STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL046004	A. BUILDING: **01** B. WING ___	**02/07/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DELOATCH'S REST VILLA I	**104 E LEWISTOWN ROAD** **MURFREESBORO, NC 27855**

(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 Wendy Chester DHSR Construction Section conducted a Biennial Survey on February 7, 2018 from 12:30 PM to 3:00 PM at the above referenced facility. DHSR records indicate the home was first licensed on February 01, 1975 as a Family Care Home for five Residents; Licensure rules at this time only allowed for a maximum capacity of five Residents. Effective on February 1, 1983 the building code was amended to allow for a maximum of six Residents, and effective on April 1, 1984 Licensure Rules were revised to allow for a maximum capacity of six residents as well. Your home is currently licensed with a capacity of Six (6) all-ambulatory residents (able to respond and evacuate without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1984 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1978 (Revision 5) North Carolina State Building Code - Section-409.1(g)-Residential Care facilities. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 109	Construction-Two Stories SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (f) If the building is two stories in height, it shall meet the following requirements:	C 109		

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C 109	Continued From page 1 (1) Each floor shall be less than 2500 square feet in area if existing construction or, if new construction, shall not exceed the allowable area for R-4 occupancy in the North Carolina State Building Code; (2) Aged or disabled persons are not to be housed on any floor above or below grade level; (3) Required resident facilities are not to be located on any floor above or below grade level; and (4) A complete fire alarm system with pull stations on each floor and sounding devices which are audible throughout the building shall be provided. The fire alarm system shall be able to transmit an automatic signal to the local emergency fire department dispatch center, either directly or through a central station monitoring company connection. This Rule is not met as evidenced by: 1.) This Rule requires that if the building is two stories in height it shall have sounding devices which are audible throughout the building. At the time of the survey it was observed that the second story fire alarm system was not interconnected to the first floor and therefore was not audible throughout the building. This poses a life safety hazard in the event there is a fire in the upper story. Based on our findings make arrangements to have the second story interconnected with the first story. Once completed provide invoices/receipts indicating all work performed to the DHSR Construction Section as verification of compliance.	C 109		

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C 112	Continued From page 2	C 112		
C 112	Construction-Res. Areas Same Floor Level SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (i) In homes licensed on or after April 1, 1984, all required resident areas shall be on the same floor level. Steps between levels are not permitted. This Rule is not met as evidenced by: 1.) The Rule requires that in homes licensed on or after April 1, 1984, all required resident areas shall be on the same floor level. Steps between levels are not permitted. At the time of the survey it was observed that a bi-fold louver door, similar to those commonly used on closets, was being used in an opening between the dining area and a den that was two steps lower. It was advised to the Staff that the Den was not for Resident use. The door in it's current state was unsecured and allowed for potential unintentional Resident access. Based on our finding make arrangements to have this opening secured in a manner that ensures no unintentional access can occur. Once completed provide photos of the work as well as invoices/ receipts which indicate what work was performed to DHSR Construction Section as verification of compliance.	C 112		
C 147	Outside Entrances/Exits-Single Hand Motion SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all	C 147		

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C 147	Continued From page 3 times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled. This Rule is not met as evidenced by: 1.) This Rule requires that all exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled. At the time of the survey the upstairs Office emergency exit door had a low placed barrel lock and a thumb latch deadbolt. These locking devices hinder quick and safe exit in the event of an emergency. Based on our findings make arrangements to have the lockset changed to single hand control and the deadbolt and barrel lock disengaged. Once completed provide photos of the completed work as well as purchase receipts to the DHSR Construction Section as verification of compliance.	C 147		
C 148	Outside Entrances/Exits-Free of Obstructions SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (e) All entrances/exits shall be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency. This Rule is not met as evidenced by: 1.) This Rule requires that all entrances/exits shall be free of all obstructions or impediments to allow for full instant use in case of fire or other	C 148		

