STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001047	A. BUILDING: **01** B. WING _____	**05/06/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY TENDER LOVE AND CARE	**532 GREENWOOD DRIVE BURLINGTON, NC 27215**

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C 000	Initial Comments Report by Kelly Myers DHSR Construction Section conducted a Biennial Survey on May 6, 2025, at the above referenced facility. DHSR records indicate the home was first licensed on March 3, 1994 as 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 1992 Family Care Homes Rules T10: 42C, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1991 (1994 Revision) 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 113	Construction-Door Width SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (j) The door width shall be a minimum of two feet and six inches in the kitchen, dining room, living rooms, bedrooms and bathrooms.	C 113		

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C 113	Continued From page 1 This Rule is not met as evidenced by: 1 At the time of the survey it was observed that the half bath did not have the required door width of two feet and six inches. This is not compliant with the rule. Take the necessary steps to install a door that meets the minimum requirement.	C 113		
C 135	Bathroom-Hand Grips SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (e) Hand grips shall be installed at all commodes, tubs and showers used by the residents. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there were no hand grips at the toilet or shower in bedroom 3 bathroom. This is not compliant with the rule. Take the necessary steps to install hand grips.	C 135		
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: 1. At the time of the survey it was observed that the front door and the back door both had locking deadbolts and the back storm door also had a	C 147		

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C 147	Continued From page 2 locking door latch. This is not compliant with the rule. Take the necessary steps to remove the deadbolts and install a single motion door knob that will allow the door to be unlocked through the motion of turning the doorknob. Replace the storm door latch or disengage the ability to lock the door.	C 147		
C 152	Floors 10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that flooring in the bedrooms was in poor condition. It appears that the old carpeting was removed and shelving tac paper with a wood grain was installed over padding. This is not an acceptable flooring material and is a potential trip hazard. Take the necessary steps to have an acceptable flooring material properly installed.	C 152		
C 162	Bedroom Furnishings-Bed SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (1) A bed equipped with box springs and mattress or solid link springs and no-sag innerspring or foam mattress. Hospital bed appropriately equipped shall be arranged for as	C 162		

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C 162	Continued From page 3 needed. A water bed is allowed if requested by a resident and permitted by the home. Each bed is to have the following: (A) at least one pillow with clean pillow case; (B) clean top and bottom sheets on the bed, with bed changed as often as necessary but at least once a week; and (C) clean bedspread and other clean coverings as needed; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that bedroom 1 did not have a bed and the resident is using a recliner chair for sleeping. This is not compliant with the rule. Take the necessary steps to provide a bed for the resident or provide documenation from Licensure stating that they have approved a policy and procedure that the client is not required to have a bed. NOTE: The provider stated that the client does not want a bed and prefers to sleep in a recliner chair.	C 162		
C 168	Fire Extinguishers SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home: (1) one five pound or larger (net charge) "A-B-C" type centrally located; (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and (3) any other location as determined by the code enforcement official.	C 168		

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C 168	Continued From page 4 This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the fire extinguishers were not being monitored. This is not compliant with the rule. Take the necessary steps to ensure that the fire extinguisher(s) are monitored monthly.	C 168		
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 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 smoke detectors were present but were not tested. Take the necessary steps to ensure that all smoke detectors are working for the follow up survey.	C 169		
C 172	Fire Safety-Four Rehearsals SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN	C 172		

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C 172	Continued From page 5 (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 that the fire drill log indicated that the fire drills were not being conducted during the 3rd shift while the residents are sleeping. This is not compliant with the rule. Take the necessary steps to conduct fire drills on 1st, 2nd and 3rd shifts quarterly with a description of how the drill was performed, date, time, staff present, number of residents present and the total time for evacuation from the home.	C 172		
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 was an extension cord being used in the living room. This is not compliant with with the rule. Take the necessary steps to remove the extension cord and replace with a surge	C 174		

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C 174	Continued From page 6 protector. 2. At the time of the survey it was observed that the left half bath had a broken toilet seat and a missing light globe. This is not compliant with the rule. Take the necessary steps to repair or replace. 3. At the time of the survey it was observed that the light fixture in the room that was once a dining room had exposed wires. This is not compliant with the rule. Take the necessary steps to repair or replace the light fixture. 4. At the time of the survey it was observed that there was water stains and peeling ceiling texture in the room that was once the dinning room. This is not compliant with the rule. Take the necessary steps to repair the cause of the leak and repair the ceiling. 5. At the time of the survey it was observed that bedroom 2 had an infestation of bedbugs as evidence of staining along the baseboard. This is not compliant with the rule. Take the necessary steps to clean and paint the stained areas and monitor for any evidence of bedbug activity. 6. At the time of the survey it was observed that the hallway light did not have a globe. This is not compliant with the rule. Take the necessary steps to repair or replace the light fixture. 7. At the time of the survey it was observed that the hall bath toilet flush handle was broken and there was exposed wires in a ceiling junction box. This is not compliant with the rule. Take the necessary steps to install a cover over at the electrical box.	C 174		

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C 174	Continued From page 7 8. At the time of the survey it was observed that bedroom/bath 3 had the multiple deficiencies that are not compliant with the rule. Take the necessary steps to repair or replace the following deficiencies. a) The toilet is loose and leaking at the base and the floor is soft causing the toilet to lean. b) The toilet flush handle is broken. c) There was no towel bar present. d) There was not toilet paper spindle. e) The vanity drain was clogged. f) The wall mounted vanity light/mirror was missing the light bulbs and lens covers. g) The hot water was run for several minutes at the vanity and no hot water was received. (the shower had hot water) h) The shower head was only providing a stream of water that sprayed up to the ceiling of the shower. i) There bathroom had large spider webs and the bedroom was very dusty. j) There was an exposed open wall cavity at the vanity cabinet. 8. At the time of the survey it was observed that bedroom 1 had very dusty windows and window sill. This is not compliant with the rule. Take the necessary steps to routinely clean all windows and window sills. 9. At the time of the survey it was observed that the receptacle located at the front porch did not have a water proof cover. This is not compliant with the rule. Take the necessary steps to install a cover. 10. At the time of the survey it was observed that the front ramp had exposed nail heads and had peeling and chipping paint. This is not compliant with the rule. Take the necessary steps to repair	C 174		

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C 174	Continued From page 8 the front ramp. 11. At the time of the survey it was observed that the crawl space access door frame was not secured to the building. This is not compliant with the rule. Take the necessary steps to repair the access door frame so that it can be opened and closed. 12. At the time of the survey it was observed that there was excessive water in the crawl space and deteriorating joist below bedroom 3 bathroom. This is not compliant with the rule. Take the necessary steps to repair the cause of the leak and floor joists. 13. At the time of the survey it was observed that there was a large wasps nest in the alcove at the back. This is not compliant with the rule. Take the necessary steps to remove the wasps nest. 14. At the time of the survey it was observed that the dryer cap was loose. This is not compliant with the rule. Take the necessary steps secure the dryer cap.	C 174		