STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL017038	A. BUILDING: _____ B. WING _____	07/31/2025

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 The Adult Care Licensure Section conducted an annual and follow-up survey on 07/31/25. There were no residents residing in the facility. Based on review of the facility's License Renewal Application for 2025, the facility had not served residents since 04/01/23.	C 000		
C 034	10A NCAC 13G .0302(n) Design and Construction 10A NCAC 13G .0302 Design and Construction (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on observation, interviews, and record reviews, the facility failed to maintain current sanitation and fire and building safety inspection reports in the facility and have available for review. The findings are: Interview with the Administrator on 07/31/25 at 3:40pm revealed: -The facility was ready for residents to move in. -Since the other two facilities on the property were closing, the residents (from those two facilities) wanted to live here and their guardians were in agreement. Observation of the facility on 07/31/25 from 5:30pm-5:45pm revealed: -There was a framed copy of the facility's license dated 01/01/23 sitting on the table in the living	C 034	Administrator will assure to get sanitation and fire inspection	

Reviewed and Acknowledged 10-08-2025

BR

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C 034	Continued From page 1 area. -There was a framed copy of the facility's star rating issued on 09/15/21 also sitting on the table. -There were no other documents observed in the facility. Second interview with the Administrator on 07/31/25 at 5:20pm revealed: -Staff was currently working in the facility. -Staff was cleaning up the facility so the residents could move in today, 07/31/25, and live there. -There were no current sanitation or fire inspection reports available for review. -"You may as well not go up there (to the facility) because none of that is current." -She planned to call the fire marshal and the Department of Environmental Health on 08/01/25 to get on their schedule for inspection.	C 034	Administrator will assure to have star rating posted	
C 074	10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping And Furnishings (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain walls, ceilings, and floors clean and in good repair in the kitchen, living room, two common bathrooms, and three resident bedrooms. The findings are: Interview with the Administrator on 07/31/25 at	C 074	Administrator Will assure to get everything clean and in good repair in the entire home. Will have proof of all repairs	

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C 074	Continued From page 2 3:40pm revealed: -The facility was ready for residents to move in. -Since the other two facilities on the property were closing, the residents (from those two facilities) wanted to live here and their guardians were in agreement. Second interview with the Administrator on 07/31/25 at 5:20pm revealed staff was at the facility cleaning so residents could move in today, 07/31/25, and live there. Observation of the facility on 07/31/25 at 5:30pm revealed: -A staff was sweeping the floors in the living room. -There were multiple large piles of trash that had been swept and were scattered throughout the facility. Attempted interview with the staff on 07/31/25 at 5:30pm revealed the staff declined to answer questions and stated, "The owner is on the way." Observation of the first resident bedroom down the left hall and on the right side on 07/31/25 at 5:30pm revealed: -There were two areas (approximately 3 inches x 3 inches each) on the ceiling that were missing sheetrock. -There were multiple dark, black areas within the areas that were missing sheetrock. -There was a curtain hanging at the double window that was sagging in the middle on the curtain rod. -There were numerous scuff marks on the walls inside the bedroom closet. -There were multiple stains and dead bugs and debris on the floor.	C 074	Administration will assure to have Ceiling, Missing Sheetrock Curtains Closets deadbugs debris on the Floor the entire home will be Cleaned and painted And up to living Standards to be reinspected incase there will be residents moving in. once approved	

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C 074	Continued From page 3 Observation of the resident bathroom on the left hall on 07/31/25 at 5:35pm revealed: -There were multiple rust stains in the double sink. -There was trash and hair on top of the counter. -There was no water in the toilet and a dark, rust stain covered 3/4th of the toilet bowl. -The floor of the walk-in shower was dirty and there was a one inch by one inch rust stain near the drain. Observation of the kitchen on 07/31/25 at 5:37pm revealed: -The floors were dirty with debris, hair, and dead bugs. -The cabinet doors were left opened. -The laminate floor was peeling up and around the vent near the stove. Observation of the second resident bedroom down the right hall and on the right side on 07/31/25 at 5:40pm revealed: -The floors inside the closet were dirty. -There were scuff marks on the walls inside the closet. -There was debris along the baseboard behind the second bed. Observation of the resident bathroom on the right hall on 07/31/25 at 5:42pm revealed: -There was a rust stain covering 3/4th of the toilet bowl. -There was debris and trash on the shower floor. Observation of the third resident bedroom down the right hall on the left side on 07/31/25 at 5:42pm revealed: -There was a stain on the wall above the bed. -There was a second stain on the wall to the right of the bed.	C 074	Administrator will redo the entire home cabinets floor ceilings scuff marks; debris on baseboard, rust stains on toilet bowl showers ect. Administrator will have repairmancare cleaners to come into facility to get everything up to code.	

