| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL036034 | A. BUILDING: 01<br>B. WING _____ | 04/08/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ST MARK'S ROAD CARE HOME | 1230 ST MARK'S CHURCH ROAD<br>CHERRYVILLE, NC 28021 |

| (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<br><br>Report by Jonathan Gamsey<br><br>DHSR Construction Section conducted a Biennial Survey on April 08, 2025 from 10:30 AM to 11:25 AM at the above referenced facility. DHSR records indicate the home was first licensed on October 27, 1997 as a Family Care Home for five (5) ambulatory residents (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 1992 Family Care Homes T10 42C, the applicable portions of the 2005 Rules for Family Care Homes 10A NCAC 13G, and the 1996 North Carolina State Building Code - Section 419.2 - Residential Care Homes.<br><br>NOTE:<br><br>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.<br><br>2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed.<br><br>The cited deficiencies are as follows: | C 000 | | |
| C 105 | Initial Licensure-Meet NCSBC<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0302 DESIGN AND CONSTRUCTION<br>(a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building | C 105 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL036034 | A. BUILDING: 01<br>B. WING _____ | 04/08/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ST MARK'S ROAD CARE HOME | 1230 ST MARK'S CHURCH ROAD<br>CHERRYVILLE, NC 28021 |

| (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 105 | Continued From page 1<br>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, 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).<br>(b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home.<br><br>This Rule is not met as evidenced by:<br>1.) At the time of the survey, it was communicated by staff that during fire drills they are prompting. This is not compliant with the rule due to the home being licensed for all ambulatory clients. Take the necessary steps to train the residents to respond and evacuate, without staff prompting or assistance, at any time the smoke detectors are activated. The residents must perform this task on their own for the home to maintain its ambulatory status.<br><br>2.) At the time of the survey, staff prompted reisdents during the fire drill. This is not compliant with the rule due to the home being licensed for all ambulatory clients. Take the necessary steps to train the residents to respond and evacuate, without staff prompting or assistance, at any time the smoke detectors are activated. The residents must perform this task on their own for the home to maintain its | C 105 | **4-10-25**<br>**All Residents and Staff In-serviced on Fire Drill** | 4-10-25 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL036034 | A. BUILDING: 01<br>B. WING _____ | 04/08/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ST MARK'S ROAD CARE HOME | 1230 ST MARK'S CHURCH ROAD<br>CHERRYVILLE, NC 28021 |

| (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 105 | Continued From page 2<br>ambulatory status.<br><br>3.) At the time of the survey, it was observed that the facility was not conducting fire drills on the third shift. This is not compliant with the rule. Take the proper steps to ensure fire drills are taking place during all shifts to help ensure the safety of the residents. | C 105 | **4-10-25**<br>**All Staff In-serviced on Fire Drill to be conducted by Shifts** | **4-10-25** |
| C 110 | Construction-Basement, Attic<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0302 DESIGN AND CONSTRUCTION<br>(g) The basement and the attic shall not to be used for storage or sleeping.<br><br>This Rule is not met as evidenced by:<br>1.) At the time of the survey, it was observed that the attic had storage. This is not compliant with the rule. Take the necessary steps to remove all storage from the attic. | C 110 | **All Storage in Attic will be removed** | **5-15-25** |
| C 146 | Outside Entrances/Exits-Ramp(s)<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS<br>(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 with evacuation, the home shall have two outside entrances/exits at grade level or accessible by a ramp. | C 146 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL036034 | A. BUILDING: 01<br>B. WING _____ | 04/08/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ST MARK'S ROAD CARE HOME | 1230 ST MARK'S CHURCH ROAD<br>CHERRYVILLE, NC 28021 |

| (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 146 | Continued From page 3<br><br>This Rule is not met as evidenced by:<br>1.) At the time of the survey, it was observed that the front and rear ramps did not have a smooth transition to grade. This is not compliant with the rule. Take the necessary steps to build up the grade to allow for a smooth transition. | C 146 | **Front&Rear ramp transitions will be installed** | **5-15-25** |
| C 147 | Outside Entrances/Exits-Single Hand Motion<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS<br>(d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled.<br><br>This Rule is not met as evidenced by:<br>1.) At the time of the survey, it was observed that all doors leading to the exterior were not in a single motion. This is not compliant with the rule. Take the necessary steps to change all door knobs to single-hand motion. | C 147 | **Any deadbolts will be removed All NEW single motion door knobs will be installed at all exits** | **5-15-25** |
| C 149 | Outside Entrances/Exits-Handrails At Porches<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS<br>(f) All steps, porches, stoops and ramps shall be provided with handrails and guardrails.<br><br>This Rule is not met as evidenced by:<br>1.) At the time of the survey, it was observed that the exterior side door on the right side of the | C 149 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL036034 | A. BUILDING: 01<br>B. WING _____ | 04/08/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ST MARK'S ROAD CARE HOME | 1230 ST MARK'S CHURCH ROAD<br>CHERRYVILLE, NC 28021 |

