

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL078122	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER HERITAGE CARE HOMES OF DIALS #3		STREET ADDRESS, CITY, STATE, ZIP CODE 70 CARE DRIVE 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 at the above referenced facility from 11:00 AM to 11:50 AM. DHSR records indicate the home was first licensed on August 16, 2006 as a Family Care Home for six (6) Residents with up to three (3) being non-ambulatory (un-able to respond and evacuate without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes, the 2006 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 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 meet these minimum requirements in a family	C 168		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL078122	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER HERITAGE CARE HOMES OF DIALS #3		STREET ADDRESS, CITY, STATE, ZIP CODE 70 CARE DRIVE 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 168	Continued From page 1 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		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL078122	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER HERITAGE CARE HOMES OF DIALS #3		STREET ADDRESS, CITY, STATE, ZIP CODE 70 CARE DRIVE 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 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 are past the 10-year lifespan. Per NFPA 72 10.4.7 states " that "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.	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		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL078122	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER HERITAGE CARE HOMES OF DIALS #3		STREET ADDRESS, CITY, STATE, ZIP CODE 70 CARE DRIVE 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 174	Continued From page 3 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 GFCI receptacles in the kitchen and bathrooms were not tripping when tested. This is not compliant with the rule. Take the necessary steps to have the receptacles repaired. *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 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. 3.) At the time of the survey, it was observed that bedroom #1 had an open socket on the light fixture. This could potentially lead to electrical shock. This is not compliant with the rule. Take the necessary steps to replace all open sockets with a light bulb. 4.) At the time of the survey, it was observed that bedroom #2 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 the blinds. 5.) At the time of the survey, it was observed that bedroom #3 egress was blocked by a chair. This could potentially impede egress in a time of need.	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL078122	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER HERITAGE CARE HOMES OF DIALS #3		STREET ADDRESS, CITY, STATE, ZIP CODE 70 CARE DRIVE 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 174	Continued From page 4 This is not compliant with the rule. Take the necessary steps to rearrange the room to ensure that a pathway is clear to the window at all times. 6.) At the time of the survey, it was observed that bedroom #4 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 the blinds. 7.) At the time of the survey, it was observed that bedroom #4 window was hard to open. This could potentially affect egress in a time of need. This is not compliant with the rule. Take the necessary steps to repair and or replace the window. 8.) At the time of the survey, it was observed that bedroom #5 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 the blinds. 9.) At the time of the survey, it was observed that bedroom #4 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 the blinds. 10.) At the time of the survey, it was observed that bedroom #4 window was hard to open. This could potentially affect egress in a time of need. This is not compliant with the rule. Take the necessary steps to repair and or replace the window.	C 174		