STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL017038	A. BUILDING: **01** B. WING _____	**08/18/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEVERLY RUCKER FAMILY CARE HOME # 9	**6912 NC HWY 150** **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 10:10 AM to 10:40 AM at the above referenced facility. DHSR records indicate the home was first licensed on December 04, 1990 as a Family Care Home for six (6) ambulatory residents (able to respond and evacuate without physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: The 1984 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2025 Rules for Family Care Homes 10A NCAC 13G, and the 1978 North Carolina State Building Code - Section 409.1(g) - Residential Care facilities 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 034	10A NCAC 13G .0302 (n) Fire/Sanitation reports Design and Constructi 10A NCAC 13G .0302 Design and Construction (n) The facility shall maintain and have available for review current sanitation and fire safety inspection reports.	C 034		

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C 034	Continued From page 1 This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the most recent fire and sanitation reports were not on site and available for review. This is not compliant with the rule. Take the necessary steps to provide the reports for review. Copies of said reports are to be kept on-site for periodic review by both Licensure and DHSR construction sections. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2025 biennial survey and action hasn't been taken to address the deficiency. 2.) At the time of the survey, it was observed that when the water is run in the facility a sulfur smell is present. Take the necessary steps to provide documentation from the local sanitation department that the water is safe to drink.	C 034		
C 035	10A NCAC 13G .0303 Zoning Location 10A NCAC 13G .0303 Location (a) A family care home shall be in a location approved by local zoning boards. (b) The home shall be located so that hazards to the occupants are minimized. (c) The site of the home shall: (1) be accessible by streets, roads and highways and be maintained for motor vehicles and emergency vehicle access;	C 035		

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C 035	Continued From page 2 (2) be accessible to fire fighting and other emergency services; (3) have a water supply, sewage disposal system, garbage disposal system and trash disposal system approved by the local health department having jurisdiction; (4) meet all local ordinances; and (5) be free from exposure to pollutants known to the applicant or licensee. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the facility road was not being maintained for motor vehicles and emergency vehicle access. This is not compliant with the rule. Take the necessary steps to bring the road back to working condition for vehicles and emergency vehicles. Reach out to the local fire official for verification and send documentation to DHSR. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2025 biennial survey and some action has been performed, Provide documentation from the local fire offical that this meets the intent.	C 035		
C 065	10A NCAC 13G .0312 (c) Ramp Outside Entrance And Exits 10A NCAC 13G .0312 Outside Entrance And Exits (c) At least one principal outside entrance/exit for the residents' use shall be at grade level or	C 065		

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C 065	Continued From page 3 accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the facility has a resident that must have physical assistance with evacuation, the facility shall have two outside entrances/exits at grade level or accessible by a ramp. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the rear ramp on the facility has a drop off at the bottom of the ramp. This is not compliant with the rule. Take the necessary steps to build the grade up for an even transition. This deficiency was previously cited during our 2019 biennial survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2021 biennial follow-up survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2022 biennial survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency This deficiency was previously cited during our 2025 biennial survey and action hasn't been taken to address the deficiency. 2.) At the time of the survey, it was observed that the front ramp is too steep. This is not compliant with the rule. Take the necessary steps to adjust the ramp to meet the rule above for every one-inch rise for each 12 inches of length of the ramp.	C 065		

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C 065	Continued From page 4 This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2025 biennial survey and action hasn't been taken to address the deficiency.	C 065		
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 the exhaust duct for the dryers was a soft duct in the crawl space. This is not compliant with the rule. Take the necessary steps to change the ductwork in the crawl space to hard duct This deficiency was previously cited during our 2019 biennial survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2021 biennial follow-up survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2022 biennial survey and action hasn't been taken to address the deficiency.	C 102		

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C 102	Continued From page 5 This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2025 biennial survey and action hasn't been taken to address the deficiency. 2.) At the time of the survey, it was observed that all bedroom doors were not latching as intended. This could potentially affect the privacy of residents. This is not compliant with the rule. Take the necessary steps to repair the doors to ensure they latch as intended. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2025 biennial survey and action hasn't been taken to address the deficiency. 3.) At the time of the survey, it was observed that the water heater was discharging into the crawl space. This is not compliant with the rule. Take the necessary steps to pipe the water heater to the exterior of the facility. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2025 biennial survey and action hasn't been taken to address the deficiency. 4.) At the time of the survey, it was observed that the bedroom on the left side of the facility had a window that would not open. This could impede egress in a time of need. This is not compliant with the rule. Take the necessary steps to repair and replace the window. This deficiency was previously cited during our 2024 biennial survey and action hasn't been	C 102		

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C 102	Continued From page 6 taken to address the deficiency. This deficiency was previously cited during our 2025 biennial survey and action hasn't been taken to address the deficiency. 5.) At the time of the survey, it was observed that the facility had pull-down stations, but the surveyor could not verify that the system had an alarm panel. Take the necessary steps to provide documentation on where the alarm system alarm panel is. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2025 biennial survey and action hasn't been taken to address the deficiency. 6.) At the time of the survey, it was observed that the resident's home had neglected gutters. This is not compliant with the rule. Take the necessary steps to clean out the gutters and build a preventative maintenance plan to ensure the gutters are cleaned regularly This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2025 biennial survey and action hasn't been taken to address the deficiency. 7.) At the time of the survey, it was observed that the dryer discharge was missing its exterior dryer flaps and was clogged. This is not compliant with the rule. Take the necessary steps to remove debris and install a dryer exhaust cover. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our	C 102		

