Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL064027	A. BUILDING: 01 B. WING _____	08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY'S SUPPORTIVE LIVING	932 COBBLE RIDGE DRIVE NASHVILLE, NC 27856

(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 13, 2025 from 10:30 AM to 11:20 AM at the above referenced facility. DHSR records indicate the home was first licensed on December 18, 2014 as a Family Care Home for four (4) 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 2025 Rules 10A NCAC 13G for Family Care Homes, the 2012 North Carolina State Building Code - Section 425.2 - Residential Care Homes. 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 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	C 066	On 8/15/25 storm door locked was disable where you can not locke the storm door	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kashunda Richardson | TITLE: owner | (X6) DATE: 9/9/25

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C 066	Continued From page 1 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 the front door had a storm door that is not single motion. This is not compliant with the rule. Take the necessary steps to remove the locking mechanism on the door or replace it with a single motion mechanism.	C 066	resident will be able exit without unlocking the storm door. On 8/15/25 the locking mechanism on the front door was removed 8/15/25	
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. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that bedroom #1 had organic matter on the wall. This is not compliant with the rule. Per conversation with the owner, the facility had a water leak, take the necessary steps to paint the wall. If organic	C 102	organic matter bedroom #1 was due to leak. The leaked was repaired at the time but I never painted the area I will regularly monitor the area every 3 mos to make sure the problem does not come back. Area will be painted on 9/13/25	9/13/25

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C 102	Continued From page 2 matter comes back, take the necessary steps to treat the organic matter. A qualified professional may be needed. 2.) At the time of the survey, it was observed that the windows in the bedrooms are hard to open and will not stay open on their own. This could impede emergency egress in a time of need. This is not compliant with the rule. Take the necessary steps to repair the windows to operate as intended. 3.) At the time of the survey, it was observed that the front doorknob will not open if you twist it to the left. This is not compliant with the rule. Take the necessary steps to repair the doorknob or replace it with a doorknob that functions in both directions as well as still single motion. 4.) At the of the survey, it was observed that the facility is performing quarterly inspections on the fire extinguisher. Take the necessary steps to perform monthly inspections in their place. 5.) At the time of the survey, it was observed that the smoke detectors in the facility are older than 10 years. This is not compliant with the rule. Take the necessary steps to replace the smoke detectors that are older then ten years old. 6.) At the time of the survey, it was observed that the light fixture in the staff bedroom is missing a globe. This is not compliant with the rule. Take the necessary steps to replace the globe on the light fixture.	C 102	2) The facility used penetrating oil for all window. The windows are now opening smoothly and staying open on their own. Tech explain due to rain and weather sometime this happens and to use penetrating oil every 6 months. 3) Replaced the front doorknob it is now opening when you twist to the left. I will monitor door every 3 months to make sure the doorknob is still working properly 4) The facility started performing monthly fire extinguisher check instead of quarterly. The facility will continue monthly 5) The facility has replaced on smoke detector throughout the facility. Fire Department installed them and made sure they all working properly. Will be replaced every 10 years.	8/15/25 8/15/25 9/3/25 9/8/25
C 107	10A NCAC 13G .0317 (f) Call system Building Service Equipment	C 107	6) The light fixture in bedroom #3 has replaced. The facility will monitor and make sure all light fixture are working	9/7/25

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C 107	Continued From page 3 10A NCAC 13G .0317 Building Service Equipment (f) Where there is live-in staff in a family care home, a hard-wired, electrically operated call system meeting the following requirements shall be provided: (1) the call system shall connect residents' bedrooms to the live-in staff bedroom; (2) when activated, the resident call shall activate a visual and audible signal in the live-in staff bedroom; (3) a resident call system activator shall be in residents' bedrooms at the resident's bed; (4) the resident call system activator shall be within reach of a resident lying on the bed; and (5) the resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff at point of origin. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the call system in the facility is not working as intended by the rule, as well as missing a call system in bedroom #1 and Bedroom #3. This is not compliant with the rule. Take the necessary steps to install an electrically operated call system that shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of the resident lying on his bed. For any wireless system to be approved, the base unit must use the house power, must recognize when any of the activators stop providing a signal, and must function	C 107	The facility has installed a call system that's working Properly. Bedroom # 1 and 3 has a call button by the bed side so that it's in reach in case of an emergency	9/4/25