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C 076	Continued From page 5 failed to maintain furniture in clean and good repair in the living room and three resident bedrooms. The findings are: Interview with the Administrator on 07/31/25 at 3:40pm revealed: -The facility was ready for residents to move in. -Since the other two facilities on the property were closing, the residents (from those two facilities) wanted to live here and their guardians were in agreement. -There was furniture and bedding already in the facility. -The residents (residents from her two other facilities on the same property) were not bringing their belongings and clothing with them right now. Second interview with the Administrator on 07/31/25 at 5:20pm revealed staff was at the facility cleaning so residents could move in today, 07/31/25, and live there. Observation of the first resident bedroom down the left hall on the right side on 07/31/25 at 5:30pm revealed: -There were scuff marks on the top surface of one wooden dresser. -The top and bottom drawers were offline and would not close so that they were flush with the dresser's frame. -The door knobs were mismatched on the top drawer. -There were scuff marks on a second dresser and the second drawer of the dresser would not close flush with the frame. Observation of the second resident bedroom down the right hall on the right side on 07/31/25	C 076	Administrator will get matching knob for dressers, clean scuff marks, Administrator will get everything up to Compliance to be reinspected	

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C 077	Continued From page 7 Furnishings (a) Each family care home shall: (4) have a North Carolina Division of Environmental Health approved sanitation classification at all times; This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Based on observation, interviews, and record reviews, the facility failed to maintain an approved sanitation classification at all times. The findings are: Interview with the Administrator on 07/31/25 at 3:40pm revealed: -The facility was ready for residents to move in. -Since the other two facilities on the property were closing, the residents (from those two facilities) wanted to live here and their guardians were in agreement. Observation of the facility on 07/31/25 from 5:30pm-5:45pm revealed: -There was a framed copy of the facility's license dated 01/01/23 sitting on the table in the living area. -There was a framed copy of the facility's star rating issued on 09/15/21 also sitting on the table. -There were no other documents observed in the facility. Second interview with the Administrator on 07/31/25 at 5:20pm revealed: -Staff was currently working in the facility. -Staff was at the facility cleaning so residents could move in today, 07/31/25, and live there. -There were no current sanitation report available for review. -"You may as well not go up there (to the facility)	C 077	Administrator hasn't had anyone in this facility in about 3 years. Administrator will have the facility painted cleaned, new furniture ect to get into compliance.	

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C 077	Continued From page 8 because none of that is current." -She planned to call the Department of Environmental Health on 08/01/25 to get on their schedule for inspection.	C 077		
C 079	10A NCAC 13G .0315(a)(6) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping and Furnishings (a) Each family care home shall: (6) have supply of bath soap, clean towels, washcloths, sheets, pillow cases, blankets, and additional coverings adequate for resident use on hand at all times; This rule apply to new and existing homes. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain a supply of bath soap, clean towels, washcloths, bed linens for resident use at all times. The findings are: Interview with the Administrator on 07/31/25 at 3:40pm revealed: -The facility was ready for residents to move in. -Since the other two facilities on the property were closing, the residents (from those two facilities) wanted to live here and their guardians were in agreement. Second interview with the Administrator on 07/31/25 at 5:20pm revealed: -Staff was at the facility cleaning so residents could move in today, 07/31/25, and live there. -The residents (residents from her other two	C 079	Administrator will have all the supplies in the facility for a resident to use. Adm will have everything that is need when the time for Sanitation inspector to come out. Administrator will have everything clean and furniture in good repair.	

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C 102	Continued From page 10 operating condition This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations and interviews, the facility failed to ensure all fire safety and plumbing equipment was maintained in a safe and operating condition as evidenced by not having hot water and smoke detectors making a chirping noise. The findings are: Interview with the Administrator on 07/31/25 at 3:40pm revealed: -The facility was ready for residents to move in. -Since the other two facilities on the property were closing, the residents (from those two facilities) wanted to live here and their guardians were in agreement. -The air conditioning was working and there was running water. Second interview with the Administrator on 07/31/25 at 5:20pm revealed: -Staff was currently working in the facility. -Staff was cleaning up the facility so the residents could move in today, 07/31/25, and live there. -There were no current sanitation or fire inspection reports available for review. -"You may as well not go up there (to the facility) because none of that is current." -She planned to call the fire marshal and the Department of Environmental Health on 08/01/25 to get on their schedule for inspection.	C 102	Administrator will have smoke detectors and water all in working condition. Administrator will have fire and sanitation inspections done for approval so everything will be in compliance.	

