

Fax Cover Sheet

To: DHSR Construction Section

From: Uwharrie Family Care Home

Re: Corrective Action completed.

Fax #: 919-733-6592 **Pages:** 25

Contact: D.HSR Construction Section **Date:** 12-24-2023

* Please confirm Fax received dhh1216@gmail.com
336-267-5560

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

November 1, 2023

Donnie Hunsacker, Administrator (via email only)

4028 Old NC Hwy 49

Asheboro, NC 27205

RE: Uwharrie Family Care Home – FC Biennial Survey

4028 Old NC Hwy 49

Asheboro (Randolph County)

FID #930127

Dear Mr. Hunsacker:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on September 13, 2023. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.
 1. Corrective action must begin immediately.
 2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR – Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

CONSTRUCTION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705

<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3893 • FAX: 919-733-6592

SIGN, DATE, AND RETURN the Plan of Correction to DHSR – Construction by November 16, 2023. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mailed to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Faxed to: (919) 733-6592

Emailed to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction."

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by November 16, 2023. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by November 16, 2023. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Jeff Hams, Acting Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: <https://info.ncdhhs.gov/dhsr/>.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

David Hickman

David Hickman
Architectural / Engineering Technician
DHSR – Construction Section

cc: DHSR – Adult Care Licensure Section
County Building Inspection Department – with attachment (via email only)
Randolph County DSS – with attachment (via email only)

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL076037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/13/2023
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NAME OF PROVIDER OR SUPPLIER UWHARRIE FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 4028 OLD NC HWY 49 ASHEBORO, NC 27203
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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
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C 000	<p>Initial Comments</p> <p>Report by David Hickman</p> <p>DHSR Construction Section conducted a Biennial Survey on September 13, 2023 from 12:35 PM to 1:50 PM at the above referenced facility. DHSR records indicate the home was first licensed on April 16, 1993 as a Family Care Home for six (6) Residents (Who are able to respond and evacuate without physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: The 1992 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2005 Rules for Family Care Homes 10A NCAC 13G, and the 1991 (93 Rev) North Carolina State Building Code - Section 514.1 Exception #1 - Residential Care Homes.</p> <p>NOTES:</p> <p>1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site staff during the exit interview.</p> <p>2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed.</p> <p>The cited deficiencies are as follows:</p>	C 000		
C 109	<p>Construction-Two Stories</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (f) If the building is two stories in height, it shall</p>	C 109		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Division of Health Service Regulation

