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
	FCL041086	A. BUILDING: 01 B. WING _____	07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HMF FAMILY CARE HOMES	809 WEST MINNEOLA ROAD GIBSONVILLE, NC 27249

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C 000	Initial Comments Report by Jason Murphy DHSR Construction Section conducted a Biennial Survey on July 15, 2025 from 9:45 AM to 11:15 AM at the above referenced facility. DHSR records indicate the home was first licensed on February 24, 1993 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 1992 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2025 Rules for Family Care Homes 10A NCAC 13G, and the 1991 (93 rev) North Carolina State Building Code - Section 514.1 exception 1 - 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 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 030	10A NCAC 13G .0302 (j) Door widths Design And Construction 10A NCAC 13G .0302 Design And Construction (j) The following shall have door widths a minimum of two feet and six inches:	C 030		

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C 030	Continued From page 1 (1) the kitchen; (2) dining rooms; (3) living rooms; (4) bedrooms; and (5) bathrooms. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the bathroom door for the staff bathroom does not meet the minimum requirements. This is not compliant with the rule. Take the necessary steps to provide a minimum 30" wide door for bathrooms.	C 030	Bathroom door has been measured and supplies purchased. Contractor will install door to bring up to compliance.	9-3-25
C 034	10A NCAC 13G .0302 (n) Fire/Sanitation reports Design and Constructi 10A NCAC 13G .0302 Design and Construction (n) The facility shall maintain and have available for review current sanitation and fire safety inspection reports. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the most recent sanitation inspection reports , fire inspection reports and fire alarm inspection reports were not on site and available for review. This is not compliant with the rule. Take the necessary steps to provide the reports for review. Copies of said reports are to be kept on-site for	C 034	All inspections will be received from vendors at the time services are completed. All inspections will be placed in labeled binder for immediate	7-25-25

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C 034	Continued From page 2 periodic review by both Licensure and DHSR construction sections.	C 034	review by county/ state personnell. Staff will review binder on a monthly basis for three months then quarterly thereafter, to ensure all inspections have been performed and compliance is met. Administrator/ Designee will review binder on a quarterly basis for accuracy and compliance.	
C 054	10A NCAC 13G .0309 (e) Handgrips Bathroom 10A NCAC 13G .0309 Bathroom (e) Toilets, bathtubs, showers, spas, and similar bathing fixtures shall have hand grips meeting the following requirements: (1) be mechanically fastened or anchored to the walls; (2) be located to help residents in entering and exiting bathtubs, showers, spas, or similar bathing fixtures; and (3) be on the wall adjacent to toilets. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that there were no hand grips in the bathrooms for the toilet or the shower. This is not compliant with the rule. Take the necessary steps to provide hand grips at the toilets and the showers.	C 054	All handrails have been repaired/placed to ensure safety/compliance Staff will ensure all rails are secure and in place on a weekly basis. They will report any issues immediately. Administrator/ Designee will perform safety/ compliance checks on a monthly basis.	7-15-25
C 065	10A NCAC 13G .0312 (c) Ramp Outside Entrance And Exits 10A NCAC 13G .0312 Outside Entrance And Exits (c) At least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes	C 065		

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C 065	Continued From page 3 of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the facility has a resident that must have physical assistance with evacuation, the facility shall have two outside entrances/exits at grade level or accessible by a ramp. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that there was an uneven grade at the bottom of the front and rear ramps and walkways. This is not compliant with the rule. Take the necessary steps to provide a level transition at the front and rear ramps and walkways.	C 065	All ramps and walkways have been repaired to ensure a level/safe transition from ramp/walkway to ground. Staff will ensure areas remain safe and intact and report any issues/problems immediately. Administrator/Designee will perform safety/compliance checks on a monthly basis, to ensure compliance.	7-19-25
C 066	10A NCAC 13G .0312 (d) Single motion Outside Entrance And Exits 10A NCAC 13G .0312 Outside Entrance And Exits (d) All outside entrance/exit door locks shall be operable by a single hand motion from the inside at all times without keys, tools, or special knowledge. Existing deadbolts and turn buttons on the inside of outside entrances/exit doors, including screen and storm doors, shall be removed or disabled. This Rule is not met as evidenced by: 1. At the time of the survey, it was observed that the storm door latches on the front and rear of the facility were not single motion activated. This is not compliant with the rules. Take the necessary	C 066	All entry/exit doors have been adjusted to ensure safety/compliance. Staff will ensure all doors are kept in compliance on a daily basis. Administrator/Designee will perform checks on a monthly basis to ensure safety/compliance	7-15-25

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C 066	Continued From page 4 steps to ensure storm door latches are single motion activated.	C 066		
C 070	10A NCAC 13G .0313 Laundry Room 10A NCAC 13G .0313 Laundry Room (a) Laundry equipment shall be inside family care homes. For the purpose of this Rule, "laundry equipment" means at least one residential washing machine and at least one residential dryer. (b) Laundry equipment shall be in a dedicated room or enclosure, and shall be located out of living rooms, dining rooms, dining areas, bathrooms, and bedrooms. (c) Laundry equipment shall be on the same floor level as required residents' facilities. (d) Laundry equipment shall be accessible to all residents, and shall be maintained operable. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that there was lint and other debris behind the washing machine and the dryer. This is not compliant with the rules. Take the necessary steps to clean behind the washing machine and dryer.	C 070	Laundry room area has been cleaned. Staff will continue to keep area clean and free of lint on a daily basis. Administrator / Designee will perform cleanliness checks on a weekly basis. 7-15-25	
C 071	10A NCAC 13G .0314 (a) Covering Floors 10A NCAC 13G .0314 Floors	C 071		

