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
	FCL001144	A. BUILDING 01 B. WING _____	12/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B AND N FAMILY CARE HOME	301 HOMEWOOD AVENUE BURLINGTON, NC 27217

(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 December 11, 2024, from 10:15 AM to12:45 PM at the above referenced facility. DHSR records indicate the home was first licensed on October 1, 1970. Licensure rules at that time only allowed for a maximum of five residents. Effective February 1, 1983, the building code was amended to allow for a maximum of six all ambulatory residents. This facility is currently licensed as a Family Care Home for six (6) ambulatory Residents (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 1984 Family Care Homes Minimum Standards and Regulations, the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, the 1978 Rev 5 North Carolina State Building Code - Section 409.1(g) - 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 onsite staff during the exit interview. There were previous deficiencies that were not closed out from an open biennial survey, these deficiencies were brought forward from the previous survey. 2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed.	C 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: OWNER | (X6) DATE: 02/25/2025

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C 000	Continued From page 1 The cited deficiencies are as follows:	C 000	PENDING IDR ALREADY SUBMITTED	12/10/2024
C 123	Dining Room SECTION .0300 - THE BUILDING 10A NCAC 13G .0306 DINING ROOM (a) Family care homes licensed on or after April 1, 1984 shall have a dining room or area of at least 120 square feet. The dining room may be used for other activities during the day. (b) When the dining area is used in combination with a kitchen, an area five feet wide shall be allowed as work space in front of the kitchen work areas. The work space shall not be used as the dining area. (c) The dining room shall have operable windows and be lighted to provide 30 foot candles of light at floor level. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the dining room area provided only had approximately 90 square feet. This is not compliant with the rule. Take the necessary steps to provide the necessary 120 square feet for the dining room. *This deficiency was previously cited during our January 13, 2022, biennial survey, take action to correct this deficiency.	C 123		
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	C 169		

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C 169	Continued From page 2 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 there was a resident with hearing impairment residing in the home with no pillow shaker or smoke alarm strobes in the room or common areas. There is a pull station strobe in the resident bedroom and in the hallway, however, these strobes are only activated if the pull station is activated. This is not compliant with the rule. Take the necessary steps to install smoke detectors that have both strobe light and sound alarm in the resident bedroom and common area. These must be interconnected to the residential smoke alarms. A pillow shaker must be provided and must activate any time the smoke alarm is activated.	C 169	ALL UPGRADES TO SMOKE ALARM SYSTEM WILL BE COMPLETED	03/15/2025
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	C 170		

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C 170	Continued From page 3 the kitchen had paneled walls which were recently painted per a conversation with the staff person and maintenance worker present. Any time the paneled walls are painted, they must be treated with fire-retardant paint. Painting over fire retardant paint with regular paint voids the fire-retardant properties. This is not compliant with the rule. Take the necessary steps to provide receipts and photos of the product used as documentation with the Plan of Correction that the kitchen walls have a Class C fire retardant protection. NOTE: Interior Finish - Must meet Class C or greater - Flame spread classification of not greater than 200 and smoke density of no greater than 450. This means that wood paneling in a single family home, must be treated with fire retardant paint unless documentation is provided verifying the Class C rating. (We are accepting mill lumber paneling with no varnish finish as acceptable).	C 170	FIRE RETARDANT PAINT APPLIED.	02/10/25
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:	C 172		

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C 172	Continued From page 4 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. This is not compliant with the rule. Take the necessary steps to conduct fire drills on all three shifts so that residents 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.	C 172	3RD SHIFT FIRE DRILLS HAVE BEEN ADDED.	02/28/25
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 there are two kitchen countertop GFCI protected receptacles. The one on the left is grounded and the one on the right is not grounded and can receive a three-prong plug. This is not compliant with the rule. Take the necessary steps to provide a ground wire at the right receptacle or identify the receptacle as GFCI protected/no ground present. 2. At the time of the survey it was observed that the hallway ceiling light globe was missing. This is not compliant with the rule. Take the necessary steps to repair or replace the fixture.	C 174	1. RECEPTACLES REPLACED 2. GLOBE REPLACED	1-16 02/28/25

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C 174	Continued From page 5 3. At the time of the survey it was observed that the hall bath #1 had several deficiencies that are not compliant with the rule. Take the necessary steps to correct the following deficiencies. A) There were burnt bulbs at the ceiling and vanity light fixtures B) The bath exhaust cover was dusty C) The toilet was loose at the base D) The tile flooring was slippery around the toilet. 4. At the time of the survey it was observed that there were multiple damaged window blinds. This is not compliant with the rule. Take the necessary steps to replace all damage blind to provide privacy for the residents and staff. 5. At the time of the survey it was observed that bedroom #1 had a torn window screen. This is not compliant with the rule. Take the necessary steps to repair or replace. 6. At the time of the survey it was observed that bedroom #2 had Christmas lights plugged in and passed through the window opening, which is a safety hazard and prevents the window from being secured. This is not compliant with the rule. Take the necessary steps to remove the Christmas lights from passing through the window opening. 7. At the time of the survey it was observed that there was clothing behind the washing machine. This is not compliant with the rule. Take the necessary steps to clean behind the washer and dryer routinely. 8. At the time of the survey it was observed that bedroom #3 had a locked closet and there was not a key on site. This is not compliant with the rule. Take the necessary steps to always have a	C 174	3. ALL REPAIRS FIXED 4. REPLACED WITH NEW BLINDS 5. SCREEN REPLACED 6.LIGHTS REMOVED 7. LAUNDRY ROOM CLEANED 8. LOCK REMOVED	

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C 174	Continued From page 6 key on site for all doors that can be locked. 9. At the time of the survey it was observed that the unlocked closet in bedroom #3 had a pull chain ceramic light fixture that was missing the pull chain and the lightbulb. This is not compliant with the rule. Take the necessary steps to repair or replace the fixture. 10. At the time of the survey it was observed that the water heater was not accessible due to new flooring being installed in the kitchen which prevents the bifold door from opening. This is not compliant with the rule. Take the necessary steps to correct this deficiency so that the water heater is accessible. 11. At the time of the survey it was observed that the back left deck had deteriorating handrails at the steps, chipping paint on the deck boards and 2 empty oxygen tanks. This is not compliant with the rule. Take the necessary steps to correct these deficiencies. 12. At the time of the survey it was observed that the back right steps had missing and chipping paint at the handrails, deck/stair tread boards. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 13. At the time of the survey it was observed that the ramp at the front entrance is slippery when wet, which is a potential fall hazard. This is not compliant with the rule. Take the necessary step to provide a non-slip material on the ramp. 14. At the time of the survey it was observed that the exterior dryer cap damper was stuck in the open position. This is not compliant with the rule. Take the necessary steps to repair or replace the	C 174	9. FIXTURE REPLACED 10. NECESSARY REPAIRS WER COMPLETED. 11. REPAIRS COMPLETED. TANKS REMOVED. 12. REPAIRS COMPLETE 13. REPAIRS COMPLETED 14. REPAIRS COMPLETE	

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C 174	Continued From page 7 dryer cap to prevent the potential of pests entering the home. 15. At the time of the survey it was observed that there was an overgrown shrub against the house at the back right corner. This is not compliant with the rule. Take the necessary steps to control the overgrowth of all shrubs. 16. At the time of the survey it was observed that the front left porch gutter was damaged. This is not compliant with the rule. Take the necessary steps to repair or replace.	C 174	15. SHRUB TRIMMED 16. REPAIR COMPLETE	