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 _____	R **06/10/2025**

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 Follow-up Survey on June 10, 2025, from 8:50 AM to 10:00 AM at the above referenced facility. At the time of the survey not all of the previously cited deficiencies were corrected therefore further action is required. New deficiencies were also noted at the time of the survey. 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 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. 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 removed or disabled. This Rule is not met as evidenced by:	{C 147}		

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{C 147}	Continued From page 1 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. *This deficiency was previously cited during our April 1, 2025, biennial survey, take action to correct this deficiency.	{C 147}		
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: 20250610- NEW DEFICIENCIES 1. At the time of the survey it was observed that all of the smoke detector were working but there was a notification symbol on the key pad for the hardwired system. This is not compliant with the rule. Take the necessary steps to have the system serviced and repaired.	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 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	{C 172}		

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{C 172}	Continued From page 2 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 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. *This deficiency was previously cited during our April 1, 2025, biennial survey, take action to correct this deficiency. 2. At the time of the survey it was observed that there were three residents present for a live fire drill, and only two responded. One resident stayed in his bedroom and required verbal prompting. 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. *This deficiency was previously cited during our April 1, 2025, biennial survey, take action to correct this deficiency.	{C 172}		