STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL046030	A. BUILDING: _____ B. WING _____	R 01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONFIDENCE BUILDERS II	1135A AHOSHIE-COLFIED ROAD COFIELD, NC 27922

(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 and the Hertford County Department of Social Services conducted a follow-up survey on 01/29/26.	{C 000}		
{C 069}	10A NCAC 13G .0312 (g) Outside Entrance And Exits 10A NCAC 13G .0312 Outside Entrance and Exits (g) In facilities with at least one resident who is determined by a physician or is otherwise observed by staff to be disoriented or exhibiting wandering behavior, all outside entrance/exit doors shall have a continuously sounding device that is activated when the door is opened. The sound shall be audible throughout the facility. If a central system of remote sounding devices is provided, the control panel for the system shall be powered by the facility's electrical system, and be located in an area accessible to staff. Notwithstanding the requirements of Rule .0301 of this Section, the requirements of this Paragraph shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure 2 of 2 exit doors accessible to 2 residents who were diagnosed with dementia (#1,#3) and a resident who was diagnosed with seizure confusion and Wernicke-Korsakoff Syndrome (Wernicke-Korsakoff Syndrome is a chronic memory disorder caused by severe Vitamin B1 deficiency) (#3) had a working alarm that was of sufficient volume that could be heard by staff	{C 069}		

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{C 069}	Continued From page 1 when activated and responded to for the safety of residents. The findings are: Review of the facility's license revealed: -The facility was licensed effective 01/01/26 for a capacity of 5 ambulatory residents. -The expiration date of the facility's license was 12/31/26. Observation of the facility on 01/29/26 intermittently from 8:15am to 4:00pm revealed: -There were 2 exit doors at the facility, a front door and a back door. -There was an alarm at the upper left side of the each door that connected with an alarm on the door frame when the front door was closed. -When the doors was opened there was no audible alarm. -Residents and staff were observed entering and exiting through the back door throughout the day. -There was no audible alarm upon entrance and exit of the facility through the back entrance. -The front door was not utilized by residents or staff. Review of Resident #1's current FL-2 dated 02/25/25 revealed: -Diagnosis included dementia. -The resident was ambulatory and intermittently disoriented. -The resident had wandering behaviors. Review of Resident #2's current FL-2 dated 04/14/25 revealed: -Diagnoses included seizure confusion and Wernicke-Korsakoff syndrome. -The resident was ambulatory. -There was no documentation of the resident's	{C 069}		

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{C 069}	Continued From page 2 disorientation status. Review of Resident #3's current FL-2 dated 11/13/25 revealed: -Diagnosis included dementia. -The resident intermittently disoriented and there was no information regarding ambulatory status. Observation of Resident #3 on 01/29/26 at 8:55am revealed he was ambulatory with the use of an assistive device. Interview with the Administrator on 01/29/26 at 4:05pm revealed: -No residents at the facility had wandering behaviors. -She thought she heard the back door alarm when she entered for work that morning. -She was not sure when the front door last alarmed when opened since the front door was rarely used. -She listened for door alarms but there was no process in place to routinely check to ensure they were working properly.	{C 069}		
{C 120}	10A NCAC 13G .0316 (f) Fire Safety and Emergency Preparedness Plan 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	{C 120}		

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{C 120}	Continued From page 3 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: Based on observations, interviews, and record reviews, the facility failed to maintain detailed fire rehearsal records which included a date the fire drill was conducted and a description of what the rehearsal involved. The findings are: Review of the facility's license revealed: -The facility was licensed effective 01/01/26 for a capacity of 5 ambulatory residents. -The expiration date of the facility's license was 12/31/26. Observation of the facility on 01/29/26 at 8:15am revealed: -There were 5 residents present. -There were 2 exits at the facility. -There was an exit on the front of the facility that led to the front yard. -There was an exit at the back of the facility that led to a back porch deck which led to the back yard.	{C 120}		

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{C 120}	Continued From page 4 Review of the facility's Fire Drill 2025 log revealed: -A fire drill was conducted on 11/25/25; no time was specified for when the drill was conducted. Resident and staff initials were listed along side of the November heading. -There was documentation that read "7 min" and "success tree backyard". -There was no documentation of the description of what the fire drill involved. -A fire drill was conducted on 12/01/25 at 10:00pm. -Resident initials were listed under the December heading and the staff member's name was listed below. -There was documentation that read "1 min". -There was no documentation of the description of what the fire drill involved. -A fire drill was conducted on January 5 at 7:00am; no year was specified. -The staff name was documented under the month and day and the residents' initials were listed under documentation of "2min". -There was no documentation of the description of what the fire drill involved. Interview with the Administrator on 01/29/26 at 4:05pm revealed: -She conducted fire drills several times a month. -She was not aware of what needed to be documented in the description of what the fire drill involved.	{C 120}		