STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
				,	R		
		FCL035034	B. WING		09/2	1/2023	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE			
HOUSE C	OF BLESSINGS AT SU		TTON ROAD URG, NC 2754	9			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE	
{C 000}	Initial Comments		{C 000}				
	Report by David Hi	ckman					
	Follow-up Survey o 10:25 AM to 11:10 a facility. At the time of	n Section conducted a Biennia n September 21, 2023 from AM at the above referenced of the survey not all orrected thefore further action					
	The remaining cited	d deficiencies are as follows:					
{C 112}	Construction-Res.	Areas Same Floor Level	{C 112}				
	required resident a						
	the laundry area wa were steps between garage. This is not the necessary steps on the same level of area.	e survey it was observed that as in the garage and there in the house level and the compliant with the rule. Take is to provide the laundry area of the home as the resident had not been resolved at the					
{C 122}	Living Room		{C 122}				
	(a) Family care ho	THE BUILDING 605 LIVING ROOM omes licensed on or after April a living room area of at least					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: 0			(X3) DATE SURVEY COMPLETED		
						R	
		FCL035034	B. WING		09/	21/2023	
IAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST TTON ROAD	ATE, ZIP CODE			
IOUSE	OF BLESSINGS AT S	LITTON RD	URG, NC 2754	9			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE ⁻ DATE	
{C 122}	Continued From pa	age 1	{C 122}				
	to meet the North (s shall have operable windows Carolina State Building Code rovide 30 foot candles of light					
	1. At the time of the the the living room measuring at 143 s compliant with the to provide a living r square feet.	et as evidenced by: e survey it was observed that area provided was only square feet. This is not rule. Take the necessary steps oom with the minimum 200 r had not been resolved at the p survey.					
{C 147}	Outside Entrances	/Exits-Single Hand Motion	{C 147}				
	AND EXITS (d) All exit door lo by a single hand m times without keys.	OUTSIDE ENTRANCE cks shall be easily operable, otion, from the inside at all Existing deadbolts or turn de of exit doors shall be					
	1. At the time of the the exterior doors of unlocking devices, deadbolt lock and t lock. This is not co necessary steps to devices on all of th the storm door lock	had not been resolved at the					

G7UV22

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		FCL035034	B. WING			R 21/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE		
HOUSE	OF BLESSINGS AT SU		FTON ROAD JRG, NC 2754	9		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETI DATE
{C 149}	Continued From pa	ge 2	{C 149}			
{C 149}	Outside Entrances/	Exits-Handrails At Porches	{C 149}			
	AND EXITS (f) All steps, porch provided with hand This Rule is not me 1. At the time of the the rails at the rear end of the ramp. Th rule. Take the nece to the end of the ra * This deficiency time of the follow up 2. At the time of the there was a drop of guardrail. This is no the necessary step porch.	212 OUTSIDE ENTRANCE hes, stoops and ramps shall be rails and guardrails. et as evidenced by: e survey it was observed that ramp did not extend to the his is not compliant with the ssary steps to extend the rails mp. had not been resolved at the p survey. e survey it was observed that f at the rear porch with no ot compliant with the rule. Take s to add a guardrail at the rear had not been resolved at the				
{C 169}	Fire Safety-Smoke SECTION .0300 - 1		{C 169}			
	10A NCAC 13G .03 DISASTER PLAN (b) The building sl detectors as require Building Code and connected to a ded located in the attic a detectors shall be in provided with batter Note: Smoke detect	B16 FIRE SAFETY AND hall be provided with smoke ed by the North Carolina State U.L. listed heat detectors icated sounding device and basement. These interconnected and be				

G7UV22

If continuation sheet 3 of 5

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
		FCL035034	B. WING			R 09/21/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE			
HOUSE	OF BLESSINGS AT SU	JTTON RD	ITON ROAD	9			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE	
{C 169}	Continued From pa	ge 3	{C 169}				
		e heat detectors to be smoke detectors, but does					
	the heat detector in degree fixed temper the left end of the h also wired in with the compliant with the r to install a 194 degr or a 135 degree rat The detector needs and wired on a ded does not have an ir needs to be attached centrally located in	e survey it was observed that the attic was rated for 135 rature and was installed on ouse. The heat detector was he smoke detectors. This is not rule. Take the necessary steps ree fixed temperature detector e of rise detector in the attic. to be in the center of the attic icated circuit. If the detector neternal sounding device it ed to a sounding device the house. had not been resolved at the					
{C 174}	SECTION .0300 - T 10A NCAC 13G .03 EQUIPMENT (a) The building an mechanical, and plu care home shall be operating condition (j) This Rule shall family care homes. This Rule is not me	BUILDING SERVICE and all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing et as evidenced by:	{C 174}				
	1. At the time of the the fire extinguished loose on the counter	e survey it was observed that r in the kitchen was sitting er. This is not compliant with ecessary steps to properly					

Division of Health Service RegulationSTATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: 01		R	
		FCL035034	B. WING			21/2023
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		
OUSE (OF BLESSINGS AT S	LITTON RD	TTON ROAD URG, NC 2754	9		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 174}	Continued From pa	age 4	{C 174}		,	
	mount the extinguis * This deficiency time of the follow u	had not been resolved at the				
	there was a missin middle bedroom. T rule. Take the nece	e survey it was observed that g receptacle cover in the front his is not compliant with the essary steps to install a cover. had not been resolved at the p survey.				
	there was an unlice the property. This is	e survey it was observed that ensed vehicle being stored on s not compliant with the rule. y steps to remove the vehicle licensed.				

G7UV22