

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079119	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/14/2026
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NAME OF PROVIDER OR SUPPLIER HARRISONS CARING HANDS 4	STREET ADDRESS, CITY, STATE, ZIP CODE 109 ROANOKE STREET REIDSVILLE, NC 27323
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(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	C 000		
C 007	<p>10A NCAC 13G .0206 Capacity</p> <p>10A NCAC 13G .0206 Capacity</p> <p>(a) Pursuant to G.S. 131D-2.1(9), family care homes shall have a capacity of two to six residents. For the purposes of this Rule, "capacity" means the maximum number of residents permitted to live in a licensed family care home in accordance with the North Carolina Building Code and the evacuation capability of each resident.</p> <p>(b) The total number of residents shall not exceed the number shown on the license. The license shall indicate the facility's capacity for ambulatory and non-ambulatory individuals permitted to live in the facility. For the purposes of this Rule, "ambulatory" means the individual is able to respond and evacuate from the facility without verbal or physical assistance from others in the event of an emergency. "Non-ambulatory" means the individual is not able to respond and evacuate from the facility without verbal or physical assistance from others in the event of an emergency.</p> <p>(c) A request for an increase in capacity by adding rooms, remodeling, or without building modifications shall be made to the county department of social services and submitted to the Division of Health Service Regulation Construction Section and shall include two copies of blueprints or floor plans. One plan shall show the existing building with the current use of rooms, and the second plan showing the addition, remodeling, or change in use of spaces, and showing the use of every room. If new</p>	C 007	<p>non-ambulatory residents heel shaker was plugged back up immediately.</p> <p>Administrator talked 1/13/26 to resident and explained the importance of keeping the heel shaker plugged up.</p> <p>Administrator talked 1/13/26 to staff and facility manager about the importance of checking and making sure the heel shaker was plugged up daily. Explained</p>	1/13/26

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Maureen Harrison

TITLE

administrator

(X6) DATE

1/30/26

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HARRISONS CARING HANDS 4

**109 ROANOKE STREET
REIDSVILLE, NC 27323**

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C 007	<p>Continued From page 2</p> <p>Health Service Regulation (DHSR) that the resident's evacuation capabilities were different from the evacuation capabilities listed on the facility's license for one resident who did not exit the facility during a fire drill.</p> <p>The findings are:</p> <p>Review of the facility's current license effective 01/01/26 revealed the facility was licensed for 6 ambulatory residents.</p> <p>Observation of the facility on 01/13/26 at 9:30am revealed five residents resided in the facility.</p> <p>Review of the facility's fire rehearsal schedule revealed:</p> <ul style="list-style-type: none"> -On 01/12/25 at 12:00pm, five residents were in the facility when the fire alarm was activated. -All five residents exited the facility to the parking lot; the time for total evacuation was 1.5 minutes. -On 05/02/25 at 7:05am, five residents were in the facility when the fire alarm was activated. -All five residents exited the facility to the parking lot; the time for total evacuation was 2 minutes. -On 08/02/25 at 1:16pm, five residents were in the facility when the fire alarm was activated. -All five residents exited the facility to the parking lot; the time for total evacuation was 1.5 minutes. -On 11/05/25 at 11:00am, five residents were in the facility when the fire alarm was activated. -All five residents exited the facility to the mailbox; the time for total evacuation was 3 minutes. -On 01/02/26 at 2:00pm, five residents were in the facility when the fire alarm was activated. -All five residents exited the facility to the mailbox; the time for total evacuation was 3 minutes. <p>Observation of the facility on 01/13/26 at 10:45am revealed:</p>	C 007	<p><i>non-ambulatory resident was moved to an assisted living facility.</i></p>	1/14/26

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C 007	<p>Continued From page 3</p> <ul style="list-style-type: none"> -There were four residents in the facility, one resident was at a day program. -A fire drill was conducted. -The Supervisor in Charge (SIC) initiated the fire drill by pressing the test button on the smoke detector. -Three residents exited the facility in one minute and five seconds. -One resident remained in her bedroom. <p>Interview with the SIC on 01/13/26 at 11:00am revealed:</p> <ul style="list-style-type: none"> -When fire drill rehearsals were conducted in the past, all residents exited the facility without prompting. -She expected all residents to exit the facility safely when the fire alarm sounded. <p>Interview with the Administrator on 01/13/26 at 10:50am revealed:</p> <ul style="list-style-type: none"> -All the residents were ambulatory; the residents that used walkers were ambulatory too. -She knew she was supposed to let construction know if a resident was not ambulatory, but all the residents were ambulatory. -She had not notified construction because she did not know she needed to. <p>Refer to Tag C0022 10A NCAC 13G .0302(c) Design and Construction.</p>	C 007		
C 023	<p>10A NCAC 13G .0302 (c) Design And Construction</p> <p>10A NCAC 13G .0302 Design And Construction</p> <p>(c) A family care home shall not offer services for which the facility was not planned, constructed,</p>	C 023		

