STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL040006	A. BUILDING: **01** B. WING _____	R **04/15/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIE'S FAMILY CARE HOME	**1025 POPE FARM ROAD STANTONSBURG, NC 27883**

(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 follow-up Survey on April 15, 2024 from 10:50 AM until 11:45 AM at the above referenced facility. DHSR records indicate the home was first licensed on January 07, 2009 as a Family Care Home for Six Ambulatory Residents (able 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 2006 North Carolina State Building Code - Section 421.2 - Residential Care Homes. 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 113}	Construction-Door Width SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (j) The door width shall be a minimum of two feet and six inches in the kitchen, dining room, living rooms, bedrooms and bathrooms.	{C 113}		

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{C 113}	Continued From page 1 This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the bathroom door near the staff bedroom was approximately 28 inches wide. This is not compliant with the rule. Take the necessary steps to submit plans to DHSR on how the facility will alter said doorway to a minimum of two feet and six inches wide.	{C 113}		
{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. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the bathroom near the staff bedroom was missing grab bars. This is not compliant with the rule. Take the necessary steps to ensure that the toilet and shower both have hand grips to assist residents.	{C 135}		
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	C 146		

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C 146	Continued From page 2 with evacuation, the home shall have two outside entrances/exits at grade level or accessible by a ramp. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the ramp outside has been replaced, but does not meet the licensure rule above. This is not compliant with the rule. Take the necessary steps to alter said ramp to meet the licensure rule above, as well as extend handrails to the end of the ramp and ensure a smooth transition to grade. As well as providing the permit for the ramp, if one was not required provide such documentation from the local building official that one was not required to DHSR.	C 146		
{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 bedroom to the right of the hallway door was not latching as intended. This could potentially affect the privacy of the residents in said room. This is not compliant with the rule. Take the necessary steps to repair the door to work as intended.	{C 174}		

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{C 174}	Continued From page 3 2.) At the time of the survey, it was observed that the facility had multiple leaks throughout the facility having different stages of water spots in the ceiling. This is not compliant with the rule. Take the necessary steps to find the root cause, and repair and monitor for further leaks. New Deficiencies 3.) At the time of the survey, it was observed that the hallway door was not latching as intended. This is not compliant with the rule. Take the necessary steps to repair the door to latch as intended.	{C 174}		
{C 180}	Building Service Equipment-Call System SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (f) Where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of resident lying on his bed. (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 did not have a call system. This is not compliant with the rule. Take the necessary steps to meet licensure rule 10A NCAC 13G .0317 (f) "Where there is live-in staff in a family care home,	{C 180}		

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{C 180}	Continued From page 4 a hard-wired, electrically operated call system meeting the following requirements shall be provided: (1) the call system shall connect residents' bedrooms to the live-in staff bedroom; (2) when activated, the resident call shall activate a visual and audible signal in the live-in staff bedroom; (3) a resident call system activator shall be in residents' bedrooms at the resident's bed; (4) the resident call system activator shall be within reach of a resident lying on the bed; and (5) the resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff at the point of origin. " Per conversation with the provider at the facility they have a 3rd shift. Take the necessary steps to provide documentation that the policy and procedures have been updated and provide such documentation to DHSR Construction and Licensure for review. This deficiency was previously cited during our 2022 biennial survey and action hasn't been taken to address the deficiency.	{C 180}		
{C 007}	10A NCAC 13G .0206 Capacity 10A NCAC 13G .0206 Capacity (a) Pursuant to G.S. 131D-2(a)(5), family care homes have a capacity of two to six residents. (b) The total number of residents shall not exceed the number shown on the license. (c) A request for an increase in capacity by adding rooms, remodeling or without any building modifications shall be made to the county department of social services and submitted to the Division of Health Service Regulation, accompanied by two copies of blueprints or floor	{C 007}		

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{C 007}	Continued From page 5 plans. One plan showing the existing building with the current use of rooms and the second plan indicating the addition, remodeling or change in use of spaces showing the use of each room. If new construction, plans shall show how the addition will be tied into the existing building and all proposed changes in the structure. (d) When licensed homes increase their designed capacity by the addition to or remodeling of the existing physical plant, the entire home shall meet all current fire safety regulations. (e) The licensee or the licensee's designee shall notify the Division of Health Service Regulation if the overall evacuation capability of the residents changes from the evacuation capability listed on the homes license or of the addition of any non-resident that will be residing within the home. This information shall be submitted through the county department of social services and forwarded to the Construction Section of the Division of Health Service Regulation for review of any possible changes that may be required to the building. This Rule is not met as evidenced by: 1.) When the smoke detectors were tested in the area designated as the staff quarters; the smoke alarms were tested twice on this side of the home, it was observed that the staff had 2 children on site. Only one evacuated at the time of the fire drill. It was communicated at the time of the survey, that one of the children may have a hearing impairment. If needed the facility will	{C 007}		

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{C 007}	Continued From page 6 need to install a Strobe light, and a pillow shaker to help alert the staff's children of said event. Based on the home's license all occupants licensed capacity and others should be ambulatory meaning able to respond and evacuate without verbal or physical assistance in the event of a fire or other emergency event. If any of your current resident census or non-residents have either physical/cognitive impairments they will be considered non-ambulatory and deemed not in compliance with the rule. Take the necessary steps to train the residents and other occupants of the home to respond and evacuate at the sound of the home's smoke alarms and any residents that require physical or verbal prompting and or assistance need to be relocated to another facility to better accommodate their needs. Note: If the children or other family members on site are deemed non-ambulatory, this will place the home overcapacity and a violation of 10A NCAC 13G .0206 Capacity (a) and (e). This deficiency was previously cited during our 2022 biennial survey and action hasn't been taken to address the deficiency.	{C 007}		