STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL017024	A. BUILDING: **01** B. WING _____	**05/13/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
D & H FAMILY CARE HOME #2	**1143 YARBOROUGH ROAD MILTON, NC 27305**

(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 May 13, 2025 from 08:55 AM to 10:00 AM at the above referenced facility. DHSR records indicate the home was first licensed on January 20, 1995 as a Family Care Home for six ambulatory Residents (able to respond and evacuate 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 1992 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1991 (1994 revision) North Carolina State Building Code - Section 514.1 exception 1 - Residential 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 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 149	Outside Entrances/Exits-Handrails At Porches SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (f) All steps, porches, stoops and ramps shall be	C 149		

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C 149	Continued From page 1 provided with handrails and guardrails. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the front and rear ramps only have one handrail. This is not compliant with the rule. Take the necessary steps to install a handrail on both sides of the ramp. 2.) At the time of the survey, it was observed that the front ramp's existing handrail was loose. This is not compliant with the rule. Take the necessary steps to secure the handrail as intended.	C 149		
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. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the fire inspection report did not have a date indicating when the inspection took place. This is not compliant with the rule. Take the necessary steps to send an updated copy of the fire inspection to the DHSR Construction section.	C 170		
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	C 172		

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C 172	Continued From page 2 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 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. 2.) At the time of the survey, it was observed that none of the four residents present in the house responded and evacuated at the time the smoke detectors were activated. The Residents did not respond, and none of them evacuated during the 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 ambulatory status. 3.) At the time of the survey, it was observed that the facility is not performing the fire drills on 1st 2nd, and 3rd shift quarterly. This is not compliant with the rule. Take the necessary steps to perform the fire drills on 1st 2nd and 3rd shift quarterly.	C 172		

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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 bathroom on the left side of the facility had a GFCI next to the sink that no longer worked as intended. This is not compliant with the rule. Take the necessary steps to repair or replace. 2.) At the time of the survey, it was observed that the resident bedroom on the left side of the facility had a window that did not stay open on its own. This could potentially impede egress in a time of need. This is not compliant with the rule. Take the necessary steps to repair or replace the window to work as intended. 3.) At the time of the survey, it was observed that the smoke detector in the hallway was not interconnected with the other hallway smoke detector. This is not compliant with the rule. Take the necessary steps to repair the smoke detector so if one activates both do so.	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	C 180		

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C 180	Continued From page 4 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 call system does not have an audible bell to indicate if the call system is activated. This is not compliant with the rule. Take the necessary steps to repair or replace components so call system works as intended.	C 180		