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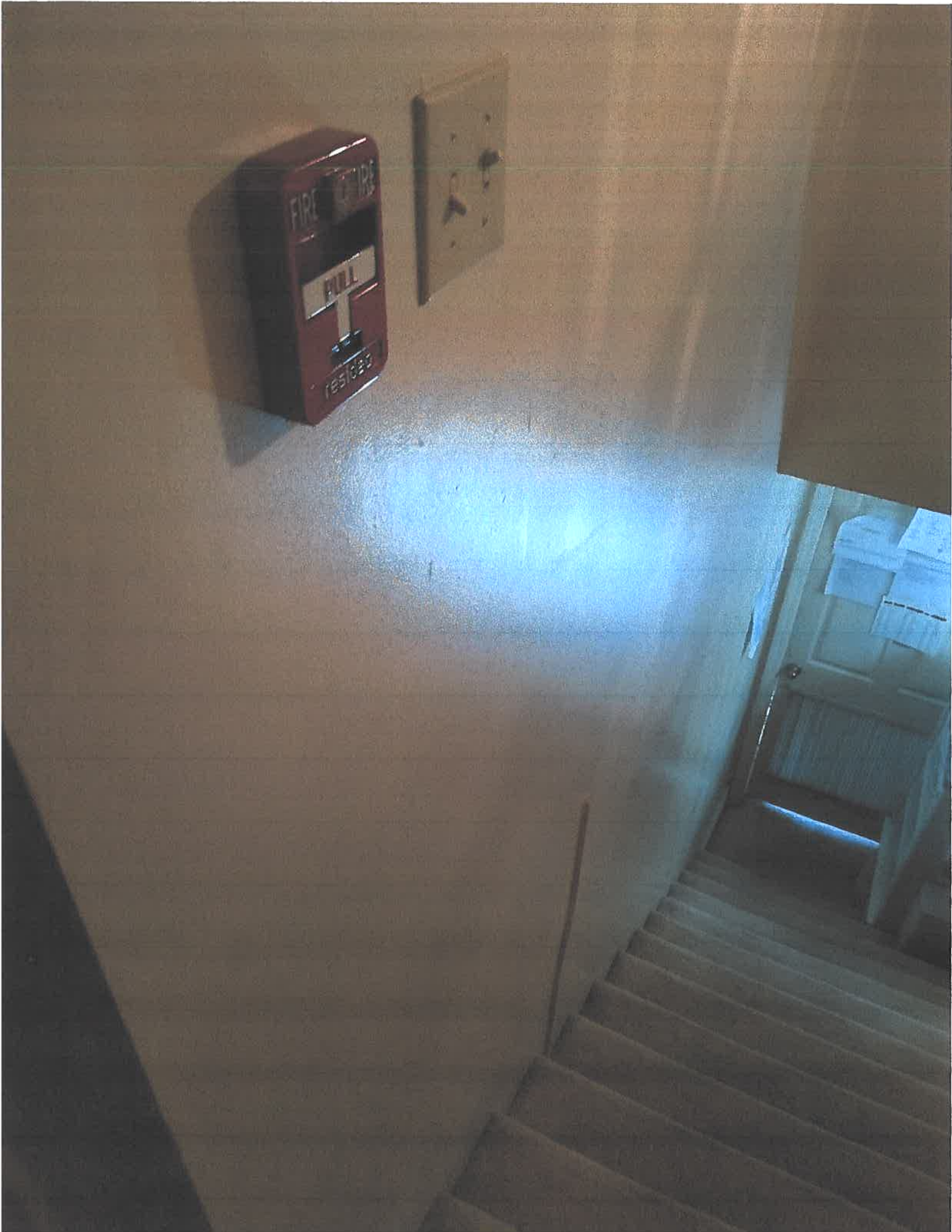
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C 109	Continued From page 1 meet the following requirements: (1) Each floor shall be less than 2500 square feet in area if existing construction or, if new construction, shall not exceed the allowable area for R-4 occupancy in the North Carolina State 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.	C 109		
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✓ This Rule is not met as evidenced by:
1. At the time of the survey it was observed that house had an upstairs level and a basement level but did not have an addressable fire alarm installed in the house. This is not compliant with the rule. Take the necessary steps to install a building fire alarm system in accordance with NFPA 72. Provisions must be made to activate the internal evacuation alarm at all required exits.

Pull station installed on second level.

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.	C 112		
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Invoice



ASHEBORO
Fire & Security
INCORPORATED

159 N. Park St.
Asheboro, NC 27203
Ph: (336) 629-3881

Invoice # 70321	Customer # 10537	Invoice Date 12/22/2023	Due Date 12/22/2023	Amount Due \$422.01	Amount Enclosed \$
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To: Uwharrie Family Care Home
4028 Old NC Hwy 49
Asheboro, NC 27205

Remit To: Asheboro Fire & Security, Inc.
159 N. Park St.
Asheboro, NC 27203

Detach and return with your payment.

Customer Name Uwharrie Family Care Home	Customer # 10537	Invoice # 70321	Invoice Date 12/22/2023	PO Number	Amount Due \$422.01
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Description	QTY	Rate	Amount
<i>Uwharrie Family Care Home, 4028 Old NC Hwy 49 Asheboro, NC</i>			
Service Labor for Install or Repair	1.00	112.50	112.50
Service Trip & 30 Minute Labor Min.	1.00	85.00	85.00
Honeywell Commercial Fire/Burg Wireless Transmitter	1.00	131.95	131.95
Honeywell Manual Pull Station	1.00	64.95	64.95

Generated from WorkOrder #16085 Memo: We are so grateful for the trust you put in us to provide your fire and security services. Thank you for your business! Please leave us a review at <https://g.page/asheborofire/review?gm>

Sub Total:	394.40
Total Sales Tax:	27.61
Invoice Total:	422.01
Payments/Credits Applied:	(0.00)
Invoice Amount Due:	422.01
Other Open Invoices:	0.00
Late Fee:	0.00
Amount Due:	\$422.01

