

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL046021</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/03/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>STEPHENSON FAMILY CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>316 EAST RICHARD STREET AHOSKIE, NC 27910</b>
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{C 000}	<p>Initial Comments</p> <p>Report by Jonathan Gamsey</p> <p>DHSR Construction Section conducted a Biennial Follow-up Survey on January 3, 2024 from 09:00 AM to 10:40 AM at the above referenced facility. At the time of the survey not all deficiencies were corrected therefore further action is required. Additional deficiencies were also observed.</p> <p>NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with onsite staff during the exit interview. There were previous deficiencies that were not closed out from an open biennial survey, these deficiencies were brought forward from previous survey. 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 105	<p>Initial Licensure-Meet NCSBC</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State</p>	C 105		

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C 105	<p>Continued From page 1</p> <p>Building Code, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars (\$380.00).</p> <p>(b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home.</p> <p>This Rule is not met as evidenced by:</p> <p>1.) At the time of the survey, it was observed that the heat detector that was installed was not in the proper location. This is not compliant with the rule. Take the necessary steps to install the heat detector in the upper compartment of the attic centrally localized and adequate coverage for all areas (compartments) in the attic.</p> <p>2.) At the time of the survey, it was observed that the attic has 2 compartments, with only one heat detector. This is not compliant with the rule. Take the necessary steps to install 2 additional heat detectors in the two sloped areas of the attic to ensure proper coverage.</p> <p>3.) At the time of the survey, it was observed that in the attic a smoke detector was located. This is not compliant with the rule. Take the necessary steps to remove the smoke detector due to potential nuisance alarms.</p>	C 105		
{C 109}	<p>Construction-Two Stories</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND</p>	{C 109}		

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{C 109}	Continued From page 2  <b>CONSTRUCTION</b> (f) If the building is two stories in height, it shall 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.  This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that a complete fire alarm system with pull stations on each floor and sounding devices that are audible throughout the building The measures taken by the provider and system components provided do not meet the intent of the rule. This is not compliant with the rule. Take the necessary steps to meet this rule by submitting plans to DHSR for review to ensure proper installation. *This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address said deficiency.	{C 109}		
C 115	Construction-Consult Local BI for Permits	C 115		

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C 115	Continued From page 3  SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (l) The local code enforcement official shall be consulted before starting any construction or renovations for information on required permits and construction requirements.  This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that a new ramp was installed at the facility. Provide a copy of the permit for the work performed and documentation of approval from your local code official to DHSR-Construction Section.  Note: if a permit wasn't required for the ramp installation provide written verification from your local code official that a permit was not needed to DHSR-Construction Section.	C 115		
{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.) At the time of the survey, it was observed that an area/scatter rug was found in the interior room leading to the rear sunroom. This is not compliant with the rule. Take the necessary steps to remove the rug(s).  *This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency.	{C 152}		

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C 153	Continued From page 4	C 153		
C 153	<p>Houskeeping And Furnishings-Clean, Repaired</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Each family care home shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing homes.</p> <p>This Rule is not met as evidenced by:</p> <p>1.) At the time of the survey, it was observed that the facility had an unpleasant order coming from the facility. This is not compliant with the rule. Take the necessary steps to find the root cause and monitor it, this issue remains from our 9/27/2023 biennial survey.</p>	C 153		
{C 174}	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</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> <p>2.)At the time of the survey, It was observed that room 2 door knob is loose. This is not compliant with the rule. Take the necessary steps to tighten the door knob.</p>	{C 174}		

