To: DHSR. Construction Section

From: Savannah Family Care

Pages:

PRINTED: 08/25/2025
FORM APPROVED

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
	FCL063009	A. BUILDING: 01 B. WING _____	08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH FAMILY CARE	128 NORTH CARLISLE STREET SOUTHERN PINES, NC 28387

(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 13, 2025 from 11:00 AM 12:00 PM at the above referenced facility. DHSR records indicate the home was first licensed on March 2, 1994 as a Family Care Home for six (6) 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 1992 Rules 10A NCAC 13G for Family Care Homes, the applicable portions of the 2025 Rules 10A NCAC 13G for Family Care Homes, the 1991 (94 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. 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 031	10A NCAC 13G .0302 (k) Operable windows Design And Construction 10A NCAC 13G .0302 Design And Construction (k) All windows that are designed to be operable	C 031		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Shavonda Savannah, administrator 8/9/2025

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C 031	Continued From page 1 shall be maintained operable. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the facility's windows had window restrictors on them. This is not compliant with the rules. Take the necessary steps to remove the window restrictors.	C 031	pictures will be sent of windows. 9/16/25	
C 043	10A NCAC 13G .0308 (b) Authorized use Bedrooms 10A NCAC 13G .0308 Bedrooms (b) Only rooms authorized by the Division of Health Service Regulation as bedrooms shall be used for bedrooms. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the facility was using one of the bedrooms for someone who is not a resident. This is not compliant with the rules. Take the necessary steps to remove the individual from the facility and make the room available if more residents need to be placed in the facility. Since you are licensed for 6 residents, you need to have the ability to house 6 residents.	C 043	*Pictures will be sent on 9/16/25. At the same time Spoke with Mr. David Hickman regarding the 3rd room. Mr. Hickman will be out on 9/17/25	

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C 102	Continued From page 2	C 102		
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		
	This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the storm door in the rear of the building had an eye hook. This is not compliant with the rules. Take the necessary steps to remove the eye hook.		Door Knob will be put on. Eye hook removed	9/16/25
	2. At the time of the survey it was observed that the dryer pipe was dirty. This is not compliant with the rules. Take the necessary steps to check the pipe for any holes and clean around the pipe.		Dryer pipe cleaned	
	3. At the time of the survey it was observed that the staff office had a light switch with no plate. This is not compliant with the rules. Take the necessary steps to add the plate to the light switch.		Light switch will be replaced	9/16/25
	4. At the time of the survey it was observed that the staff bedroom had carpet that was not properly secured, creating a tripping hazard. This is not compliant with the rules. Take the necessary steps to fix the carpet.		carpet glued down	9/15/25

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C 102	Continued From page 3	C 102		
	5. At the time of the survey it was observed that the staff bedroom closet had a missing doorknob. This is not compliant with the rules. Take the necessary steps to add the doorknob.		door Knob will be replaced	9/16/25
	6. At the time of the survey it was observed that both the residents bathrooms handgrips were loose. This is not compliant with the rules. Take the necessary steps to make the handgrips sturdy.		handgrips tightened	9/16/25
	7. At the time of the survey it was observed that the ceiling fan in bedroom 3 was not attached securely. This is not compliant with the rules. Take the necessary steps to fix the ceiling fan.		ceiling fan removed and light fixture will be put up	9/16/25
	8. At the time of the survey it was observed that bedroom 3 was so dirty that the room could not be inspected properly. This is not compliant with the rules. Take the necessary steps to clean the rooms so that the window is accessible.		Bedroom ~~cleaned~~ up window accessible	9/16/25
	9. At the time of the survey it was observed that the doorknob to bedroom 3 was loose. This is not compliant with the rules. Take the necessary steps to fix the doorknob.		Door Knob tightened or replaced by	9/16/25
	10. At the time of the survey it was observed that the shed door was not attached with hinges and was not locked. This is not compliant with the rules. Take the necessary steps to add a lock and ensure the door is connected to the shed.		Shed door put on hinges with lock.	9/16/25
	11. At the time of the survey it was observed that the second shed had a broken door. This is not compliant with the rules. Take the necessary steps to fix the door.		Shed door repaired	9/16/25

Savannah Family Care Home

Maintance log

Date _____

	January	Febuary	March	April	May	June	July	August	September	October	November	December	
* Door Knobs checked													
* Dryer pipe cleaned													
* checked light switched													
* carpet checked for trip hazard													
* hand grips checked													