CONTACT US

Billing Questions (336) 629-3881	Sales (336) 629-3881	Central Station (855) 629-3881	Service (336) 629-3881	Email officemanager@asheborofireandsecurity.com
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To pay online, please visit: <https://asheborofireandsecurity.alarmbiller.com> | Registration Key: D07E70

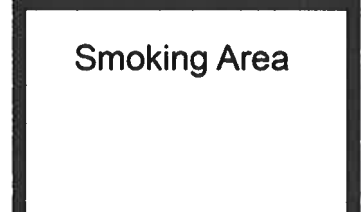
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL076037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/13/2023
NAME OF PROVIDER OR SUPPLIER UWHARRIE FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4028 OLD NC HWY 49 ASHEBORO, NC 27203		
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C 112	Continued From page 2 This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the laundry room was located on the rear porch area and there were steps between the main level of the home and the rear porch. This is not compliant with the rule. Take the necessary steps to locate the laundry room on the same level as the living area of the house or build up the porch so it is level with the main living area.	C 112	<p>Washer & Dryer have been moved back to small bathroom as requested by inspection staff</p> <p>See floor plan where additional footage will allow for residents to dine and the 120 square feet requirements are met.</p>	
C 123	Dining Room SECTION .0300 - THE BUILDING 10A NCAC 13G .0306 DINING ROOM (a) Family care homes licensed on or after April 1, 1984 shall have a dining room or area of at least 120 square feet. The dining room may be used for other activities during the day. (b) When the dining area is used in combination with a kitchen, an area five feet wide shall be allowed as work space in front of the kitchen work areas. The work space shall not be used as the dining area. (c) The dining room shall have operable windows and be lighted to provide 30 foot candles of light at floor level. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the area provided for the dining room was approximately 73 square feet instead of the required 120 square feet. This is not compliant with the rule. Take the necessary steps to provide additional space to meet the 120 square feet requirement for the dining room.	C 123		
C 144	Outside Entrances/Exits-Two Remote Exits	C 144		



UWHARRIE FAMILY CARE HOME

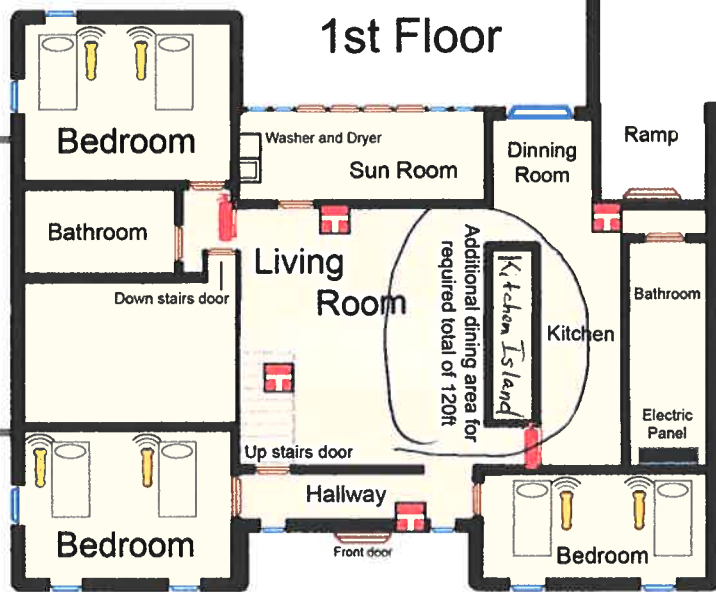
4028 Old NC Hwy 49
Asheboro, NC 27205



Driveway

Basement Driveway

1st Floor



Front Of House



Call Bell



Fire Extinguisher



Fire Pull Station



Window



Door



Electric Panel

Division of Health Service Regulation

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C 144	Continued From page 3 SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (a) In family care homes, all floor levels shall have at least two exits. If there are only two, the exit or exit access doors shall be so located and constructed to minimize the possibility that both may be blocked by any one fire or other emergency condition. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there was no second exit provided from the upstairs level of the house. This is not compliant with the rule. Take the necessary steps to provide a second means of egress from the upstairs level of the house.	C 144	→ Still working with contractor and County permitting on trying to make this happen.	
C 149	Outside Entrances/Exits-Handrails At Porches SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (f) All steps, porches, stoops and ramps shall be provided with handrails and guardrails. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the rear steps did not have handrails provided. This is not compliant with the rule. Take the necessary steps to provide handrails on both sides of the steps.	C 149	Vance DAVIS Hand rails have been installed.	
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT	C 174		