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{C 174}	<p>Continued From page 5</p> <p>4.)At the time of the survey, It was observed that the new exit in the sunroom door's hardware doesn't comply with the single hand motion per our rules. This is not compliant with the rule. Take the necessary steps to repair or replace the door. *This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency.</p> <p>9.)At the time of the survey, it was observed that the electrical panel is missing the smoke detector breaker labled.. This is not compliant with the rule. Take the necessary steps label the smoke detector breaker. *This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency.</p> <p>* New Deficiencies *</p> <p>18.) At the time of the survey, it was observed that the ramp on the left side of the facility railing needs to be secured on the left-hand side at its base. This is not compliant with the rule. Take the necessary steps to properly secure the railing.</p> <p>19.) At the time of the survey, it was observed that the ramp that is on the left of the facility is not built up to grade at its discharge and could potentially lead to a tripping hazard. This is not compliant with the rule. Take the necessary steps to build up the grade to make a flush transition.</p> <p>20.) At the time of the survey, it was observed that the sunroom had sliding glass doors that led to a drop-offs (on each side of the room). This is not compliant with the rule. Take the necessary steps to permanently disable the sliding glass doors.</p>	{C 174}		

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{C 174}	Continued From page 6  21.) At the time of the survey, it was observed that the washing machine GFCI was not working as intended, and not resetting when manually tested. This is not compliant with the rule. Take the necessary steps  22.) At the time of the survey it was observed that the hallway bathroom had a loose toilet at its base causing a potential for leaks and potential residents injury when using the facilities. This is not compliant with the rule. Take the necessary steps to secure the toilets to prevent any leaks or possible injuries.  23.) At the time of the survey, it was observed that the exterior front entrance door light fixture had an empty socket. This could potentially lead to an electrical shock. This is not compliant with the rule. Take the necessary steps to ensure all light fixture sockets have a bulb.  24.) At the time of the survey, it was observed that the kitchen light fixture was missing a globe. This is not compliant with the rule. Take the necessary steps to install a globe on the kitchen light fixture.	{C 174}		
{C 175}	Heating Sys.-No Unvented or Portable Elec.  SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (b) There shall be a central heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. Built-in electric heaters, if used, shall be installed or protected so as to avoid hazards to residents and room furnishings. Unvented fuel burning room heaters and portable electric heaters are	{C 175}		

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{C 175}	Continued From page 7  prohibited. (j) This Rule shall apply to new and existing family care homes.  This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that an unvented fuel-burning room heater was located in the sunroom. Note: The device has been removed off the wall but remained on the floor behind a recliner, remove the device off site. This is not compliant with the rule. Take the necessary steps correct the condition.	{C 175}		
C 180	Building Service Equipment-Call System  SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (f) Where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of resident lying on his bed. (j) This Rule shall apply to new and existing family care homes.  This Rule is not met as evidenced by: 1.) At the time of the follow-up survey, it was observed that the call system in the facility is not working as intended by the rule. When the bedroom of the live-in staff is located in a separate area from resident(s)' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in	C 180		



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C 180	Continued From page 8  staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The system provided doesn't meet the intent of the rule, the buttons provided are within reach of resident lying on his bed. However when tested there was no audible sound in the home and no monitoring device or base unit was identified in the staff quarters? provide a system compliant with with 10A NCAC 13G .0317 (f).	C 180		
{C 183}	<p>Outside Premises-Clean, Safe</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1.)At the time of the survey it was observed that multiple window screens were torn. This is not compliant with the rule. Take the necessary steps to replace the window screens. *This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency.</p> <p>9.)At the time of the survey, It was observed that the rear right steps that go to the second level have multiple areas that need to be resolved from protruding nails, several loose boards, and uneven railing. This is not compliant with the rule. Take the necessary steps to repair, and replace to ensure a safe egress from the second level. *This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency.</p>	{C 183}		

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{C 183}	<p>Continued From page 9</p> <p>10.)At the time of the survey, it was observed that the second level egress door is delaminating on the bottom, and the door jam around the door is in various states of decay. This is not compliant with the rule. Take the necessary steps to repair and or replace parts as needed. *This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency.</p> <p>11.)At the time of the survey, it was observed that multiple parts of the exterior vinyl were damaged around the home. This could lead to pest and water intrusion. This is not compliant with the rule. Take the necessary steps to repair or replace. *This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency.</p>	{C 183}		