STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL079033	A. BUILDING: **01** B. WING _____	**08/18/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEVERLY RUCKER'S FAMILY CARE HOME #2	**503 NE MARKET STREET REIDSVILLE, NC 27320**

(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 Jonathan Gamsey DHSR Construction Section conducted a Biennial Survey on August 18, 2025 from 11:38 AM to 12:00 PM at the above referenced facility. DHSR records indicate the home was first licensed on November 17, 1995 as a 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 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2025 Rules 10A NCAC 13G for Family Care Homes, the 1991 (95 Rev) North Carolina State Building Code - Section 514.1 Exception 1 - Residential Care Homes. NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. 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 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	C 102		

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C 102	Continued From page 1 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 the smoke detectors in the hallway are no longer interconnected. This is not compliant with the rule. Take the necessary steps to ensure that the hallway smoke detectors are interconnected. This deficiency was previously cited during our 2024 biennial follow up survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2025 biennial follow up survey and action hasn't been taken to address the deficiency. 2.) At the time of the survey, it was observed that the basement was locked and the storage closet was not accessible during the survey. This is not compliant with the rule. Take the necessary steps to ensure the keys for the rooms are on site. This deficiency was previously cited during our 2018 biennial survey , during our 2021 biennial follow-up survey during our 2022 biennial follow-up survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2024 biennial follow up survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2025 biennial follow up survey and action hasn't been taken to address the deficiency. 3.) At the time of the survey, it was observed that	C 102		

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C 102	Continued From page 2 the call system was not working. This is not compliant with the rule. Take the necessary steps to repair the call system to working order. This deficiency was previously cited during our 2018 biennial survey , during our 2021 biennial follow-up survey during our 2022 biennial follow-up survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2024 biennial follow up survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2025 biennial follow up survey and action hasn't been taken to address the deficiency. 4.) At the time of the survey, it was observed that the fire extinguishers were not being monitored monthly This is not compliant with the rule. Take the necessary steps to monthly monitor the fire extinguishers in the facility. This deficiency was previously cited during our 2021 biennial follow-up survey during our 2022 biennial follow-up survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2024 biennial follow up survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2025 biennial follow up survey and action hasn't been taken to address the deficiency.	C 102		