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ALEXANDER COUNTY
DEPT. OF SOCIAL SERVICES

FaX

From: **Paula Jarrett, APS Social Worker III**
Direct office: 828-352-7660
Fax: 828-633-4598

To: Division of Health Service Regulation – Construction Section
NC Department of Health and Human Services

Attention: Zoe Pusic, Administrative Assistant

Fax 1-919-733-6592

Pages: (including this page) 7

Phone

Date: 04/15/2025

Re: Plan of Correction for Sarah's House

X Urgent **X For Review** **Please Comment** **Please Reply** **Please Recycle**

To

Comments: My contact information is 828-352-7660 office and email is pbyrd@alexandercountync.gov

Fax number is 828-633-4598 or you can email directly to me at email provided above.

Thank you,

April 15, 2025

Paula Jarrett, APS SW III

Phone: 828-352-7660

Paula Jarrett, Adult Protective Services SW III

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL002006	A. BUILDING: 01 B. WING _____	04/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SARAH'S HOUSE	21 COLLEGE ROAD EXTENSION TAYLORSVILLE, NC 28681

(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 1, 2025, from 12:55 PM to 2:05 PM at the above referenced facility. DHSR records indicate the home was first licensed on October 8, 2007 as a Family Care Home for six (6) ambulatory Residents (who are 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, 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 147	Outside Entrances/Exits-Single Hand Motion SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (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	C 147	Will repair and change to single hand motion by may 23rd.	

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C 147	Continued From page 1 removed or disabled. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the right-side entrance door lock required more than a single hand motion to open. This is not compliant with the rule. Take the necessary steps to install a single motion knob. 2. At the time of the survey it was observed that bedroom 3 has a sliding glass door in the room. The locking mechanism has been disengaged but a wood dowel is being used to prevent the door from opening. This is not compliant with the rule. Take the necessary steps to install a single motion mechanism that does not require special knowledge.	C 147	Will replace dowel, with a Mechanism for easy opening or operation by may 23rd.	
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:	C 169		

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C 169	Continued From page 2 1. At the time of the survey it was observed that there were three different smoke alarm systems. There is an interconnected hardwired system that is connected to a fire panel which is no longer working. Battery operated single station smoke alarms were installed to provide protection when the hard-wired system stopped working. Three of the single station smoke alarms were not working. The current system is a wireless system connected to ATD for monitoring. This is not compliant with the rule. This home was licensed under the 2002 NCSBC which requires the smoke alarm system to be hardwired and interconnected. Take the necessary steps to bring the hardwired system into compliance. Any smoke alarm that is present must operate as intended.	C 169	On the last annual visit by mr. Greenwood. He said by getting adt equipment would satisfy c169 code. So i invested in the system For 3,000 dollar. Iwill replace the battery on the install Battery alarms since they are up. Will contact a fire panel compamy probably unifour fire to see if they can repair old unit. By may 23rd.	
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 fire drills were being conducted but none have been conducted on what would be considered a third shift or while the clients are sleeping. This is not compliant with the rule. Take the necessary	C 172	I will began one rehearsal each month beginning this month. To satisfy this C172. Doing a rehearsal On a different shift.	

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C 172	Continued From page 3 steps to conduct fire drills on all three shifts so that clients are trained to respond to the smoke detectors sounding at any time of the day or night. Residents should be able to evacuate the building within 8 minutes or less without verbal prompting or assistance. NOTE: The rule requires a fire drill to be conducted on each shift per quarter. 2. At the time of the survey it was observed that there were two residents present for a live fire drill, and no one responded. The two residents stayed in their bedrooms. This is not compliant with the rule. Take the necessary steps to educate and train the residents to respond to a smoke alarm any time that it is activated. The license for this home is for ambulatory residents which means they should be able to evacuate without verbal or physical assistance in the event of a fire or other emergency.	C 172	As i start the fire rehearsal In april. A new training will be given to ensure each resident that is here will be aware of what to do. May 23rd	
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 staff bedroom windows were not able to be opened. This is not compliant with the rule. Take the necessary steps to ensure that all sleeping	C 174	Will make sure that windows in sic room will Be in operation by may 23rd.	

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C 174	Continued From page 4 rooms always have at least one operable window for emergency egress. 2. At the time of the survey it was observed that the exit route map does not identify the exit routes. This is not compliant with the rule. Take the necessary steps to identify the exit routes. 3. At the time of the survey it was observed that there was a burnt bulb in bedroom 4. This is not compliant with the rule. Take the necessary steps to replace all burnt bulbs. 4. At the time of the survey it was observed that the bedroom 2-bath vanity sink was not fully secure. This is not compliant with the rule. Take the necessary steps to repair or replace the vanity sink. 5. At the time of the survey it was observed that there is a missing waterproof electrical cover at the right-side entrance. This is not compliant with the rule. Take the necessary steps to repair. 6. At the time of the survey it was observed that the gutters were full of leaves and there were free debris in the roof valleys. This is not compliant with the rule. Take the necessary steps to routinely clean the gutters. 7. At the time of the survey it was observed that the exterior dryer cap and vent line were full of lint which is a potential fire hazard. This is not compliant with the rule. Take the necessary steps to routinely clean the lint from vent line and dryer cap. 8. At the time of the survey it was observed that there was a deteriorating fascia trim board where there is no paint on the left side. This is not	C 174	The map i have posted up shows all exits. I will send The one i have to you. Do not know why ,it is not in my file. Mr. Greenwood had the same problem with his plan map. By may 23rd. 3. The bulb have been replaced. Will check all bulbs monthly to ensure compliance. By may 23rd.	

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C 174	Continued From page 5 compliant with the rule. Take the necessary steps to repair or replace. 9. At the time of the survey it was observed that there was an incomplete gutter installation on the left side with an open end. This is not compliant with the rule. Take the necessary steps to repair the gutter.	C 174	Will have the sink Repaired by may 23rd.also all debris from roof will get cleaned. Gutters with downspouts Will be repaired and new wood to replace old. Dryer Vent is cleaned out. Will check monthly to make sure It is cleaned. Will place outlet cover on the outlet outside of entrance by may 23rd. By bobby abbott, administration 4/15/25	