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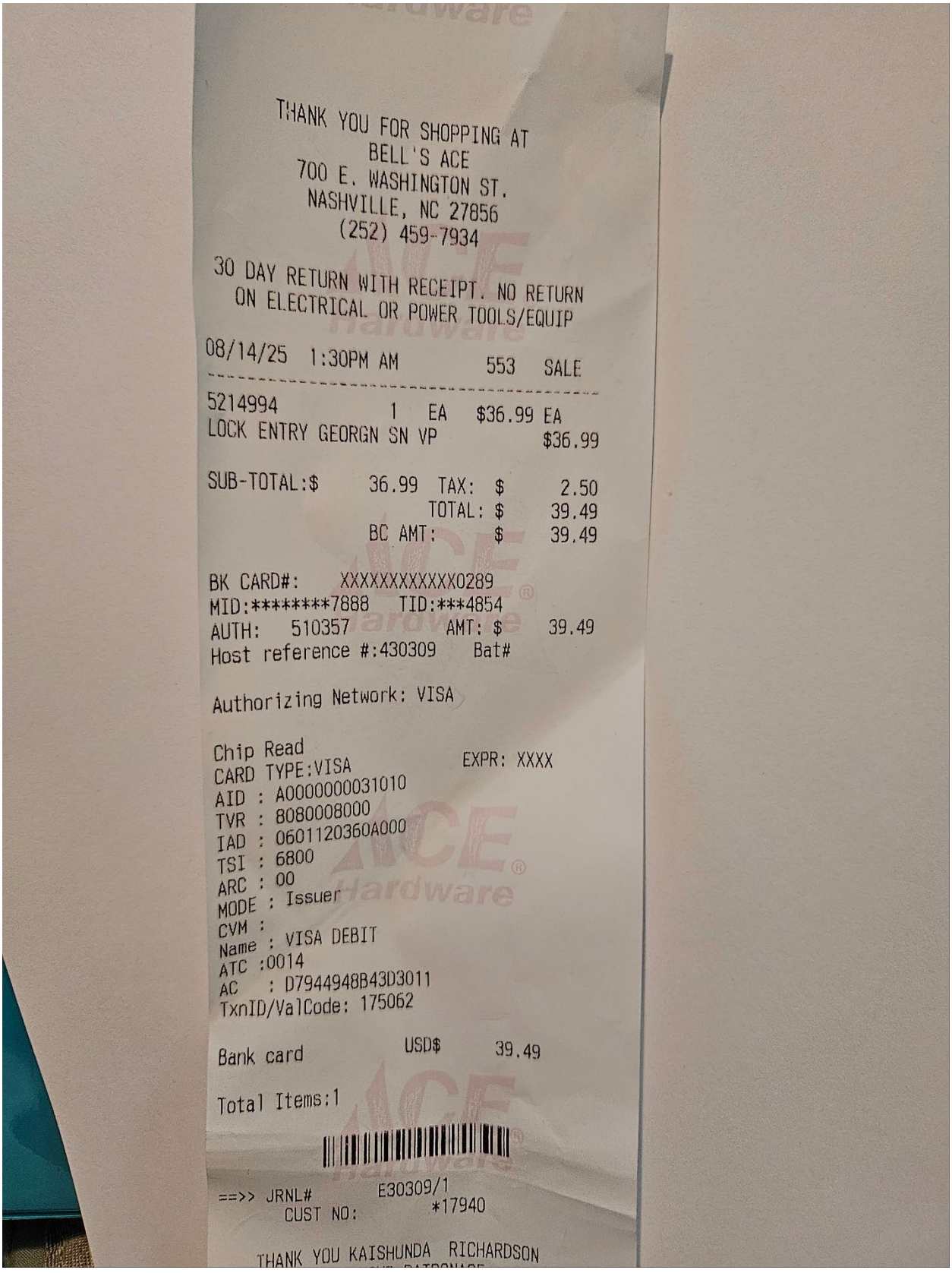
C 107	Continued From page 4 according to the intent of the Rules.	C 107		
C 120	10A NCAC 13G .0316 (f) Fire drills Fire Safety 10A NCAC 13G .0316 Fire Safety and Emergency Preparedness Plan (f) There shall be at least four unannounced fire drills of the fire evacuation plan every year on each shift. 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 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 is only performing 2nd shift fire drills. This is not compliant with the rule. Take the necessary steps to perform 1st, 2nd, 3rd shift drills every quarter.	C 120	The facility has started performing All three shift fire drills. The facility will start doing fire drill once a month instead of quarterly to make up for all (3) shifts.	9/8/25



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