

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 08/19/2025
NAME OF PROVIDER OR SUPPLIER HOUSTON HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 9460 HWY 64 UNION MILLS, NC 28167		
(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 of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on August 19, 2025. There are deficiencies from the Biennial Construction Survey that remain to be corrected and one new deficiency has been added.	{C 000}		
{C 111}	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, and interview with the Staff in Charge, the facility failed to maintain current (completed within the last twelve months) sanitation and fire and building safety inspection reports in the home and available for review. Findings on August 19, 2025: a. There was no Fire Official (Fire Marshal) report available for review. Reports have not been completed as the facility has been empty since the hurricane in September 2024. b. There was no Building Sanitation Inspection report available for review. Reports have not been completed as the facility has been empty since the hurricane in September 2024. c. There was no "National Fire Alarm and Signaling Code", NFPA 72 report available for review. Reports have not been completed as the facility has been empty since the hurricane in September 2024.	{C 111}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observations, the building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in the room of origin. Findings on August 19, 2025: e. Kitchen Pantry - the area around the leak has been patched except for a gap at the access panel. The ceiling has not been treated and painted as there are yellow water stains on and around the patched area. New Deficiency: 2. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could affect occupants of the facility if the equipment did not function properly during a fire. Findings on August 19, 2025: a. The Fire Alarm Panel has a communications error and is in trouble mode. b. The carbon monoxide detectors are chirping	{C 189}		

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{C 189}	Continued From page 2 indicating low batteries.	{C 189}			