Division of Health Service Regulation

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C 174	<p>Continued From page 4</p> <p>(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.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> At the time of the survey it was observed that there was wood paneling being used as wall covering in basement of the house. This paneling does not provide the minimum Class C finish required by the building code. This is not compliant with the rule. Take the necessary steps to treat the paneling with a fire retardant material capable of achieving a minimum of a Class C finish. At the time of the survey it was observed that there was a missing receptacle covers in the bedroom area of the basement causing the wires to be exposed and creating a possible shock hazard. This is not compliant with the rule. Take the necessary steps to replace the receptacle cover so there are no exposed wires and no shock hazard. At the time of the survey it was observed that the receptacles next to the sink in the basement were not GFCI protected which may cause a shock or a short in the wiring if they are exposed to water. This is not compliant with the rule. Take the necessary steps to replace the receptacles with GFCI protected receptacles. At the time of the survey it was observed that the relief valve for the water heater was not piped to within six inches of the floor which may cause someone to get burned if the pressure is released. This is not compliant with the rule. Take 	C 174	<p>Flame guard fire retardant was purchased and applied to wood paneling</p> <p>→ Receptacle covers were purchased and put on receptacles.</p> <p>→ GFCI receptacles purchased and installed.</p> <p>→ Plumber came in a piped relief valve within six inches</p>	

Class C Fire Retardant Information you asked for

2 messages

Staci Wanichek <staci@my180.net>
To: DLH1216@gmail.com

Wed, Dec 27, 2023 at 3:06 PM

My apologies for my tardy reply in sending you this. My mom had a stroke right before Christmas so I have been busy helping her.

Attached is the Class C testing from Intertek on our product.

Thank you,

Staci

Staci Wanichek | VP Consumer Sales | Walla Walla Environmental, Inc.

[4 W. Rees Ave | Walla Walla, WA 99362](#)

p: 509.522.0490 | f: 509.522.0351

e: staci@my180.net

w: www.wwenvironmental.com



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2 attachments

- Flame Guard Liquid Plywood Class C.pdf**
50K
- Intertek Testing Results CLASS C Liquid on Wood.pdf**
182K

Donnie Hunsucker <dlh1216@gmail.com>
To: Staci Wanichek <staci@my180.net>

Wed, Dec 27, 2023 at 5:32 PM

No problem, thank you! Hope your Mother has a full recovery.

Created from hidden

4 attachments



image003.png
11K



image004.png
11K



image003.png
11K



image004.png
11K

Client: Walla Walla Environmental

Test Method: ASTM E84

Specimen was evaluated in accordance with the ASTM E84: Standard Test Method for Surface Burning Characteristics of Building Materials

Date: 10-5-2021

Project Number: 104810990SAT-001

Test Number: 1

Operator: MC

Specimen Info:

- 2 coats of Flame Guard Liquid was applied to 1/4 in thick Southern Yellow Pine Plywood.

TEST RESULTS:

- FLAMESPREAD INDEX: 90
- SMOKE DEVELOPED INDEX: 105

In accordance with ASTM Guidelines the Flame Guard Liquid is a Class C by most building codes for use on wood.

Most building codes require the results as stated below for the building interior of wall and ceiling surfaces.

<u>Class</u>	<u>Flame Spread Index</u>	<u>Smoke Developed Index</u>
A	0-25	0-450
B	26-75	0-450
C	76-200	0-450

ASTM E84

Client: Walla Walla

Date: 10-5-2021

Project Number:

104810990SAT-001

Test Number: 1

Operator: MC

Specimen Info: "2 coats of Flame Guard Liquid was applied to 1/4 in thick Southern Yellow Pine Plywood."

TEST RESULTS

FLAMESPREAD INDEX: 90

SMOKE DEVELOPED INDEX: 105

SPECIMEN DATA . . .