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C 102	Continued From page 11 Observation of the facility on 07/31/25 from 5:30pm-5:45pm revealed: -A staff was sweeping the floors in the living room. -There was a chirping noise coming from the smoke detector in the kitchen. -The water in one resident's bathroom was cool; it did not warm up after running for approximately 30-45 seconds. -There was no water in either toilet in the resident bathrooms. -There were large rust stains covering both toilets in the resident bathrooms. -The air conditioner was running, but the air was not cool inside the facility. Attempted interview with the staff on 07/31/25 at 5:30pm revealed the staff declined to answer questions and stated, "The owner is on the way." Third interview with the Administrator on 07/31/25 at 6:00pm revealed: -When asked why she said earlier that the facility was ready for residents to move in, she stated, "well, the staff are cleaning it now." -The hot water heater and the air conditioner had just been turned back on because no one had been living in the facility for "a while." The facility failed to ensure the building and all fire safety and plumbing equipment was maintained in a safe and operating condition as evidenced by no hot water and an air conditioner that was not working properly. The Administrator wanted to move residents from her two other facilities that were abruptly closing. There were no residents residing in this facility, and the equipment was not maintained in a safe and operable manner in order to accommodate residents being admitted to the facility. This	C 102		

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C 102	Continued From page 12 failure was detrimental to the safety and welfare of residents, which constitutes a Type B Violation. A plan of protection was requested in accordance with G.S. 131D-34 on 08/05/25, but was not provided by 08/07/25. THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 14, 2025.	C 102		
C 112	10A NCAC 13G .0318(a) Outside Premises 10A NCAC 13G .0318 Outside Premises (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the outside grounds were maintained in a clean and safe condition. The findings are: Interview with the Administrator on 07/31/25 at 3:40pm revealed: -The facility was ready for residents to move in. -Since the other two facilities on the property were closing, the residents (from those two facilities) wanted to live here and their guardians were in agreement. Observation of the front of the house on 07/31/25 at 5:30pm revealed: -There was a gate in front of a cement ramp to the front door of the house that was off the hinge at the top and hanging crooked off of the fence	C 112	administrator has cleared yard and all debris and everything in driveway and yard to maintain a clean and safe condition outside. Administrator will have the gate put back on the fence or remove the gate for safety of residents	

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C 112	Continued From page 13 post. -There were vines and large weeds growing up the fence and out of the gutter. -The grass was 3-4 inches long. Observation of the shaded sitting area in the front yard on 07/31/25 at 5:33pm revealed: -There was a wooden shelter that was open on all sides, with a table and four chairs around it. -Three of the chairs were metal folding chairs and completely covered in rust. Observation of the back of the house on 07/31/25 at 5:35pm revealed: -There was a fence around the back yard with vines growing up it. -There was a cement ramp with hand rail going to the back of the house; the cement ramp was covered in leaves and debris. -The grass was not cut in the backyard. Second interview with the Administrator on 07/31/25 at 6:00pm revealed: -When asked why she stated earlier that the facility was ready for residents to move in, she stated, "staff was cleaning it." -No one had been living there "for a while."	C 112	administrator has and will make sure all Weeds and gutters and Grass is in good Repair and Cleaned out and grass cut. administrator will Remove the Rusted chairs from the outside Wooden Building. administrator will get the Vines and weeds growing around everywhere cut down and removed. and grass will be cut.	
C 259	10A NCAC 13G .0904(a)(3) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (3) There shall be a three-day supply of perishable food and a five-day supply of non-perishable food in the facility based on the menus established in Paragraph (c) of this Rule, for both regular and therapeutic diets. For the	C 259		

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C 259	Continued From page 14 purpose of this Rule "perishable food" is food that is likely to spoil or decay if not kept refrigerated at 40 degrees Fahrenheit or below, or frozen at zero degrees Fahrenheit or below and "non-perishable food" is food that can be stored at room temperature and is not likely to spoil or decay within seven days. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations and interviews, the facility failed to ensure a three-day supply of perishable food and a five-day supply of non-perishable food was maintained in the facility. The findings are: Interview with the Administrator on 07/31/25 at 3:40pm revealed: -The facility was ready for residents to move in. -Since the other two facilities on the property were closing, the residents (from those two facilities) wanted to live here and their guardians were in agreement. -There was food in the facility for residents to eat. Observation of the facility on 07/31/25 at 5:37pm revealed: -There were no menus available for review. -There was no food in the refrigerator or freezer. -There was one bag with a resident's insulin in the refrigerator that had been moved from the other home on the property. -There was no food in any of the cabinets in the kitchen.	C 259	Administrator had not placed anyone in the facility in over 3 years. administrator will assure to have Perishable and non-perishable food in the house and menus Placed in the facility. administrator will have everything in working Condition and everything in Compliance.	

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C 259	Continued From page 15 Second interview with the Administrator on 07/31/25 at 6:00pm revealed: -No one had live in the facility in "a while." -When asked why she stated earlier that there was food available in the facility, she stated, "I was making arrangements for the residents to have supper." -She planned on going to purchase groceries tomorrow, 08/01/25. The facility failed to ensure there was an adequate food supply of perishable and non-perishable foods for residents, who were potentially being relocated to this facility from two sister facilities that were abruptly closing. This failure was detrimental to the health and welfare of residents, which constitutes a Type B Violation. A plan of protection was requested in accordance with G.S. 131D-34 on 08/05/25, but was not provided by 08/07/25. THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 14, 2025.	C 259		