STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL-096056	A. BUILDING: **01** B. WING _____	**10/16/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LATTER DAYS LTC	**928 OLD SMITH CHAPEL ROAD MOUNT OLIVE, NC 28365**

(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 October 16, 2024 from 01:20 PM to 02:30 PM at the above referenced facility. DHSR records indicate the home was first licensed on November 05, 2022 as a Family Care Home for six (6) ambulatory Clients (Who are able 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 2005 Rules 10A NCAC 13G for Family Care Homes, and the 2018 North Carolina State Building Code - Section 428.2 - Small non-ambulatory care facilities. NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. 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 105	Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building	C 105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL-096056	A. BUILDING: **01** B. WING _____	**10/16/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LATTER DAYS LTC	**928 OLD SMITH CHAPEL ROAD MOUNT OLIVE, NC 28365**

(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 105	Continued From page 1 Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars ($380.00). (b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed/and stated from staff that there were non-ambulatory residents in the facility that required prompting and assistance to evacuate the house during an emergency. Per our records, there has been no change of ambulatory status request for the license. Take the necessary steps to relocate the non-ambulatory residents or submit a change of ambulatory status request to our licensure section. 2.) At the time of the survey, it was observed that the facility had 5 residents present in the residence. The residents did not respond when the smoke detectors were activated. This is not compliant with the rule due to the home being licensed for all ambulatory residents. Take the necessary steps to train the residents to respond and evacuate, without staff prompting or assistance, at any time the smoke detectors are activated. The residents must perform this task on their own for the home to maintain its ambulatory status.	C 105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL-096056	A. BUILDING: **01** B. WING _____	**10/16/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LATTER DAYS LTC	**928 OLD SMITH CHAPEL ROAD MOUNT OLIVE, NC 28365**

(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 105	Continued From page 2 3.) At the time of the survey, it was observed that the staff on site are not trained on how physical plant life safety tools work within the facility. This is not compliant with the rule. Take the necessary steps to provide training to all staff on how the physical plant life safety tools work.	C 105		
C 108	Existing Home Remodeling-Submit Plans SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (e) Any existing licensed home that plans to have new construction, remodeling or physical changes done to the facility shall have drawings submitted by the owner or his appointed representative to the Division of Health Service Regulation for review and approval prior to commencement of the work. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the facility was undergoing modifications without submitting plans to DHSR for approval. This is not compliant with the rule. Take the necessary steps to submit plans to DHSR and provide documentation from the local officials that permits were pulled.	C 108		
C 117	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which	C 117		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL-096056	A. BUILDING: **01** B. WING _____	**10/16/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LATTER DAYS LTC	**928 OLD SMITH CHAPEL ROAD MOUNT OLIVE, NC 28365**

(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 117	Continued From page 3 shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that the most recent sanitation inspection reports were not on site and available for review. This is not compliant with the rule. Take the necessary steps to provide the reports for review. Copies of said reports are to be kept on-site for periodic review by both Licensure and DHSR construction sections. 2.) At the time of the survey it was observed that the most recent Fire Drill reports were not on site and available for review. This is not compliant with the rule. Take the necessary steps to provide the reports for review. Copies of said reports are to be kept on-site for periodic review by both Licensure and DHSR construction sections.	C 117		
C 146	Outside Entrances/Exits-Ramp(s) SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (c) At least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the home has any resident that must have physical assistance with evacuation, the home shall have two outside entrances/exits at grade level or accessible by a ramp.	C 146		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL-096056	A. BUILDING: **01** B. WING _____	**10/16/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LATTER DAYS LTC	**928 OLD SMITH CHAPEL ROAD MOUNT OLIVE, NC 28365**

