| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL013047 | A. BUILDING: **01**<br>B. WING _____ | **06/17/2025** |

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| **SUBURBAN GUARDIANSHIP** | **1061 UNION STREET SOUTH CONCORD, NC 28025** |

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| C 000 | Initial Comments<br><br>Report by Kelly Myers<br><br>DHSR Construction Section conducted a Biennial Survey on June 17, 2025, from 8:55 AM to 10:25 AM at the above referenced facility. DHSR records indicate the home was first licensed on January 09, 2018 as a Family Care Home for six (6) ambulatory Residents (able to respond and evacuate without any 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 2005 Rules 10A NCAC 13G for Family Care Homes and the applicable portions of the 2025 Rules 10A NCAC 13G and the 2012 North Carolina Building Code - Section 425.2 - Residential Care Homes<br><br>NOTES:<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 027 | 10A NCAC 13G .0302 (g) Attic/basement storage Design And Constructio<br><br>10A NCAC 13G .0302 Design And Construction<br><br>(g) The basement and the attic shall not to be used for storage or sleeping. | C 027 | | |

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| C 027 | Continued From page 1<br><br>This Rule is not met as evidenced by:<br>1. At the time of the survey it was observed that the basement area was being used for storage of items and some of the area was being used for training for the staff. The basement area only has a ceiling height of 7 feet, which is less than the required headroom clearance of 7 feet 6 inches required by the family care home rules. Based on these issues and based on the home not having an addressable fire alarm system, the basement area needs to be cleaned out of all storage and usable training items and all areas of the plumbing systems need to be capped off properly(bathroom fixtures and the sink in the training room.). Any storage items in the attic area need to be removed as well. (10A NCAC 13G .0302 [(f) (4)] (g) (h)Design And Construction)<br>*This deficiency was previously cited during our September 14, 2022, biennial survey, take action to correct this deficiency. | C 027 | | |
| C 034 | 10A NCAC 13G .0302 (n) Fire/Sanitation reports Design and Constructi<br><br>10A NCAC 13G .0302 Design and Construction<br><br>(n) The facility shall maintain and have available for review current sanitation and fire safety inspection reports. | C 034 | | |

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| C 034 | Continued From page 2<br><br>This Rule is not met as evidenced by:<br>1. At the time of the survey it was observed that the most recent fire inspection report was not on site and available for review. This is not compliant with the rule. Take the necessary steps to have a copy of the fire report on site for periodic review and provide a copy of the current report to DHSR construction section with the plan of correction. | C 034 | | |
| C 102 | 10A NCAC 13G .0317 (a) Maintenance Building Service Equipment<br><br>10A NCAC 13G .0317 Building Service Equipment<br><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><br>This Rule is not met as evidenced by:<br>1. At the time of the survey it was observed that the hall bathroom door would not latch, and the switch plate cover was broken. This is not compliant with the rule. Take the necessary steps to correct these deficiencies.<br><br>2. At the time of the survey it was observed the back-right bedroom door was sticking at the top of the door. This is not compliant with the rule. Take the necessary steps to repair or replace the door. | C 102 | | |

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| C 102 | Continued From page 3<br><br>3. At the time of the survey it was observed that there was an extension cord attached to the floor joist in the basement. This is not compliant with the rule. Take the necessary steps to remove the extension cord.<br><br>4. At the time of the survey it was observed that there was a water fixture in the basement in the far-right room that had a receptacle within 6 feet of the sink that was not GFCI protected. There are two receptacles at this sink and one that is in a locked bathroom that has an open ground. This is not compliant with the rule. Take the necessary steps to repair the receptacles and if no ground wire is present, a sticker must be placed on each receptacle indicating that they are GFCI protected with no ground present.<br><br>5. At the time of the survey it was observed that the front ramp handrails had deteriorated. This is not compliant with the rule. Take the necessary steps to repair or replace the deteriorating handrails.<br><br>6. At the time of the survey it was observed that the front left ramp had a loose transition strip at the top platform which is a potential trip hazard. This is not compliant with the rule. Take the necessary steps to secure the transition strip.<br><br>7. At the time of the survey it was observed that there was an unsecured electrical box with a duplex receptacle with unprotected wiring in the garage. This is not compliant with the rule. Take the necessary steps to repair or remove the electrical box. | C 102 | | |

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| C 116 | Continued From page 4 | C 116 | | |
| C 116 | 10A NCAC 13G .0316 (b) Smoke detectors Fire Safety<br><br>10A NCAC 13G .0316 Fire Safety and Emergency Preparedness Plan<br><br>(b) The facility shall be provided with smoke detectors in locations as required by the North Carolina State Building Code: Residential Code. Additionally, facilities governed by the North Carolina State Building Code: Building Code, Licensed Residential Care Facilities Section shall be provided with smoke detectors in locations as required by that Section. All smoke detectors in the facility shall be hard-wired, interconnected, and provided with battery backup. Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. At the time of the survey it was observed that the heat detectors were interconnected with the smoke detectors. This is not compliant with the rule. Take the necessary steps to wire the heat detectors on a dedicated circuit.<br>*This deficiency was previously cited during our September 14, 2022, biennial survey, take action to correct this deficiency.<br><br>2. At the time of the survey it was observed that the detector installed in the basement area was a heat detector. This is not compliant with the rule. | C 116 | | |

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| C 116 | Continued From page 5<br>Take the necessary steps to install an interconnected smoke detector in the basement.<br>*This deficiency was previously cited during our September 14, 2022, biennial survey, take action to correct this deficiency. | C 116 | | |
| C 120 | 10A NCAC 13G .0316 (f) Fire drills Fire Safety<br><br>10A NCAC 13G .0316 Fire Safety and Emergency Preparedness Plan<br><br>(f) There shall be at least four unannounced fire drills of the fire evacuation plan every year on each shift. For the purpose of this Rule, a fire drill is the method of practicing how occupants of the facility shall evacuate in the event of a fire or other emergency. Documentation of the fire drills shall be maintained by the administrator or their designee in the facility and be made available upon request to the Division of Health Service Regulation, county department of social services, and the local fire code enforcement official. The documentation shall include the date and time of the fire drill, the shift, the names of staff members present, and a short description of drill. Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>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 | C 120 | | |

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| C 120 | Continued From page 6<br>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 without verbal prompting or assistance. | C 120 | | |