From: A G
To: SVC_DHHS.DHSR.Construction.Admin; Myers, Kelly E
Subject: [External] Parkers Family Care Home/ Caswell Co
Date: Thursday, June 5, 2025 6:03:45 PM
Attachments: 20250605175224_001.pdf

Please see attachment with all work completed .
Looks like I forgot to put the dates off to the side but I had already completed the work before receiving the form let me know if you need dates.

Alfreda Graves
3362663320

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
	FCL017042	A. BUILDING: 01 B. WING _____	04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER'S FAMILY CARE HOME	10123 WADE DEAD ROAD CEDAR GROVE, NC 27231

(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 15, 2025, from 9:15 AM to 11:00 AM at the above referenced facility. DHSR records indicate the home was first licensed on November 01, 1987 as a Family Care Home for six (6) ambulatory Residents (able to respond and evacuate without 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 1987 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2005 Rules for Family Care Homes 10A NCAC 13G, and the 1978 (Rev8) North Carolina State Building Code - Section 409.1g - 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 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	C 169		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Administrator 6/5/25

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
	FCL017042	A. BUILDING: 01 B. WING _____	04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER'S FAMILY CARE HOME	10123 WADE DEAD ROAD CEDAR GROVE, NC 27231

(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 169	Continued From page 1 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: 1. At the time of the survey it was observed that the smoked detector in the living room had a loose electrical box. This is not compliant with the rule. Take the necessary steps to repair or replace the electrical box. 2. At the time of the survey it was observed that the smoke detector in the living room did not activate when tested and did not appear to have power to the device. This is not compliant with the rule. Take the necessary steps to repair or replace the smoke detector. NOTE: At the time of the survey it was observed that the living room smoke detector had a mfg date of 2015. Smoke detectors should be replaced every 10 years per NFPA 72.	C 169	Repair loose electrical box	
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	C 170	Replaced all Smoke detectors & interconnected Reconnected heat detector with new heat detector & wires moved to center of house	

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
	FCL017042	A. BUILDING: 01 B. WING _____	04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER'S FAMILY CARE HOME	10123 WADE DEAD ROAD CEDAR GROVE, NC 27231

(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 170	Continued From page 2 met. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the one heat detector in the attic was not installed per manufacturer requirements and was not connected to a dedicated power source. This is not compliant with the rule. Take the necessary steps to install the heat detector(s) per the manufacturers instructions.	C 170	Replaced & connected Heat detector	
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 in the fire drill logs that fire drills were not being conducted on the 3rd shift while the residents are sleeping. This is not compliant with the rule. Take the necessary steps to conduct fire drills on all three shifts.	C 172	Added in a later time other than 8pm Fire drills all have All shifts but added a late time & a slightly earlier morning	
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL017042	A. BUILDING: 01 B. WING _____	04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER'S FAMILY CARE HOME	10123 WADE DEAD ROAD CEDAR GROVE, NC 27231

(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 174	Continued From page 3 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 side window blind was damaged in the left bedroom. This is not compliant with the rule. Take the necessary steps to replace the window blind. 2. At the time of the survey it was observed that the ceiling fan wobbles at the base. and is not flush with the ceiling. This is not compliant with the rule. Take the necessary steps to confirm that a ceiling fan mounting box is present and secure. 3. At the time of the survey it was observed that there was a damaged electrical cover that was damaged at the kitchen countertop. This is not compliant with the rule. Take the necessary steps to replace the electrical cover. 4. At the time of the survey it was observed that a light bulb was missing from the light fixture above the kitchen sink. This is not compliant with the rule. Take the necessary steps to repair or replace. 5. At the time of the survey it was observed that there were two missing light globes in the kitchen/dining room. 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 there was an old ceiling patch that was peeling.	C 174	Replaced a new blind Redone ceiling fan added bracket stopped the wobbling + it is flushed Replaced cover Removed the light fixture / Repair place where it was previous Replaced the Globe	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL017042	A. BUILDING: 01 B. WING _____	04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER'S FAMILY CARE HOME	10123 WADE DEAD ROAD CEDAR GROVE, NC 27231

(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 174	Continued From page 4 This is not compliant with the rule. Take the necessary steps to repair the ceiling patch. 7. At the time of the survey it was observed that the dryer connector vent had duct tape instead of a metallic tape. This is not compliant with the rule. Take the necessary steps to repair the dryer connector duct. 8. At the time of the survey it was observed that the right hall bath did not have a toilet paper holder. This is not compliant with the rule. Take the necessary steps to install a toilet paper holder. 9. At the time of the survey it was observed that the back right bedroom/bathroom had the following deficiencies that are not compliant with the rule. Take the necessary steps to repair or replace the following deficiencies. A) The ceiling fan makes a loud knocking noise when operating. B) The ceiling fan light was not working. C) The bathroom door does not shut due to the improper installation of the door jamb. 10. At the time of the survey it was observed that the front left bedroom ceiling fan pull chain is too short. This is not compliant with the rule. Take the necessary steps to repair. 11. At the time of the survey it was observed that the water heater was located in the crawlspace and the temperature pressure relief pipe was to the exterior but was not within 6 inches from the ground level. This is not compliant with the rule. Take the necessary steps to terminate the pipe no more than 6 inches from ground level. 12. A the time of the survey it was observed that	C 174	Repair the ceiling patch Replaced with metallic tape Put a toilet paper holder in the bathroom Noise is fixed Replaced bulb Repair door jamb door shuts properly added a chain Add a pipe to comply with water spewing	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL017042	A. BUILDING: 01 B. WING _____	04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER'S FAMILY CARE HOME	10123 WADE DEAD ROAD CEDAR GROVE, NC 27231