(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 146	Continued From page 4 This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the rear deck had a ramp coming off the rear door. The rear door height is approximately 5 inches, and the current ramp is less than 2 feet. This is not compliant with the rule. Take the necessary steps to install a platform and a ramp with a one-inch rise for every 12 inches of length of the ramp. That has a railing on both sides. 2.) At the time of the survey, it was observed that the rear ramp that extends to the driveway had a rise of 31 inches and a slope of 16 feet to a platform. The second portion of the ramp has a 16-inch rise and a slope of 14 feet. This is not compliant with the rule. Take the necessary steps to submit plans to DHSR on how the ramp will be altered to meet the rule of one-inch rise for every 12 inches of length of height of the ramp. 3.) At the time of the survey, it was observed that the rear ramp railing did not extend to the end of the ramp. This is not compliant with the rule. Take the necessary steps to extend the railing to the end of the ramp.	C 146		
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	C 168		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL-096056	A. BUILDING: **01** B. WING _____	**10/16/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LATTER DAYS LTC	**928 OLD SMITH CHAPEL ROAD MOUNT OLIVE, NC 28365**

(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 5 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. This is not compliant with the rule. Take the necessary steps to have the staff inspect the extinguishers once a month and date the tags accordingly to prevent the extinguisher from becoming damaged or losing its charge and being unusable in a time of need.	C 168		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL-096056	A. BUILDING: **01** B. WING _____	**10/16/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LATTER DAYS LTC	**928 OLD SMITH CHAPEL ROAD MOUNT OLIVE, NC 28365**

(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 6	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 the heat detector was missing in the attic. This is not compliant with the rule. Take the necessary steps to reinstall a 135 rate of rise, and provide documentation with photos that a second one was installed at the end of the attic to provide coverage. 2.) At the time of the survey, it was observed that the smoke detector in bedroom #4 and the hallway directly outside of bedroom #4 are not interconnected with the rest of the facility. This is not compliant with the rule. Take the necessary steps to ensure that all smoke detectors within the facility are active when one is activated.	C 169		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL-096056	A. BUILDING: **01** B. WING _____	**10/16/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LATTER DAYS LTC	**928 OLD SMITH CHAPEL ROAD MOUNT OLIVE, NC 28365**

(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 7 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 bedroom #3 attached bathroom door is not working as intended and is difficult to open. This is not compliant with the rule. Take the necessary steps to repair and/or replace the door to ensure that it operates as intended and latches. 2.) At the time of the survey, it was observed that in bedroom #3 attached bathroom both faucets are loose. This is not compliant with the rule. Take the necessary steps to tighten both faucets. 3.) At the time of the survey, it was observed that bedroom #3 attached bathroom the light fixture above the sink is missing a bulb. This could potentially lead to electrical shock. This is not compliant with the rule. Take the necessary steps to ensure that all light fixture sockets have bulbs installed. 4.) At the time of the survey, it was observed that bedroom #3 attached bathroom that GFCI is not working as intended. This is not compliant with the rule. Take the necessary steps to repair and/or replace the GFCI. 5.) At the time of the survey, it was observed that bedroom #3 attached bathroom Grab bar is loose. This is not compliant with the rule. Take the necessary steps to properly secure the grab	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL-096056	A. BUILDING: **01** B. WING _____	**10/16/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LATTER DAYS LTC	**928 OLD SMITH CHAPEL ROAD MOUNT OLIVE, NC 28365**

(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 8 bar. 6.) At the time of the survey, it was observed that the hallway bathroom near bedroom #2 had a loose grab bar. This is not compliant with the rule. Take the necessary steps to properly secure the grab bar. 7.) At the time of the survey, it was observed that the hallway bathroom near bedroom #2 the shower has multiple damaged components. This is not compliant with the rule. Take the necessary steps to repair the shower back to its original condition. 8.) At the time of the survey, it was observed that the hallway bathroom near bedroom #2 GFCI was not working as intended. This is not compliant with the rule. Take the necessary steps to repair and/or replace the GFCI. 9.) At the time of the survey, it was observed that the hallway bathroom near bedroom #2 had organic matter on the ceiling. This is not compliant with the rule. Take the necessary steps to find the root cause and repair. as well as patch, prep, and paint the ceiling. 10.) At the time of the survey, it was observed that the hallway bathroom near bedroom #2 mechanical exhaust is dirty. This is not compliant with the rule. Take the necessary steps to clean the mechanical exhaust 11.) At the time of the survey, it was observed that the water heater in the laundry room bottom panel was not properly attached. This could potentially lead to electrical shock. This is not compliant with the rule. Take the necessary steps to properly secure the bottom panel.	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL-096056	A. BUILDING: **01** B. WING _____	**10/16/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LATTER DAYS LTC	**928 OLD SMITH CHAPEL ROAD MOUNT OLIVE, NC 28365**

