STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL058008	A. BUILDING: **01** B. WING _____	**04/08/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIELDS FOUNDATION	**1057 LAND-FIELDS LANE** **WILLIAMSTON, NC 27892**

(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 April 8, 2025, from 10:10 AM to 12:05 PM at the above referenced facility. DHSR records indicate the home was first licensed on December 29, 2005 as a Family Care Home for four ambulatory Residents (able to respond and evacuate without any physical or verbal assistance during a fire or other emergency.) The facility had an increase in capacity to six ambulatory Residents on April 29, 2008. 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 2002 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 on-site 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 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.	C 117		

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C 117	Continued From page 1 This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the most recent fire inspection and sanitation reports were not on site and available for review. This is not compliant with the rule. Take the necessary steps to have the inspections completed annually. These reports should be kept on site for periodic review and provide a copy of the current reports to DHSR construction section with the plan of correction.	C 117		
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 ceiling fan paddle blade was closer than 36 inches to the smoke detector in the front living room. This is not compliant with the rule. Take the necessary steps to remove the ceiling fans and replace with a light fixture or relocate the smoke detectors so that the end of the paddle blades are	C 169		

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C 169	Continued From page 2 not closer than 36 inches to the smoke detectors. 2. At the time of the survey it was observed that the smoke detector in bedroom 1 began chirping after the smoke detectors were tested. This is not compliant with the rule. Take the necessary steps to repair or replace the smoke detector. 3. At the time of the survey it was observed that all but three smoke detectors have been replaced which are older than 10 years. This is not compliant with the rule. Take the necessary steps to replace the three discolored smoke detectors (bedroom 3, hallway and activity room). NOTE: Smoke detectors should be replaced at a minimum of every 10 years.	C 169		
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 drills were being conducted but none have been conducted on what would be considered a third shift or while the residents are sleeping. This is not compliant with the rule. Take the necessary steps to conduct fire drills on all three shifts so	C 172		

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C 172	Continued From page 3 that residents are trained to respond to the smoke detectors sounding any time of the day or night. Residents should be able to evacuate the building within 8 minutes or less. NOTE: The rule requires a fire drill to be conducted on each shift per quarter.	C 172		
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 toilets were loose at the base. This is not compliant with the rule. Take the necessary steps to secure the toilets at the base to prevent the potential for a leak that has the potential for slipping on water. 2. At the time of the survey it was observed that the majority of the windows were dusty with some having organic growth. This is not compliant with the rule. Take the necessary steps to routinely clean the windows. 3. At the time of the survey it was observed that there was a burnt bulb in the activity room ceiling light fixture. This is not compliant with the rule. Take necessary steps to repair or replace the light fixture.	C 174		

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C 174	Continued From page 4 4. At the time of the survey it was observed that the window in bedroom 6 would not raise higher than 10 inches which could prevent emergency egress. This is not compliant with the rule. Take the necessary steps to repair the window. 5. At the time of the survey it was observed that there were three different sizes of unsecured oxygen tanks in bedroom 2 which could be a potential safety hazard. This is not compliant with the rule. Take the necessary steps to ensure that all oxygen tanks are properly stored and secured to prevent them from tipping over. 6. At the time of the survey it was observed that the majority of the downspouts were of a plastic material that had become brittle causing the downspouts to break apart. This is not compliant with the rule. Take the necessary steps to repair or replace all downspouts. 7. At the time of the survey it was observed that the exterior of the home had dirt and algae build up (ramp and siding). This is not compliant with the rule. Take the necessary steps to routinely clean the exterior of the home. 8. At the time of the survey it was observed that there was a rotting lower rail at the back deck and the handrail above was only secured with one screw. This is not compliant with the rule. Tak the necessary steps to repair or replace the rotting bottom rail and properly secure the handrail. 9. At the time of the survey it was observed that there was a deteriorating deck board and exposed raw wood at the back ramp. This is not compliant with the rule. Take the necessary steps to repair or replace the deck board and paint the exposed wood.	C 174		

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C 174	Continued From page 5 10. At the time of the survey it was observed that there was loose metal wrap and soffit at and above the back door. This is not compliant with the rule. Take the necessary steps to repair or replace the soffit and fascia. 11. At the time of the survey it was observed that there was a missing shingle at the right front roof. This is not compliant with the rule. Take the necessary steps to repair the roof. 12. At the time of the survey it was observed that the the home has a well for water supply which is not being used until water testing results are received. Water is being supplied to the home via a water hose running from the adjacent property. Per the provider, it has been apprixiamtely 2 months that the water has been provided via a water hose. This is not compliant with the rule. Take the necessary steps to provide water per NCSBC. Provide DHSR construction with copies of documentation of the water test report and compliance with NCSBC for potable water within the home.	C 174		

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C 174	Continued From page 6 9.	C 174		
C 177	Building Service Equipment-Hot Water SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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 water temperature was not within the required temperature range of 100 degrees Fahrenheit and 116 degrees Fahrenheit. The water temperature in the client bathrooms was 124 degrees Fahrenheit. This is not compliant with the rule. Take the necessary steps to repair or replace water heater. 2. At the time of the survey it was observed that the temperature pressure relief valve was dripping water which is an indication that there is a failure with the water heater and there was not a relief valve pipe that terminated no more than 6	C 177		

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C 177	Continued From page 7 inches from the floor. This is not compliant with the rule. Take the necessary steps to repair or replace the water heater. NOTE: The exterior of the water heater tank was rusted which could be a sign that the water tank is nearing its end of use.	C 177		
C 179	Building Service Equipment-Night Lights SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (e) All resident areas shall be well lighted for the safety and comfort of the residents. The minimum lighting required is: (3) 1 foot-candle power at the floor for corridors at night. (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 there was not a night light in the hallway. This is not compliant with the rule. Take the necessary steps to install night light equal to 1-foot candle. If a ceiling light is being used, it must be permanently disengaged so that it cannot be turned off.	C 179		