

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL051069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER THE ENCLAVE AT SILKGRASS		STREET ADDRESS, CITY, STATE, ZIP CODE 118 SILKGRASS WAY CLAYTON, NC 27527		
(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 March 27 2025 from 10:00 AM to 10:40 AM at the above referenced facility. DHSR records indicate the home was first licensed on September 9, 2019 as a Family Care Home for six non-ambulatory Residents (unable to evacuate and respond 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 and the 2012 North Carolina State Building Code - Section 425.4 - Small Non-Ambulatory 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 353	10A NCAC 13G .1006(b) Medication Storage 10A NCAC 13G .1006 Medication Storage (b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained in a safe manner under locked security except when under the immediate or direct physical	C 353		

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: FCL051069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER THE ENCLAVE AT SILKGRASS		STREET ADDRESS, CITY, STATE, ZIP CODE 118 SILKGRASS WAY CLAYTON, NC 27527		
(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 353	Continued From page 1 supervision of staff in charge of medication administration. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the medicine closet was not locked . This is not compliant with the rule. Take the necessary steps to ensure that the medicine closet is locked when not in use.	C 353		
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 staff office had a smoke detector that was beeping. This is not compliant with the rule. Take the necessary steps to replace the battery in the smoke detector. 2.) At the time of the survey, it was observed that bedroom #2 closet had 2 helium balloons next to the sprinkler head. This is not compliant with the rule. Take the necessary steps to ensure that objects are not blocking the sprinkler heads. 3.) At the time of the survey, it was observed that bedroom #3 windows are blocked by a headboard and a bookshelf. This is not compliant	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL051069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER THE ENCLAVE AT SILKGRASS		STREET ADDRESS, CITY, STATE, ZIP CODE 118 SILKGRASS WAY CLAYTON, NC 27527		
(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 2 with the rule. Take the necessary steps to ensure one window is not blocked by a fixture or a bed headboard. 4.) At the time of the survey, it was observed that the kitchen pantry light fixture was missing a globe. This is not compliant with the rule. Take the necessary steps to replace the globe on the light fixture. 5.) 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 a preventative maintenance plan to ensure the gutters are cleaned regularly	C 174		