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C 071	Continued From page 5 (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the floor covering in bedroom 4 was damaged or missing in places. This is not compliant with the rule. Take the necessary steps to replace the floor covering in bedroom 4.	C 071	All carpet has been removed and replaced With appropiate flooring. Staff will ensure flooring is maintained and report any issues immediately. Administrator/Designee Will perform checks on a weekly basis for three months, then monthly thereafter to ensure safety/compliance.	8-10-25
C 102	10A NCAC 13G .0317 (a) Maintenance Building Service Equipment 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. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that there were multiple light fixtures at the facility that were missing bulbs, missing globes or not working. This is not compliant with the rules. Take the necessary steps to replace all burnt bulbs, missing globes or nonfunctioning light fixtures.	C 102		

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C 102	Continued From page 6 2.) At the time of the survey, it was observed that the water heater electrical conductors were improperly connected. This is not compliant with the rule. Take the necessary steps to connect the water heater conductors in an approved manner. 3.) At the time of the survey, it was observed that bathroom exhaust fans were dusty. This is not compliant with the rule. Take the necessary steps to clean the bathroom exhaust fans. 4.) At the time of the survey, it was observed that the toilet in the staff bathroom was not secured to the floor. This is not compliant with the rule. Take the necessary steps to properly secure the staff bathroom toilet.	C 102	All bulbs/globes have been repaired/replaced Water heater issue has been repaired. Exhaust fans have been cleaned/repaired Toilet has been repaired. Staff will ensure all lighting is appropiate, and all cleaning is done on a daily basis. Any issues will be reported immediately. Administrator/Designee will perform building inspection on a monthly basis to ensure compliance.	7-15-25
C 107	10A NCAC 13G .0317 (f) Call system Building Service Equipment 10A NCAC 13G .0317 Building Service Equipment (f) Where there is live-in staff in a family care home, a hard-wired, electrically operated call system meeting the following requirements shall be provided: (1) the call system shall connect residents' bedrooms to the live-in staff bedroom; (2) when activated, the resident call shall activate a visual and audible signal in the live-in staff bedroom; (3) a resident call system activator shall be in residents' bedrooms at the resident's bed; (4) the resident call system activator shall be within reach of a resident lying on the bed; and (5) the resident call system activator shall be such that it can be activated with a single action	C 107	Call bell system is currently being updated/repaired for proper operations. Once up and running, Staff will ensure system is working properly on a daily basis and report any issues immediately.	9-3-25

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C 107	Continued From page 7 and remain on until deactivated by staff at point of origin. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the resident call button system was not operational. This is not compliant with the rule. Take the necessary steps to repair the resident call button system.	C 107	Administrator / Designee will check system on a monthly basis to ensure it is working properly.	
C 112	10A NCAC 13G .0318 (a) Clean safe Outside Premises 10A NCAC 13G .0318 Outside Premises (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. For the purpose of this Rule, "clean and safe condition" means free from debris, trash, uneven surfaces, and similar conditions as not to attract rodents and vermin, and provide for safe movement throughout facility grounds. Creeks, ditches, ponds, pools, and other similar areas shall have safety protection. For the purpose of this Rule, "safety protection" means preventive measures, such as barriers, to block access to such areas. Notwithstanding the requirements of Rule .0301 of this Section, the requirements of Paragraphs (a) and (b) of this Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that	C 112		

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C 112	Continued From page 8 the siding and soffit around the exterior was damaged or rotted in multiple places. This is not compliant with the rule. Take the necessary steps to replace all damaged or rotted exterior siding and soffit. 2.) At the time of the survey, it was observed that the guttering was loose or falling in various places. This is not compliant with the rule. Take the necessary steps to reattach the guttering. 3.) At the time of the survey, it was observed that the door of the accessory building was partially missing. This is not compliant with the rule. Take the necessary steps to replace the accessory building door,	C 112	All exterior issues/ problems have been corrected. Staff with Administrator / Designee will perform building inspections weekly for one month then monthly thereafter to ensure safety/ compliance. maintenance will perform building inspection on a monthly basis.	9-3-25
C 120	10A NCAC 13G .0316 (f) Fire drills Fire Safety 10A NCAC 13G .0316 Fire Safety and Emergency Preparedness Plan (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.	C 120		

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C 120	Continued From page 9 This Rule is not met as evidenced by: 1.) At the time of the survey, it was communicated by staff that during fire drills they are prompting. This is not compliant with the rule due to the home being licensed for all ambulatory clients. Take the necessary steps to train the residents to respond and evacuate, without staff prompting or assistance, at any time the smoke detectors are activated. The residents must perform this task on their own for the home to maintain its ambulatory status.	C 120	Staff were reeducated on how to perform proper fire drills. Staff will ensure all fire drills are done properly on a monthly basis for three months, the quarterly thereafter. Administrator / Designee will ensure drills are done properly on a quarterly basis.	7-16-25