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C 023	<p>Continued From page 4</p> <p>equipped, or maintained.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure the residents' evacuation capabilities were in accordance with the evacuation capability listed on the facility's current license for 1 of 3 sampled residents (#2) who was deaf and needed visual or physical prompting to know to exit the facility during a fire drill.</p> <p>The findings are:</p> <p>Review of the facility's current license effective 01/01/26 revealed the facility was licensed for 6 ambulatory residents.</p> <p>Review of the facility's fire rehearsal schedule dated 01/12/25 at 12:00pm revealed: -A fire drill was conducted. -There was 1 staff member and 5 residents present. -The fire alarm was activated in bathroom #1. -All residents exited the facility safely. -The total time for evacuation was 1.5 minutes.</p> <p>Review of the facility's fire rehearsal schedule dated 05/02/25 at 7:05am revealed: -A fire drill was conducted. -There was 1 staff member and 5 residents present.</p>	C 023		

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C 023	<p>Continued From page 5</p> <ul style="list-style-type: none"> -The fire alarm was activated in the staff room. -All residents exited the facility safely. -The total time for evacuation was 2 minutes. <p>Review of the facility's fire rehearsal schedule dated 08/02/25 at 1:16pm revealed:</p> <ul style="list-style-type: none"> -A fire drill was conducted. -There was 1 staff member and 5 residents present. -The fire alarm was activated in the common area. -All residents exited the facility safely. -The total time for evacuation was 1.5 minutes. <p>Review of the facility's fire rehearsal schedule dated 11/05/25 at 11:00am revealed:</p> <ul style="list-style-type: none"> -A fire drill was conducted. -There was 2 staff members and 5 residents present. -The fire alarm was activated in the kitchen. -All residents exited the facility safely. -The total time for evacuation was 3 minutes. <p>Review of the facility's fire rehearsal schedule dated 01/02/26 at 2:00pm revealed:</p> <ul style="list-style-type: none"> -A fire drill was conducted. -There was 2 staff members and 5 residents present. -The fire alarm was activated in the front room. -All residents exited the facility safely. -The total time for evacuation was 3 minutes. <p>Review of Resident #2's current FL-2 dated 09/27/25 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included deaf-mute, hypertension, and type II diabetes. -The resident was ambulatory. -The resident had a function limitation; she was deaf. 	C 023		

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C 023	<p>Continued From page 6</p> <p>Review of Resident #2's Resident Register revealed there was an admission date of 09/11/24.</p> <p>Review of Resident #2's assessment and care plan dated 09/27/25 revealed: -The resident's hearing was very limited (deaf). -The resident communicated with sign language and writing. -The resident required stand-by assistance from staff with toileting, bathing, dressing, and grooming/personal hygiene. -The care plan was signed by Resident #2's primary care provider (PCP) on 09/27/25.</p> <p>Observation of the facility on 01/13/26 at 10:45am revealed: -There were four residents in the facility, one resident was at a day program. -A fire drill was conducted. -The Supervisor in Charge (SIC) initiated the fire drill by pressing the test button on the smoke detector. -Three residents exited the facility in one minute and five seconds. -Resident #2 remained in her bedroom.</p> <p>Observation of Resident #2's bedroom on 01/13/26 at 10:47am revealed: -There were no functioning visual, audible, or tactile/vibrating fire alarm devices in use in Resident #2's bedroom during the fire drill. -Resident #2 had a bedshaker, but it was unplugged and in her closet.</p> <p>Observation of the facility on 01/13/26 at various times between 9:30am-6:15pm revealed Resident #2 communicated with others through sign language and/or writing things down on paper.</p>	C 023		

