

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079119	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 08/28/2025
NAME OF PROVIDER OR SUPPLIER HARRISONS CARING HANDS 4		STREET ADDRESS, CITY, STATE, ZIP CODE 109 ROANOKE STREET REIDSVILLE, NC 27323		
(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 David Hickman DHSR Construction Section conducted a Biennial Follow-up Survey on August 28, 2025 from 10:35 AM to 10:55 AM at the above referenced facility. Not all of the previously cited deficiencies were verified as being corrected. Therefore, further action is required. The remaining cited deficiencies are as follows:	{C 000}		
{C 174}	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 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. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. At the time of the survey, it was observed that the bottoms of the two short ramps from the dining room and kitchen to the rear den had a small drop at the bottom edge. This is not compliant with the rule. Take the necessary steps to taper the edges so there is a smooth transition. * This deficiency had not been corrected. 2. At the time of the survey, it was observed that the resident call system was not working properly. This is not compliant with the rule. Take the necessary steps to repair the call system. * This deficiency had not been corrected. 3. At the time of the survey, it was observed that	{C 174}		

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

TITLE

(X6) DATE

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{C 174}	Continued From page 1 the relief valve pipe drain was not placed correctly under the valve drain. This is not compliant with the rule. Take the necessary steps to adjust the drain pipe so it drains properly. * This deficiency had not been corrected.	{C 174}			