FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	076-038	A. BUILDING 01 B. WING	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDNA'S PLACE	963 ROCKCLIFF TERRACE ASHEBORO, NC 27205

(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 Kelly Myers DHSR Construction Section conducted a Biennial Survey on March 27, 2025, from 12:40 PM to 2:00 PM at the above referenced facility. DHSR records indicate the home was first licensed on September 17, 2022 as a Family Care Home for six (6) non-ambulatory Residents (who are not able to respond and evacuate without 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 applicable portions of the 2018 North Carolina Building Code - Section 428.4 Small nonambulatory 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 170	Fire Safety-Any Other City Ordinances SECTION 0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (c) Any fire safety requirements required by city ordinances or county building inspectors shall be met.	C 170		

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C 170	Continued From page 1 This Rule is not met as evidenced by. 1. At the time of the survey it was observed that the smoke alarms and pull stations could not be tested due to the staff person present unfamiliar on the process of putting the system on test. This is not compliant with the rule. Take the necessary steps to train all staff on how to operate the fire system. *NOTE. Staff and provider etc. that are responsible for the safety of the clients and wellbeing must always be trained on the proper use of all Life-safety systems.	C 170	Correction: Security monitoring company had changed the vendor. The correct information has been posted and updated this correction took place on 4/4/25. Staff will all be trained on the system at the next staff meeting that will take place on Thursday 4/10/2025 No other areas would be affected by this The system will be tested monthly to assure that the company has not switched providers as well as to meet state requirements	
C 172	Fire Safety-Four Rehearsals SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved. This Rule is not met as evidenced by 1. At the time of the survey it was observed that the fire drill log indicated that the fire drills were not being conducted on all three shifts. This is not compliant with the rule. Take the necessary steps to conduct fire drills by activating the smoke alarms on 1st, 2nd and 3rd shifts quarterly with a description of how the drill was performed and the total time for evacuation from the home.	C 172	Correction: Each shift will be do a fire a drill, 1x a quarter. Staff has been notified and trained to put the system on test. The instructions have also been added to the fire alarm log to put the system on test. We will go over results of the evacuations and the staff meetings to assure that we are meeting this requirements. No other areas would be affected by this Correction on this will be completed on 4/9/2024 when 3rd shift will have a fire a drill	

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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 smoke alarms and pull stations could not be tested due to the staff person present unfamiliar on the process of putting the system on test. This is not compliant with the rule. Take the necessary steps to train all staff on how to operate the fire system. *NOTE: Staff and provider etc that are responsible for the safety of the clients and wellbeing must always be trained on the proper use of all Life-safety systems. 2. At the time of the survey it was observed that the exterior of the home had dirt and algae build up. This is not compliant with the rule. Take the necessary steps to routinely clean the exterior of the home.	C 174	Correction: Security monitoring company had changed the vendor. The correct information has been posted and updated this correction took place on 4/4/25. Staff will all be trained on the system at the next staff meeting that will take place on Thursday 4/10/2025 No other areas would be affected by this The system will be tested monthly to assure that the company has not switched providers as well as to meet state requirements Correction: The side of the house will undergo a cleaning by 5/1/25. This will become a yearly task to assure that we will not have any buildup in the future. Other areas that could be affected by this will also undergo a cleaning (the whole house will be washed)	