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C 023	<p>Continued From page 7</p> <p>Observation of Resident #2's bedroom on 01/13/26 at 1:30pm revealed that when plugged in, Resident #2's bedshaker worked as intended.</p> <p>Observation and interview with Resident #2 on 01/13/26 at 11:05am revealed:</p> <ul style="list-style-type: none"> -When asked a question, she indicated by pointing to her ears and shaking her head side to side. -She had a notebook and pen available that she used to communicate. -When asked did she know what to do and where to go during a fire drill, she wrote yes. -When asked how she knew when there was a fire drill, she pointed to her bed and shook her hand signaling that her bed shook. -When asked if her bed shook during the fire drill conducted on 01/13/26 at 10:45am, she wrote no. -When asked if staff told her when there was a fire drill, she wrote yes. -When asked if she could hear anything, like the fire alarm, she wrote no. -When asked why she did not leave during the fire drill rehearsal, she wrote she did not know. <p>Interview with the SIC on 01/13/26 at 10:50am revealed:</p> <ul style="list-style-type: none"> -When staff activated the fire alarm for fire drill rehearsals, staff or other residents would sometimes prompt Resident #2 to evacuate the facility. -She did not know that if she had to prompt a resident to exit the facility, they were considered non-ambulatory. -Resident #2 had a bed shaker that would activate and shake Resident #2's bed when the fire alarm was activated. -The last time she conducted a fire drill rehearsal Resident #2 was out of the facility. 	C 023		

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C 023	<p>Continued From page 8</p> <p>-This was the first time Resident #2 did not exit the facility during a fire drill rehearsal.</p> <p>Interview with the Manager on 01/13/26 at 5:49pm revealed: -Resident #2's bed shaker was not plugged in during the fire drill conducted on 01/13/26 at 10:45am. -Resident #2 unplugged her bed shaker so she could plug in the charger for her tablet. -She was unaware Resident #2 had unplugged her bed shaker. -There was no protocol put in place for assuring Resident #2's bed shaker was operating as intended.</p> <p>Interview with the Administrator on 01/13/26 at 10:50am revealed: -She was aware that if a resident needed prompting to exit the facility during a fire drill, they were considered non-ambulatory. -She added the bed shaker to Resident #2's bedroom to eradicate the problem. -The bed shaker in Resident #2's room was strong enough that the vibration could be felt on the floor. -She was not sure how Resident #2 would exit the facility without being prompted if she was not in her bedroom. -Her expectation was that all residents would exit the facility, safely and without prompting, when the fire alarm was activated.</p> <p>Attempted telephone interview with Resident #2's responsible party on 01/13/26 at 6:00pm was unsuccessful.</p> <p>_____</p> <p>The facility failed to ensure the building was equipped and maintained in accordance with the</p>	C 023		

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C 023	Continued From page 9 facility's licensed capacity for a resident (#2), who was deaf and only able to communicate using sign language or written communication to evacuate the facility independently in case of an emergency such as a fire. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 01/13/26 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED FEBRUARY 28, 2026.	C 023		
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.	C 069	Door alarms were purchased and put up on both the front & back door. Door alarms were checked to ensure they are working properly.	1/13/26 1/13/26

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C 069	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure 2 of 2 exit doors that were accessible to two residents, who were intermittently disoriented (#1, #3) had working alarms that were of sufficient volume that could be heard by staff when activated and responded to for the safety of the residents.</p> <p>The findings are:</p> <p>Observation of the front entrance/exit door to the facility on 01/13/26 at various times between 9:30am-6:15pm revealed no alarm sounded when the door to the facility was opened and closed.</p> <p>Observation of a second entrance/exit door to the facility on 01/13/26 at various times between 9:30am-6:15pm revealed the door was located at the back of the house and no alarm sounded when the door was opened and closed.</p> <p>1. Review of Resident #1's current FL-2 dated 09/22/25 revealed: -Diagnoses included schizoaffective disorder and hypertension. -The resident was intermittently disoriented.</p> <p>Review of Resident #1's assessment and care plan dated 09/13/25 revealed: -The resident was sometimes forgetful and needed reminders. -The resident was sometimes disoriented.</p> <p>Based on observations, record reviews, and</p>	C 069	<p>administrators talked to staff about the importance of making sure the door alarms are always on and working. They are to check every morning and every night to make sure they are still working. If at any time they are not working they are to call administrator so it can be fixed promptly.</p>	1/13/26

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C 069	<p>Continued From page 11</p> <p>interviews it was determined Resident #1 was not interviewable.</p> <p>Refer to the telephone interview with the primary care provider's (PCP) on 01/14/26 at 9:13am</p> <p>Refer to the interview with the Supervisor-in-Charge (SIC) on 01/13/26 at 2:30pm.</p> <p>Refer to the telephone interview with the Administrator on 01/14/26 at 8:41am.</p> <p>2. Review of Resident #3's current FL-2 dated 01/24/25 revealed: -Diagnoses included neurocognitive disorder, anxiety, and bipolar disorder. -The resident was intermittently disoriented.</p> <p>Review of Resident #3's assessment and care plan dated 01/23/25 revealed: -The resident was sometimes forgetful and needed reminders. -The resident was sometimes disoriented.</p> <p>Based on observations, record reviews, and interviews it was determined Resident #3 was not interviewable.</p> <p>Refer to the telephone interview with the primary care provider's (PCP) on 01/14/26 at 9:13am</p> <p>Refer to the interview with the Supervisor-in-Charge (SIC) on 01/13/26 at 2:30pm.</p> <p>Refer to the telephone interview with the Administrator on 01/14/26 at 8:41am.</p>	C 069		