(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 9 12.) At the time of the survey, it was observed that the laundry room GFCI was not working as intended. This is not compliant with the rule. Take the necessary steps to repair the laundry room GFCI to work as intended. 13.) At the time of the survey, it was observed that the laundry room had a vinyl flexible duct installed. This is not compliant with the rule. Take the necessary steps to install a metal flex duct. 14.) At the time of the survey, it was observed the pantry light fixture was missing a globe. This is not compliant with the rule. Take the necessary steps to replace the light fixture globe in the pantry. 15.) At the time of the survey, it was observed that bedroom #1 curtains were falling. This is not compliant with the rule. Take the necessary steps to repair and/or replace. 16.) At the time of the survey, it was observed that the bathroom near the laundry mechanical vent was dirty. This is not compliant with the rule. Take the necessary steps to clean the mechanical exhaust. 17.) At the time of the survey, it was observed that the med closet was unlocked. This is not compliant with the rule. Take the necessary steps to ensure that the med closet is always locked when not in use. 18.) At the time of the survey, it was observed that the attic light fixture had an open socket. This is not compliant with the rule. Take the necessary steps to ensure the tall light fixtures have bulbs installed.	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL-096056	A. BUILDING: **01** B. WING _____	**10/16/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LATTER DAYS LTC	**928 OLD SMITH CHAPEL ROAD MOUNT OLIVE, NC 28365**

(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 10 19.) At the time of the survey, it was observed that in the attic the mechanical exhaust for bedroom #3 attached bathroom was not properly attached. This is not compliant with the rule. Take the necessary steps to properly attach the mechanical exhaust flex duct in the attic for bedroom #3 attached bathroom. 20.) At the time of the survey, it was observed that the breaker panel had a gap on the top and bottom parts of the breaker panel. This could potentially lead to electrical shock. This is not compliant with the rule. Take the necessary steps to close the gaps on the top and bottom of the panel. 21.) At the time of the survey, it was observed that the storage unit outside was not properly secured. This is not compliant with the rule. Take the necessary steps to ensure that the storage unit is always locked when not in use. 22.) At the time of the survey, it was observed that around the facility and on the storage unit multiple wasp nests are to be found. This is not compliant with the rule. Take the necessary steps to remove all wasp nests and monitor. 23.) At the time of the survey, it was observed that multiple crawl space doors around the facility were missing and/or not properly closed. This is not compliant with the rule. Take the necessary steps to install crawl space doors that stay secured on their own. 24.) At the time of the survey, it was observed that the resident's home had neglected gutters. This is not compliant with the rule. Take the necessary steps to clean out the gutters and build	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL-096056	A. BUILDING: **01** B. WING _____	**10/16/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LATTER DAYS LTC	**928 OLD SMITH CHAPEL ROAD MOUNT OLIVE, NC 28365**

(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 11 a preventative maintenance plan to ensure the gutters are cleaned regularly 25.) At the time of the survey, it was observed that the rear deck had a board that was no longer properly attached. This is not compliant with the rule. Take the necessary steps to properly secure the deck plank.	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 facility had two gas fire places. This is not compliant with the rule. Take the necessary steps to cap off both gas fire places. 2.) At the time of the survey, it was observed that the storage unit on the exterior had a space heater. This is not compliant with the rule. Take the necessary steps to remove the space heater from the property.	C 175		