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C 148	Continued From page 4 emergency. At the time of the survey it was observed that the upstairs Office emergency exit door was blocked with a security bar. This is in addition to the findings in 0147 and creates an obstruction and unsafe condition. Based on our finding remove the security bar. Once completed provide photos of door hardware to the DHSR Construction Section after removal as verification of compliance.	C 148		
C 152	Floors 10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1.) This Rule requires that scatter or throw rugs shall not be used. At the time of the survey it was observed that there were multiple scatter/throw rugs located throughout the home. The Staff began making efforts to remove the rugs while we were at the location. Small rugs such as these pose trip hazards. Based on our findings remove from the home any remaining scatter/throw rugs. Once complete provide to DHSR Construction Section overall room photos showing the floors in areas that had contained these rugs.	C 152		

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C 153	Continued From page 5	C 153		
C 153	Houskeeping And Furnishings-Clean, Repaired SECTION .0300 - THE BUILDING 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; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1.) This Rule requires that each family care home shall have walls kept in good repair. At the time of the survey it was observed that the rear Bedroom which houses three Residents had scuffs/ bumps/ chipped paint on the walls between the closets. Based on our finding make arrangements to have the walls repaired and repainted to match the existing finish. Once completed provide photos of the work to the DHSR Construction Section as verification of compliance.	C 153		
C 155	Housekeeping-Free of Obstructions SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing homes.	C 155		

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C 155	Continued From page 6 This Rule is not met as evidenced by: 1.) This Rule requires that each family care home shall be maintained free of all obstructions and hazards. At the time of the survey it was observed that the front Bedroom at the end of the left Corridor had items stacked in front of the window intended as the secondary means of egress. This arrangement made it difficult for the window to be opened and would cause delay in exit in the event of an emergency. Based on our findings remove the items from this location and maintain the area clear of obstructions that would hinder exit. Once completed provide photos of the area to the DHSR Construction Section as verification of compliance. 2.) The Rule requires that each family care home shall be maintained free of all obstructions and hazards. At the time of the survey is was observed that there were closet doors in the rear Resident Bedroom which housed three Residents that had hasp locks on the doors. Hasp locks on doors that enclose spaces that a person could reasonably fit are not allowed because they pose a risk of locked confinement of home occupants. Based on this finding make arrangement to have the hasp locks removed/ disabled and replace with approved locking knob sets which can be opened without a key from the interior of the closet. Once complete provide photos of the completed work as well as invoices/ receipts indicating all work performed to the DHSR	C 155		

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C 155	Continued From page 7 Construction Section.	C 155		
C 171	Fire Safety- Evacuation Plan SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (d) A written fire evacuation plan (including a diagrammed drawing) which has the approval of the local code enforcement official shall be prepared in large print and posted in a central location on each floor. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. This Rule is not met as evidenced by: 1.) This Rule requires that a fire evacuation plan diagrammed drawing which has the approval of the local code enforcement official shall be prepared in large print and posted in a central location on each floor. At the time of the survey it was observed that the fire evacuation plan drawing had more than one concern as noted below: a. the centrally located evacuation plan was on a bulletin board but was hard to locate due to the amount of other materials on the board. b. most of the evacuation plans were not oriented to match the locations of the exit door in relation to the point posted. c. the plans contained a third route out the rear Den exit for which residents are not supposed to be accessing and which has two steps with no handrail. During the course of the survey the Staff made efforts to begin some of the required changes. Based on our findings hang the centrally located	C 171		

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C 171	Continued From page 8 plan in a manner that is easy to visually locate. Place the plans currently located throughout the home to show the correct orientation of the facility to correspond with their specific location within the home. When the plan is located on a wall, UP should be straight ahead. Modify all of the plans for which residents have access to not contain the route through the Den exit. Once completed provide photos of the completed changes to the DHSR Construction Section as verification.	C 171		
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.) The Rule requires that the building shall be maintained in a safe and operating condition. At the time of the survey it was observed that the crawlspace doors had concerns as noted below: a. the door at the front of the home was dislodged from the home on the hinge side. b. the rear door would not open. Based on our findings make arrangement to have the damaged crawlspace frame repaired/ replaced and to have the second made operable. Once completed provide photos of the completed work as well as invoices/receipts indicating all work performed to the DHSR Construction	C 174		