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C 069	<p>Continued From page 12</p> <p>Telephone interview with the PCP on 01/14/26 at 9:13am revealed she added intermittently disoriented to any resident's FL2 with a psychological diagnosis.</p> <p>Interview with the SIC on 01/13/26 at 2:30pm revealed: -The exit doors had alarms, but the alarms were not activated during the day. -She only activated the alarms during the nighttime. -The residents did not go outside without staff supervision. -She did not have any residents who wandered. -"Some of the residents would get confused sometimes".</p> <p>Interview with the Administrator on 01/14/26 at 8:41am revealed the doors did not have working alarms but she did not have a problem with adding alarms to the entrance/exit doors.</p> <hr/> <p>The facility failed to ensure the alarms on the exit doors to the facility had an audible sounding device when activated which resulted in two residents who were forgetful, needed reminders, and were intermittently disoriented (#1, #3) having access to the doors and at risk for eloping from the facility without staff's knowledge. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation.</p> <hr/> <p>The facility provided an acceptable plan of protection in accordance with G.S. 131D-34 on 01/14/26.</p>	C 069		

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C 069	Continued From page 13 CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED FEBRUARY 28, 2026.	C 069		
C 120	<p>10A NCAC 13G .0316 (f) Fire Safety and Emergency Preparedness Plan</p> <p>10A NCAC 13G .0316 Fire Safety and Emergency Preparedness Plan</p> <p>(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 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.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, record review, and interviews, the facility failed to ensure that fire drill</p>	C 120	<p>administrator will ensure fire drill rehearsals are conducted on each shift quarterly. Fire drills will be documented.</p>	1/30/26

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079119	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/14/2026
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NAME OF PROVIDER OR SUPPLIER HARRISONS CARING HANDS 4	STREET ADDRESS, CITY, STATE, ZIP CODE 109 ROANOKE STREET REIDSVILLE, NC 27323
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(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 120	<p>Continued From page 14</p> <p>rehearsals were conducted on each shift quarterly.</p> <p>The findings are:</p> <p>Review of facility documents revealed: -There was documentation that fire drill rehearsals were conducted 01/12/25 at 12:00pm, 05/02/25 at 7:05am, 08/02/25 at 1:16pm, 11/05/25 at 11:00am, and 01/02/26 at 2:00pm. -There was a fire safety inspection report from 2025 posted on a wall in the facility.</p> <p>Observation of the facility on 01/13/26 at 10:45am revealed: -There were four residents in the facility, one resident was at a day program. -A fire drill was conducted. -The Supervisor-in-Charge (SIC) initiated the fire drill by pressing the test button on the smoke detector. -Three residents exited the facility in one minute and five seconds. -One resident remained in her bedroom.</p> <p>Interview with the SIC on 01/13/26 at 11:00am revealed: -She conducted fire drill rehearsals once a month. -She did not always document when she conducted fire drill rehearsals. -She was not aware fire drill rehearsals were to be conducted on each shift quarterly. -She did not know that if she had to prompt a resident to exit the facility, they were considered non-ambulatory.</p> <p>Interview with the Manager on 01/13/26 at 5:49pm revealed she did not know that fire drill rehearsals must be completed quarterly on each</p>	C 120		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079119	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/14/2026
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NAME OF PROVIDER OR SUPPLIER HARRISONS CARING HANDS 4	STREET ADDRESS, CITY, STATE, ZIP CODE 109 ROANOKE STREET REIDSVILLE, NC 27323
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C 120	<p>Continued From page 15 shift.</p> <p>Interview with the Administrator on 01/13/26 at 10:50am revealed she thought fire drill rehearsals were to be conducted four times a year.</p> <hr/> <p>The facility failed to ensure that fire drill rehearsals were conducted on each shift quarterly to ensure five residents knew to respond to a fire alarm and exit the facility without being verbally prompted to do so. This failure was detrimental to the health, safety, and welfare of the resident and constitutes a Type B Violation.</p> <hr/> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 01/13/26 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED FEBURARY 28, 2026.</p>	C 120		