STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL079031	A. BUILDING: **01** B. WING _____	R **02/06/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEVERLY RUCKER'S FAMILY CARE HOME	**1123 CRUTCHFIELD ROAD REIDSVILLE, NC 27320**

(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 attempted a Biennial Follow-up Survey on February 06, 2025 from 09:00 Am to 09:10 AM at the above-referenced facility. At the time of the survey, not all deficiencies were corrected therefore further action is required. Additional deficiencies were also observed. NOTES: Upon arrival at the facility at the agreed upon time with the provider (a phone call regarding inspection times was made the week prior with David Hickman and the provider), in conversation with the provider the day of the inspection the surveyor was informed that no one would be able to meet at the facility. This will be as No Show. Note: Pervious deficiencies from August 25, 2021 are carried over as they could not be verified.	{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 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,	{C 105}		

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{C 105}	Continued From page 1 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: 08/24/2021GH At the time of the follow up survey interviews with the staff and observation revealed there is a non-ambulatory resident in the facility. This is not compliant with the rule.	{C 105}		
{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 shall be maintained in the home and available for review. This Rule is not met as evidenced by: At the time of the survey it was observed that the facility did not have current fire and sanitation reports available for review. This is not compliant with the rule. 08/24/2021GH The above listed deficiency remains uncorrected. Note* This deficiency was also cited during the	{C 117}		

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{C 117}	Continued From page 2 06/07/2018 survey.	{C 117}		
{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 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 hall bathroom floor is very soft. This is not compliant with the rule. 08/24/2021GH The above listed deficiency remains uncorrected. *Note: The above listed deficiency was originally cited during the 06/07/2018 Biennial Survey and still remains. 2. At the time of the survey it was observed that the fire extinguisher in the kitchen is not properly mounted on the wall. This is not compliant with the rule. 08/24/2021GH The above listed deficiency remains uncorrected. *Note: The above listed deficiency was originally cited during the 06/07/2018 Biennial Survey and still remains. 05/20/2021GH	{C 174}		

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{C 174}	Continued From page 3 A. At the time of the survey it was observed that the GFCI receptacle to the left of the stove did not trip when tested. This is not compliant with the rule. 08/24/2021GH The above listed deficiency remains uncorrected. B. At the time of the survey it was observed that the door handle is falling off the bedroom door near the kitchen and the door will not latch. This is not compliant with the rule. 08/24/2021GH The above listed deficiency remains uncorrected. D. At the time of the survey it was observed that the floor in the hall is soft and spongy. This is not compliant with the rule. 08/24/2021GH The above listed deficiency remains uncorrected. *Note: New flooring has been installed but the substrate has not been repaired and the floor is still soft. 08/24/2021GH At the time of the follow up survey it was observed that the front storm window in the middle bedroom is broken. This is not compliant with the rule.	{C 174}		
{C 145}	Outside Entances/Exits-Handrails IV. The Building C. Physical Environment (10 NCAC 42C .2201) 8. Outside Entrances/Exits (10 NCAC 42C	{C 145}		

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{C 145}	Continued From page 4 .2209) f. All steps, porches, stoops and ramps must be provided with handrails and guardrails. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the ramp on the left side of the facility did not have a handrail on the wall side of the ramp. This is not compliant with the rule. 08/24/2021GH The above listed deficiency remains uncorrected. *Note: The above listed deficiency was originally cited during the 06/07/2018 Biennial Survey and still remains. 2. At the time of the survey it was observed that the rear steps coming off the screened in porch did not have a handrail on one side of the steps. This is not compliant with the rule. 08/24/2021GH The above listed deficiency remains uncorrected. *Note: The above listed deficiency was originally cited during the 06/07/2018 Biennial Survey and still remains.	{C 145}		