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C 174	Continued From page 9 Section as verification of compliance. 2.) This Rule requires that the electrical equipment in a family care home shall be maintained in a safe and operating condition. At the time of the survey it was observed that the GFCI outlet at the front of the home near the crawlspace does not trip which can pose a safety hazard. Based on our findings make arrangements to have the outlet repaired/replaced. Once completed provide purchase receipts or other documentation describing work performed to the DHSR Construction Section as verification of compliance. 3.) This Rule requires that the electrical equipment in a family care home shall be maintained in a safe and operating condition. At was observed at the time of the survey that in the front right Bathroom the light over the vanity had a couple of concerns and they are as follows: a. two of the three bulbs were burnt out or not functioning properly. b. there was a non GFCI plug outlet in the light housing. Any outlet within this range of a water source must be GFCI. Based on our findings make arrangements to replace the non-working bulbs and to have the outlet plug deconnected or upgraded to GFCI. Once completed provide photos of the completed work as well as invoices/receipts indicating all work performed to the DHSR Construction Section as verification of compliance. 4.) The Rule require that the mechanical	C 174		

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C 174	Continued From page 10 equipment in a family care home shall be maintained in a safe and operating condition. At the time of the survey it was observed that the air handler return register had dust build up on the grills. The staff cleaned this register during the survey. Based on our finding make sure to include the maintenance of this equipment in a regular cleaning schedule. Provide to DHSR Construction Section documentation of the intended maintenance schedule as verification of compliance. 5.) This Rule requires that all fire safety equipment in a family care home shall be maintained in a safe and operating condition. At the time of the survey it was observed that the fire extinguishers were up to date on their yearly inspections but that the required monthly inspections were not up to date. During the survey the Staff begin making efforts to inspect the extinguishers and update the monthly tag log. Monthly inspections are critical in ensuring this equipment will be ready in the event of an emergency requiring use. Based on our findings make sure to include the maintenance of this equipment in a monthly inspection schedule and to update the tag log. Provide to DHSR Construction Section a documented intended maintenance schedule as verification of compliance. 6.) The Rule requires that the mechanical equipment in a family care home shall be maintained in a safe and operating condition.	C 174		

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C 174	Continued From page 11 At was observed at the time of the survey that the exterior dryer vent housing had a few areas of concern as listed below: a. It is coated in lint which is a fire hazard. b. It was not attached flush with the exterior wall which can allow weather penetration to the subsurface. c. It did not have a backdraft door which can be a point of entry for vermin. Based on our findings repair/ replace the vent housing so that it is flush with the exterior finish, is a unit that has a backdraft door, and maintain it in a lint free condition. Provide to the DHSR Construction Section copies of photos of the unit installed and invoices/receipts indicating work completed as verification of compliance.	C 174		
C 183	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 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: 1.) The Rule requires that the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. At the time of the survey it was observed that the brick well at the front of the home was missing the cover and it was being utilized as a trash receptacle. The exposed brick along the top edge and interior is broken, sharp and posses a safety hazard. The trash is not being properly disposed. Based on our findings make arrangements to	C 183		