Time to Ignition (sec): 30

Time to Max FS (sec): 324

Maximum FS (feet): 19.5

Time to 980 F (sec): 305

Time to End of Tunnel (sec): Never Reached

Max Temperature (F): 1352

Time to Max Temperature (sec): 600

Total Fuel Burned (cubic feet): 43.96

FS*Time Area (ft*min): 139.1

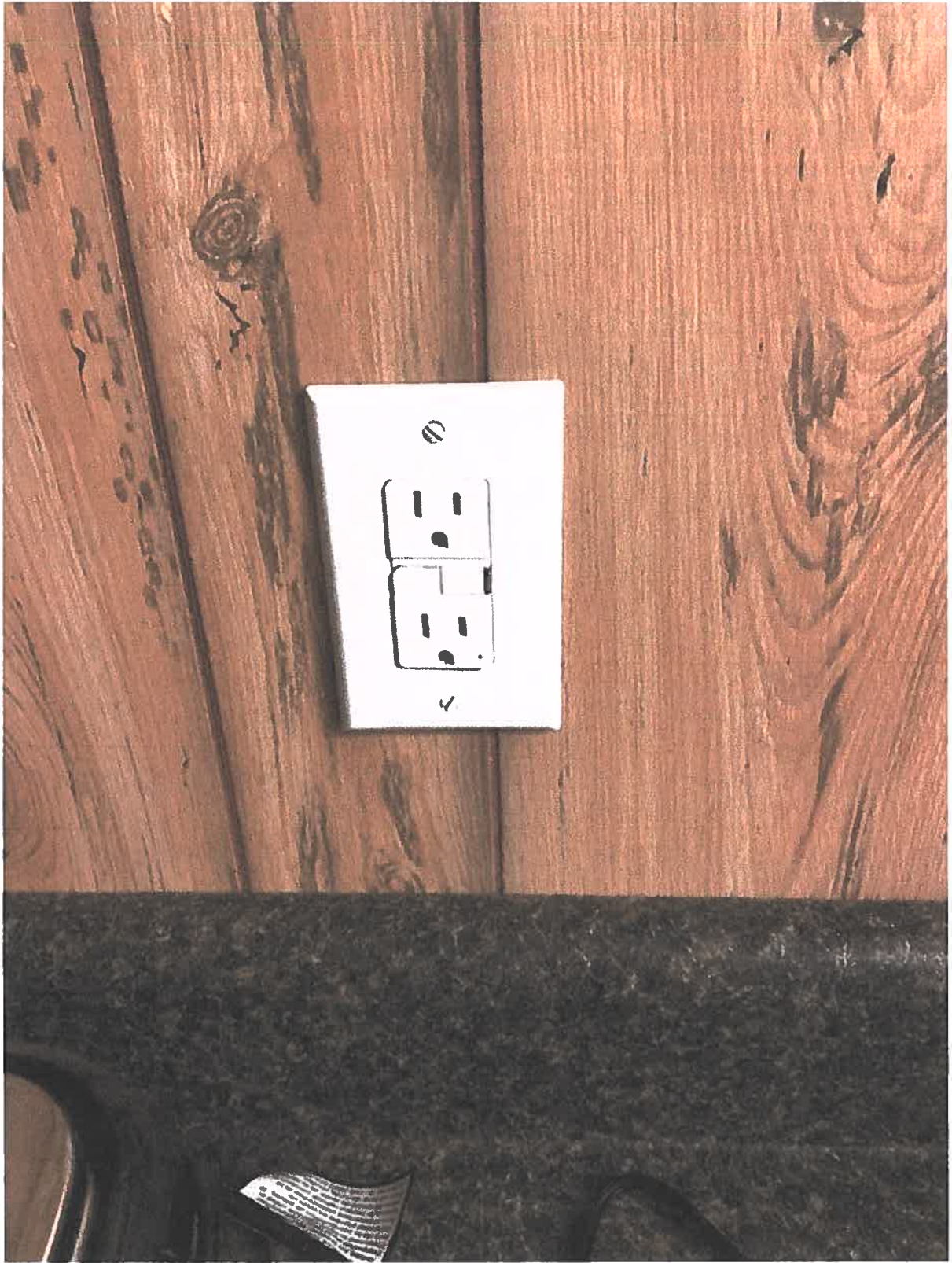
Smoke Area (%A*min): 80.8

