STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL080004	A. BUILDING: **01** B. WING _____	**08/19/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARY'S FAMILY CARE HOME	**485 LONG FERRY ROAD SALISBURY, NC 28144**

(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 AJ Carlock DHSR Construction Section conducted a Biennial Survey on August 19, 2025 from 09:00 AM to 10:20 AM at the above referenced facility. DHSR records indicate the home was first licensed on July 17, 1985 as a Family Care Home for six (6) ambulatory Residents on October 16, 2009 The homes capacity was reduced down to five (5) ambulatory Residents (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 Family Care Homes Minimum Standards and Regulations, and the applicable portions of the 2025 Rules 10A NCAC 13G for Family Care Homes and the 1978 (Revision 5) North Carolina State Building Code - Section 409.1 (g) - 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 027	10A NCAC 13G .0302 (g) Attic/basement storage Design And Constructio 10A NCAC 13G .0302 Design And Construction	C 027		

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C 027	Continued From page 1 (g) The basement and the attic shall not to be used for storage or sleeping. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there was storage in the attic and in the basement. This is not compliant with the rules. Take the necessary steps to remove the storage.	C 027		
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: (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 in the bedroom was only 24 inches. This is not compliant with the rules. Take the necessary steps to fix the door so that it meets the rule at 30 inches.	C 030		

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C 066	Continued From page 2	C 066		
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 all storm doors in the facility were not single motion. This is not compliant with the rules. Take the necessary steps to remove the locks on the storm doors to make them single motion.	C 066		
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 3 This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there was a small step from the outside door to the inside. This is not compliant with the rules. Take the necessary steps to add a smooth transition on that step since you have residents in walkers. 2. At the time of the survey it was observed that the bedroom light was not working. This is not compliant with the rules. Take the necessary steps to fix the broken light. 3. At the time of the survey it was observed that the window in the bedroom across from the kitchen had a special knowledge lock. This is not compliant with the rules. Take the necessary steps to remove the lock on the window. 4. At the time of the survey it was observed that the facility had pipes on a window to keep it from opening. This is not compliant with the rules. Take the necessary steps to remove the pipes so that the window will open. 5. At the time of the survey it was observed that both bathrooms handgrips for the toilets were loose and not secure. This is not compliant with the rules. Take the necessary steps to get a sturdier handgrip. 6. At the time of the survey it was observed that there was soffit damage. This is not compliant with the rules. Take the necessary steps to repair or replace the damaged soffit. 7. At the time of the survey it was observed that the gutter downspout was damaged. This is not compliant with the rules. Take the necessary	C 102		

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C 102	Continued From page 4 steps to fix the gutter downspout.	C 102		
C 117	10A NCAC 13G .0316 (c) Heat detectors Fire Safety 10A NCAC 13G .0316 Fire Safety and Emergency Preparedness Plan (c) Underwriters Laboratories, Incorporated (U.L.) listed heat detectors shall be installed in all attic spaces and in the basement of the facility. Heat detectors shall be hard-wired, interconnected, and connected to a dedicated sounding device located inside the living area of the facility. Heat detectors shall be of the rate of rise type and be provided with battery backup. 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: At the time of the survey it was observed that there was no heat detector in the attic. This is not compliant with the rules. Take the necessary steps to add a heat detector to the attic.	C 117		
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	C 120		

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C 120	Continued From page 5 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. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the facility was not doing fire drills monthly. This is not compliant with the rules. Take the necessary steps to start conducting fire drills every month. 2. At the time of the survey it was stated by staff that during fire drills the staff physically and verbally assist the residents. This is not compliant with the rules. Take the necessary steps to stop assisting the residents during fire drills. The facility is licensed for ambulatory residents; this means that they need to be able to evacuate the building with no physical or verbal assistance. 3. At the time of the survey, it was observed that none of the three residents present responded or evacuated at the time the smoke detectors were	C 120		

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C 120	Continued From page 6 activated. This is not compliant with the rule. Take the necessary steps to train the residents to respond and evacuate, without staff prompting or assistance, at anytime the detectors are activated. The residents need to be able to perform their own evacuation to maintain the homes ambulatory status.	C 120		