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C 183	Continued From page 12 dispose of the trash and cover the well with a suitable covering. Once completed provide photos of the completed work to DHSR Construction Section as verification of compliance.	C 183		
C 119	Bathroom IV. The Building C. Physical Environment 5. Bathroom (10 NCAC 42C .2206) a. Facilities licensed as of April 1, 1984 must have one full bathroom for each five or fewer persons including live-in staff and family. b. If there is a question whether a home licensed before April 1, 1984 has a sufficient number of bathrooms, the Division of Facility Services is responsible for determining the size and number of bathrooms required based on the number of persons living in the home. c. The bathroom(s) must be designed to provide privacy. A bathroom with more than one toilet or tub/shower must have privacy partitions or curtains. d. Entrance to the bathroom is not to be through a kitchen, another person 's bedroom, or another bathroom. e. The bathroom must be located as conveniently as possible to the resident 's bedrooms. f. Hand grips must be installed at all commodes, tubs and showers on the floor level used by the residents. g. Nonskid surfacing or strips must be installed in showers and bath areas. h. The bathroom must be well lighted and adequately ventilated. i. The bathroom floor must have a non-slippery water-resistant covering.	C 119		

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C 119	Continued From page 13 This Rule is not met as evidenced by: 1.) The Rule requires that the bathroom must be adequately ventilated. At the time of the survey it was observed in the Attic that the exhaust fan in the front left Bathroom did not have a vent duct attached to the fan motor housing. This causes the exhaust air to vent directly into the blown-in insulation which is not adequate since it would not find open air. It could not be confirmed during the survey whether the rear Bathroom may have the same condition. Based on our findings consult with the local building official to determine the required course of action. Make arrangements to have the exhaust fan duct vent updated to the current Rule requirements which requires the exhaust to vent directly to the outdoors. Have the technician confirm the status of the rear Bathroom exhaust fan ducting and if found in the same condition repair it in the same fashion. Once completed provide photos of the work as well as invoices/receipts indicating all work performed to the DHSR Construction Section as verification of compliance.	C 119		
C 007	10A NCAC 13G .0206 Capacity 10A NCAC 13G .0206 Capacity (a) Pursuant to G.S. 131D-2(a)(5), family care homes have a capacity of two to six residents. (b) The total number of residents shall not exceed the number shown on the license. (c) A request for an increase in capacity by adding rooms, remodeling or without any building	C 007		

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	FCL046004	A. BUILDING: **01** B. WING ______	**02/07/2018**

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DELOATCH'S REST VILLA I	**104 E LEWISTOWN ROAD** **MURFREESBORO, NC 27855**

(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 007	Continued From page 14	C 007		

modifications shall be made to the county department of social services and submitted to the Division of Facility Services, accompanied by two copies of blueprints or floor plans. One plan showing the existing building with the current use of rooms and the second plan indicating the addition, remodeling or change in use of spaces showing the use of each room. If new construction, plans shall show how the addition will be tied into the existing building and all proposed changes in the structure.
(d) When licensed homes increase their designed capacity by the addition to or remodeling of the existing physical plant, the entire home shall meet all current fire safety regulations.
(e) The licensee or the licensee's designee shall notify the Division of Facility Services if the overall evacuation capability of the residents changes from the evacuation capability listed on the homes license or of the addition of any non-resident that will be residing within the home. This information shall be submitted through the county department of social services and forwarded to the Construction Section of the Division of Facility Services for review of any possible changes that may be required to the building.

This Rule is not met as evidenced by:
1.) The Rule requires that the licensee or the licensee's designee shall notify the Division of Facility Services if the overall evacuation capability of the residents changes from the evacuation capability listed on the homes license. This information shall be submitted through the county department of social services and forwarded to the Construction Section of the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 007	Continued From page 15 Division of Facility Services for review of any possible changes that may be required to the building. At the time of the survey it was observed that one of the Residents ambulatory status may have changed. It did not appear that the Resident would be able to respond and evacuate without any physical or verbal assistance during a fire or other emergency. The staff was aware and stated they are scheduling a physician review of the Residents situation to make a determination as to her status. Based on our observation, after the physician consultation and determination, follow-up with the Division of Facility Services with documentation of the ambulation results and supply a copy to the DHSR Construction Section as verification of compliance.	C 007		