| (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 149 | Continued From page 4<br>facility had a step-down but did not have a grab bar. This is not compliant with the rule. Take the necessary steps to install a grab bar to provide assistance up and down the step. | C 149 | **New 18' grab bar will be installed** | **5-6-25** |
| C 174 | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT<br>(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.<br>(j) This Rule shall apply to new and existing family care homes.<br><br>This Rule is not met as evidenced by:<br>1.) At the time of the survey, it was observed that in the kitchen the oven exhaust light bulb was missing. This could potentially lead to electrical shock. This is not compliant with the rule. Take the necessary steps to install a light bulb.<br><br>2.) At the time of the survey, it was observed that in the kitchen the oven exhaust filter was dirty. This is not compliant with the rule. Take the necessary steps to clean or replace.<br><br>3.) At the time of the survey, it was observed that in the kitchen the oven exhaust ductwork has cloth tape on the joints of the ductwork. This is not compliant with the rule. Take the necessary steps to remove the cloth tape and replace it with metal tape.<br><br>4.) At the time of the survey, it was observed that the bedroom #1 window would not open as intended. This could potentially impede egress in | C 174 | **New Light Bulb installed**<br><br>**Kitchen exhaust Filter cleaned**<br><br>**Metal tape installed on ductwork joints** | **5-6-25**<br><br>**5-6-25**<br><br>**5-6-25** |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL036034 | A. BUILDING: 01<br>B. WING _____ | 04/08/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ST MARK'S ROAD CARE HOME | 1230 ST MARK'S CHURCH ROAD<br>CHERRYVILLE, NC 28021 |

| (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 5<br>a time of need. This is not compliant with the rule. Take the necessary steps to repair the window to open with ease and ensure it stays open on its own.<br><br>5.) At the time of the survey, it was observed that bedroom #2 had an attached bathroom. The mechanical exhaust in the bathroom is dirty. This is not compliant with the rule. Take the necessary steps to clean the mechanical exhaust.<br><br>6.) At the time of the survey, it was observed that bedroom #2 had an attached bathroom. The mechanical exhaust light fixture is not working. This is not compliant with the rule. Take the necessary steps to replace the bulb.<br><br>7.) At the time of the survey, it was observed that throughout the facility multiple areas had chipping textured ceiling paint. This is not compliant with the rule. Take the necessary steps to prep, patch, and repaint the textured ceiling.<br><br>8.) At the time of the survey, it was observed that the rear deck had multiple bollards that were loose. This is not compliant with the rule. Take the necessary steps to secure the bollards on the rear deck.<br><br>9.) At the time of the survey, it was observed that the rear deck railing was showing signs of rot. This is not compliant with the rule. Take the necessary steps to repair or replace the railing as needed.<br><br>10.) At the time of the survey, it was observed that multiple exterior windows were showing signs of rot on the window sills, missing caulk, or chipping paint. This is not compliant with the rule. Take the necessary steps to repair or replace the | C 174 | **Window will be repaired**<br><br>**Bathroom exhaust Fan cleaned**<br><br>**New Light Bulb/Fixture will be installed**<br><br>**Loose chipping textured Ceiling will be removed**<br><br>**All loose bollards have been properly secured**<br>**New deck top rails installed**<br><br>**Window sills will be new glazing installed if necessary & painted** | **5-15-25**<br><br>**5-6-25**<br><br>**5-15-25**<br><br>**6-28-25**<br><br>**5-6-25**<br><br>**6-23-25** |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL036034 | A. BUILDING: 01<br>B. WING _____ | 04/08/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ST MARK'S ROAD CARE HOME | 1230 ST MARK'S CHURCH ROAD<br>CHERRYVILLE, NC 28021 |

| (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 6<br>windows as needed.<br><br>11.) At the time of the survey, it was observed that the front gutter on the right side was no longer properly connected. This is not compliant with the rule. Take the necessary steps to reattach the gutter.<br><br>12.) At the time of the survey, it was observed that the front deck light fixture was missing a globe. This is not compliant with the rule. Take the necessary steps to install a new globe on the light fixture.<br><br>13.) At the time of the survey, it was observed that the front deck railing was no longer properly secured. This is not compliant with the rule. Take the necessary steps to properly secure the railing. | C 174 | **Front gutter reattached**<br><br>**Front deck fixture replaced** | 5-6-25<br><br>5-6-25 |
| C 180 | Building Service Equipment-Call System<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT<br>(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.<br>(j) This Rule shall apply to new and existing family care homes.<br><br>This Rule is not met as evidenced by:<br>1.) At the time of the survey, it was observed that | C 180 | **Front Deck railing has been properly secured** | 5-6-25 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL036034 | A. BUILDING: 01<br>B. WING _____ | 04/08/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ST MARK'S ROAD CARE HOME | 1230 ST MARK'S CHURCH ROAD<br>CHERRYVILLE, NC 28021 |

| (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 180 | Continued From page 7<br>the facility had sleeping staff but did not have a call system. This is not compliant with the rule. Take the necessary steps to install an electrically operated call system that 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 the resident lying on his bed. For any wireless system to be approved, the base unit must use the house power, must recognize when any of the activators stop providing a signal, and must function according to the intent of the Rules. | C 180 | **A new call system will be installed that staff has to reset bedside device to silence Staff bedroom annuicator this will be necessary to reset call system** | 6-23-25 |