observed that the dining light fixture had an open socket. This is not compliant with the rule. Take the necessary steps to ensure all open sockets have a bulb. 3.) At the time of the survey, it was observed that the countertop covering was peeling. This is not compliant with the rule. Take the necessary steps to repair and or replace it and ensure it is still maintaining food grade. 4.) At the time of the survey, it was observed that bedroom #1 attached bathroom door is not properly latching. This could potentially affect the privacy of the residents. This 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 bedroom #3 blinds were damaged. This could potentially affect the privacy of the residents. This is not compliant with the rule. Take the necessary steps to repair and or replace. 6.) At the time of the survey, it was observed that the bedroom #5 window is blocked by a dresser. This could potentially affect egress in a time of need. this is not compliant with the rule. Take the necessary steps to always ensure proper pathing to windows.	C 174		

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C 174	Continued From page 6 7.) At the time of the survey, it was observed that the bedroom #3 window was blocked by a dresser. This could potentially affect egress in a time of need. this is not compliant with the rule. Take the necessary steps to always ensure proper pathing to windows. 8.) At the time of the survey, it was observed that the cove base near the laundry room hallway was missing. This is not compliant with the rule. take the necessary steps to install cove basing.	C 174		
C 175	Heating Sys.-No Unvented or Portable Elec. SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (b) There shall be a central heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. Built-in electric heaters, if used, shall be installed or protected so as to avoid hazards to residents and room furnishings. Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 had a space heater. This is not compliant with the rule. Take the necessary steps to remove the space heater from the facility.	C 175		
C 183	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES	C 183		

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C 183	Continued From page 7 (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 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.	C 183		