STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL059007	A. BUILDING: **01** B. WING _____	**08/13/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRUETT'S FAMILY CARE HOME	**728 NED MCGIMSEY ROAD** **NEBO, NC 28761**

(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 August 13, 2025, from 08:45 AM to 10:15 AM at the above referenced facility. DHSR records indicate the home was first licensed on 09/09/1981 as a Family Care Home for five (5) ambulatory residents. On September 10, 1987 the home increased to a maximum capacity of six (6) all ambulatory residents (who are able to respond and evacuate 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 1984 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2025 Rules 10A NCAC 13 G for Family Care Homes and the 1978 Edition of the NCBC - Section 409.1 (g) Residential care Facilities. Notes: 1.) At the time of the Biennial survey we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site staff during the exit interview or with the contact person listed on record for the facility after viewing the submitted documents and pictures prior to writing this report. 2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed along with your signed plan of correction. The cited deficiencies are as follows:	C 000		

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C 021	Continued From page 1	C 021		
C 021	10A NCAC 13G .0302 (a) Building Code and 60 day Termination 10A NCAC 13G .0302 Design And Construction (a) A building licensed for the first time as a family care home, or a licensed family care home relicensed after the license is terminated for more than 60 days, shall meet the requirements of the North Carolina State Building Code: Residential Code in effect at the time of licensure or relicensure. Additionally, facilities requesting licensure or relicensure for four to six residents shall meet the North Carolina State Building Code: Building Code, Licensed Residential Care Facilities Section in effect at the time of licensure or relicensure. The North Carolina State Building Codes, which are hereby incorporated by reference, including all subsequent amendments and editions, may be purchased from the International Code Council online at https://shop.iccsafe.org/ at a cost of eight hundred fifty-eight dollars ($858.00) or accessed electronically free of charge at https://codes.iccsafe.org/codes/north-carolina. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that this home was licensed for six (6) ambulatory residents and only has enough beds for five (5) residents. This is not compliant with the rule.	C 021		

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C 021	Continued From page 2 Take the necessary steps to provide enough beds to accommodate the licensed capacity or decrease the capacity. 2. At the time of the survey it was observed that DHSR Construction does not have a copy of the floor plan for the finished basement. This is not compliant with the rule. Take the necessary steps to provide DHSR Construction a copy of the floor plan for the basement with the plan of correction.	C 021		
C 050	10A NCAC 13G .0309 (a) Number of Bathrooms 10A NCAC 13G .0309 Bathroom (a) Family care homes licensed on or after April 1, 1984, shall have one full bathroom for five or fewer persons, including live-in staff. For the purpose of this Rule, a "full bathroom" is a room containing a sink, toilet, and a bathtub, shower, spa tub, or similar bathing fixture. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that this home has a capacity for six (6) residents and one full bath and a half bath available. This is not compliant with the rule. Take the necessary steps to provide a second full bath or reduce the licensed capacity to five (5) or less.	C 050		
C 068	10A NCAC 13G .0312 (f) Handrails / Guardrails Outside Entrance/Exit 10A NCAC 13G .0312 Outside Entrance And Exits	C 068		

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C 068	Continued From page 3 (f) All steps, porches, stoops, and ramps shall have handrails and guards. Handrails shall be on both sides of steps and ramps, including sides bordered by the facility wall. Handrails shall extend the full length of steps and ramps. Guards shall be on open sides of steps, porches, stoops, and ramps. For the purposes of this Rule, "guards" are rails or barriers located at or near the open sides of elevated walking surfaces that minimizes the possibility of a fall from a walking surface to an adjacent change in elevation. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the left front steps did not have handrails and guardrails on both sides of the steps. This is not compliant with the rule. Take the necessary steps correct this deficiency.	C 068		
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.	C 102		

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C 102	Continued From page 4 This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the exterior of the home had dirt build up. This is not compliant with the rule. Take the necessary steps to routinely clean the exterior of the home. 2. At the time of the survey it was observed that the left brick steps had loose bricks which are a potential fall hazard. This is not compliant with the rule. Take the necessary steps to repair or replace all loose bricks. 3. At the time of the survey it was observed that the exterior dryer cap was missing a louver. This is not compliant with the rule. Take the necessary steps to repair or replace the dryer cap to prevent rodents and pest from entering the home or creating a nest that may block airflow. 4. At the time of the survey it was observed that there was a vinyl connector duct for the dryer which has been idendified as a potential fire hazard. This is not compliant with the rule. Take the necessary steps to replace it with a rigid or flexible metallic duct.	C 102		
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	C 120		

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C 120	Continued From page 5 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. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the fire drill log had documentation of one fire drill per quarter. This is not compliant with the rule. Take the necessary steps to conduct fire drills on 1st, 2nd, and 3rd shifts per quarter. The 3rd shift fire drill should be conducted while clients are sleeping. The smoke detector should be activated to conduct a fire drill.	C 120		