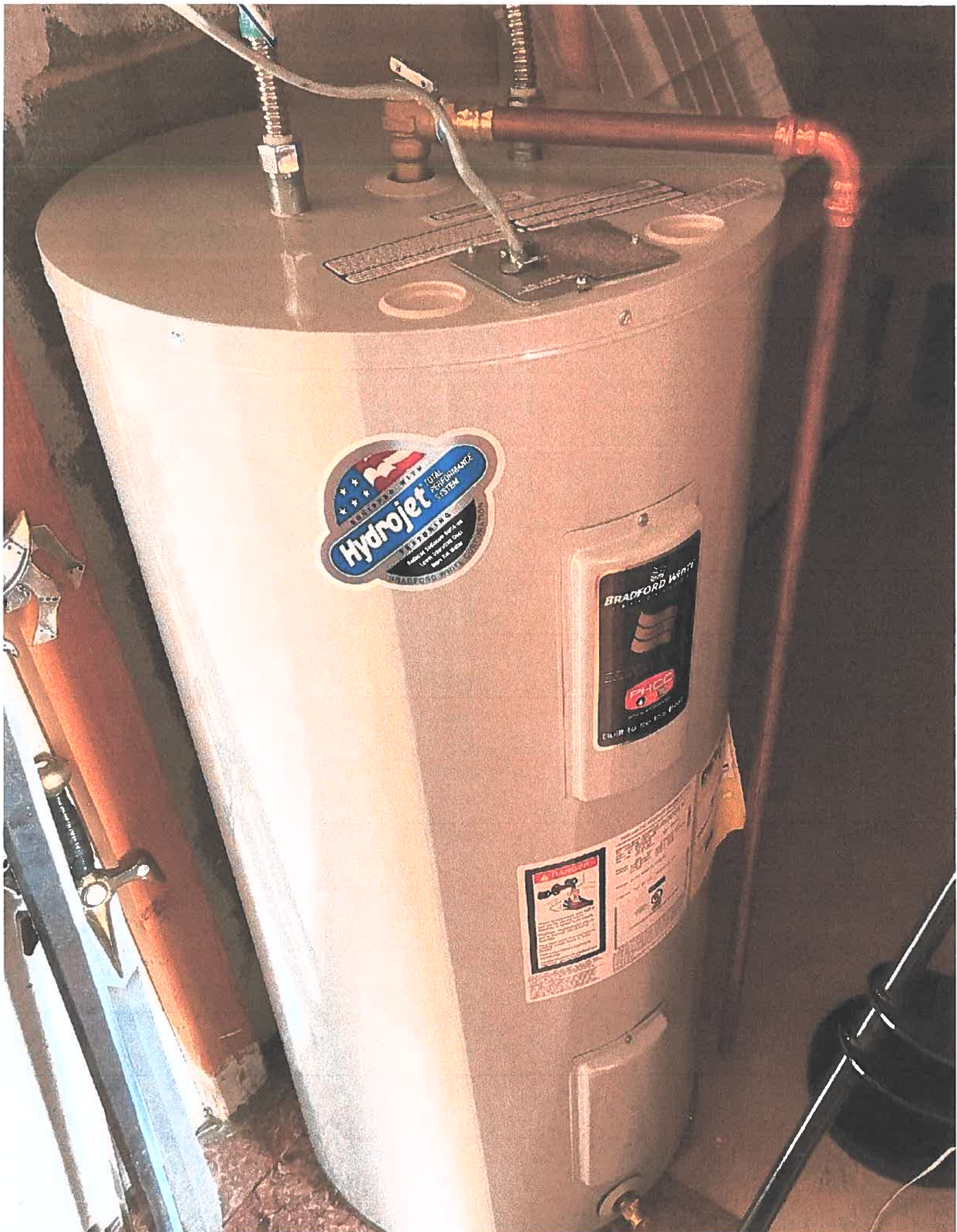
Unrounded FSI: 87.7











Division of Health Service Regulation

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C 174	Continued From page 5 the necessary steps to pipe the relief valve to within six inches of the floor with an approved piping material.	C 174	→ see previous page	
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