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C 102	Continued From page 7 2025 biennial survey and action hasn't been taken to address the deficiency. 8.) At the time of the survey, it was observed that the rear deck railing was loose. This is not compliant with the rule. Take the necessary steps to repair and replace the railing. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2025 biennial survey and action hasn't been taken to address the deficiency. 8.) At the time of the survey, it was observed the fridge had organic matter on the front and left side. This is not compliant with the rule. Take the necessary steps to clean the fridge. 9.) At the time of the survey, it was observed that the oven had no power. This is not compliant with the rule. Take the necessary steps to repair the oven to work as intended. 10.) At the time of the survey, it was observed that the oven was missing knobs. This is not compliant with the rule. Take the necessary steps to replace the knobs in the oven. 11.) At the time of the survey, it was observed that the kitchen floor vent is not properly attached. This is not compliant with the rule. Take the necessary steps to secure the vent. 12.) At the time of the survey, it was observed that bedroom #4 had multiple stains on the vinyl flooring. This is not compliant with the rule. Take the necessary steps to clean the flooring. 13.) At the time of the survey, it was observed	C 102		

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C 102	Continued From page 8 that bedroom #4 had multiple organic stains next to water marks on the ceiling. This is not compliant with the rule. Take the necessary steps to repair the ceiling, patch, prep and paint ceiling. It is recommended to find the root cause. 12.) At the time of the survey, it was observed that bedroom #4 had a side table that had drawers that were damaged. This is not compliant with the rule. Take the necessary steps to repair the drawers. 13.) At the time of the survey, it was observed that bedroom #4 had wall damage behind a bed that was patched but not painted. This is not compliant with the rule. Take the necessary steps to paint the wall. 14.) At the time of the survey, it was observed that the laundry room light fixture was missing from a globe. This is not compliant with the rule. Take the necessary steps to replace the globe with a light fixture. 15.) At the time of the survey, it was observed the laundry room walls were dirty next to the washing machine. This is not compliant with the rule. Take the necessary steps to clean the wall. 16.) At the time of the survey, it was observed that the laundry room textured ceiling is peeling. This is not compliant with the rule. Take the necessary steps to repair the textured ceiling. 17.) At the time of the survey, it was observed that bedroom #2 has floor stains on the vinyl flooring. This is not compliant with the rule. Take the necessary steps to clean the flooring. 18.) At the time of the survey, it was observed	C 102		

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C 102	Continued From page 9 that the living room had textured ceiling in multiple places that are chipping or have multiple stains. This is not compliant with the rule. Take the necessary steps to repair ceiling back to its intended condition. 19.) At the time of the survey, it was observed the living room had an outlet that was missing a cover. This is not compliant with the rule. Take the necessary steps to install an outlet cover. 20.) At the time of the survey, it was observed that the mechanical ventilation in the bathroom on the right side of the facility is grinding. This is not compliant with the rule. Take the necessary steps to repair or replace the mechanical ventilation. 21.) AT the time of the survey, it was observed that bedroom #3 has a closet door where the doorknob is loose. This is not compliant with the rule. Take the necessary steps to fasten the doorknob. 22.) At the time of the survey, it was observed that bedroom #3 cove base is dirty. This is not compliant with the rule. Take the necessary steps to clean the cove base in the bedroom #3. 23.) At the time of the survey, it was observed that the sink in the bathroom on the left side of the facility is draining slowly. This is not compliant with the rule. Take the necessary steps to repair the sink to drain as intended. 24.) At the time of the survey, it was observed that the door to the bathroom on the left side of the facility is not latching. This is not compliant with the rule. Take the necessary steps to repair the door to latch as intended.	C 102		

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C 102	Continued From page 10 25.) At the time of the survey, it was observed that the staff bedroom has black organic matter on the ceiling, and the texture ceiling is peeling. This is not compliant with the rule. Take the necessary steps to repair the ceiling. 26.) At the time of the survey, it was observed that bedroom #1 dresser is in a state of disrepair. This is not compliant with the rule. Take the necessary steps to repair/replace the dresser. 27.) At the time of the survey, it was observed that the HVAC return vent in the hallway was dirty. This is not compliant with the rule. Take the necessary steps to repair the sink.	C 102		
C 107	10A NCAC 13G .0317 (f) Call system Building Service Equipment 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.	C 107		

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C 107	Continued From page 11 This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the call system was not working. 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 according to the intent of the Rules.	C 107		
C 108	10A NCAC 13G .0317 (g) Fireplaces Building Service Equipment 10A NCAC 13G .0317 Building Service Equipment (g) Fireplaces, fireplace inserts, and wood stoves shall be designed and installed so as to avoid a burn hazard to residents. Fireplace inserts and wood stoves must be U.L. listed. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the facility had an unvented fuel burning room	C 108		

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C 108	Continued From page 12 heater. This is not compliant with the rule. Take the necessary steps to properly vent and or remove from the facility. This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2025 biennial survey and action hasn't been taken to address the deficiency.	C 108		