(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 174	Continued From page 5 there were two 12guage electrical wires in the attic that were disconnected at the attic pull down stairs. One wire supplied power for the heat detector and the other wire was unknown, possibly the living room smoke detector. There was also wire cut off at the heat detector junction box with exposed ends. This is not compliant with the rule. Take the necessary steps to properly terminate in a junction box or remove the wiring.	C 174	Heat detector repair replaced / Wires used accordingly	
C 123	Outside Entrances/exits IV. The Building C. Physical Environment 8. Outside Entrances/Exits (10 NCAC 42C .2209) a. All floor levels must have at least two exits. If there are only two, the exits must be as remote from each other as reasonably possible. b. At least one entrance/exit door must be a minimum clear width of three feet and another must be a minimum clear width of two feet and eight inches. c. At least two outside entrances/exits for the residents' floor level must be at ground level or accessible by ramp with a 1 inch rise for each 12 inches of length of the ramp. If there are only two entrances/exits, theentrances/exits must be as remote from each other as reasonably possible. (The requirement for the ramp at exits not at ground level applies to homes which have at least one resident who needs personal assistance in getting up or down steps.) d. All exit doors locks must be easily operable, by a single hand motion, from the inside at all times without keys. (This limits each door to one locking device which meets the criteria set forth in this standard.) e. All entrances/exits must be free of all	C 123		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL017042	A. BUILDING: 01 B. WING _____	04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER'S FAMILY CARE HOME	10123 WADE DEAD ROAD CEDAR GROVE, NC 27231

(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 123	Continued From page 6 obstructions or impediments to allow for full instant use in case of fire or other emergency. f. All steps, porches, stoops and ramps must be provided with handrails and guardrails. g. In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each required exit door must be equipped with a sounding device that is activated when the door is opened. The sound must be of sufficient volume that it can be heard by staff. A central control panel that will deactivate the sounding device may be used, provided the control panel is located in the bedroom of the person on call within the home. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that ramps were installed at the two exits from the home since the last biennial construction survey. Both ramps do not meet the required 12 inches in length for each inch in height. The front ramp was 23 inches in height with 8 feet in length. The back ramp was 48 inches in height and 16 feet in length. This is not compliant with the rule. Take the necessary steps to bring the two ramps into compliance with NCSBC for ramps or install steps at the back and steps or handrails to continue the front porch. Provide documentation from the local building official to verify that the steps or ramps have been permitted and approved. Note: The provider stated that all residents are ambulatory at this time. She added the ramp for the potential for future needs as her residents age.	C 123	Ramps Replaced / Repaired to meet NCSBC compliance	

CERTIFICATE OF COMPLETION

Caswell County Building Inspections Department
144 Main Street, P.O. Box 1406, Yanceyville, NC 27379
336-694-9731 - spetry@caswellcountync.gov

Permit #: 6012

Property Address: 10123 WADE DEAD END RD CEDAR GROVE, NC

Owner Name: ALFREDA PARKER GRAVES
Owner Address: 10123 WADES DEAD END RD
CEDAR GROVE NC 27231

Project Description: RESIDENTIAL-RAMP

Building / Fire Inspector

6-5-25
Date

Permit #: 6012
Permit Date: 05/28/25
Permit Type:
Permit Type: Building, Residential
Project Street Address: 10123 WADE DEAD END RD CEDAR GROVE, NC
Property Owner Name: ALFREDA PARKER GRAVES
Old Permit Number:
Mailing Address: 10123 WADE DEAD END RD CEDAR GROVE, NC
Phone Number: 336-266-3320
Email:
Developer Name (if different):
Developer Contact Information:
Number of Buildings on Property:
Number of Manufactured Homes on Property: 0
Utility Provider:
Directions to Project:
Type of Work: RESIDENTIAL-RAMP
Description of work if Other: Ramp for residential care home
Year (Mobile Homes): 0
Basement:
Decks:
Porches:
Garage*:
Fireplace:
Saw Service Pole:
 # Bedrooms: 0
 # Baths: 0
 # Other Rooms: 0
Square Footage: 175
 # Stories: 0
Height of Proposed Structure: 0
Central Air:
Type of HVAC:
Electrical System:
Project Cost: 0
Proposed Use of Structure: