

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL081047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2024
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NAME OF PROVIDER OR SUPPLIER HOPE CARE CENTER # 1	STREET ADDRESS, CITY, STATE, ZIP CODE 5023 US HIGHWAY 64 UNION MILLS, NC 28167
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C 000	<p>Initial Comments</p> <p>Report by Jonathan Gamsey</p> <p>DHSR Construction Section conducted a Biennial Survey on January 30, 2023 from 02:15 PM to 03:40 PM at the above referenced facility. DHSR records indicate the home was first licensed on April 6, 1994 as a Family Care Home for six (6) 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 1992 "Rules for Family Care Homes Minimum and Desired Standards and Regulation," the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1991 (1994 Revision) North Carolina State Building Code - Section 514.1, Exception 1 - Residential Care Facilities.</p> <p>1. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies 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 502	<p>G.S. 131D-4.4(b)(c) Prohibit Smoking in LTC Facilities</p> <p>G.S. 131D-4.4 Adult care home minimum safety requirements; smoking prohibited inside long-term care facilities; penalty. (b) Smoking is prohibited inside long-term care</p>	C 502		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 502	<p>Continued From page 1</p> <p>facilities. As used in this section:</p> <p>(1) 'Long-term care facilities' include adult care homes, nursing homes, skilled nursing facilities, facilities licensed under Chapter 122C of the General Statutes, and other licensed facilities that provide long-term care services.</p> <p>(2) 'Smoking' means the use or possession of any lighted cigar, cigarette, pipe, or other lighted smoking product.</p> <p>(3) 'Inside' means a fully enclosed area.</p> <p>(c) The person who owns, manages, operates, or otherwise controls a long-term care facility where smoking is prohibited under this section shall:</p> <p>(1) Conspicuously post signs clearly stating that smoking is prohibited inside the facility. The signs may include the international 'No Smoking' symbol, which consists of a pictorial representation of a burning cigarette enclosed in a red circle with a red bar across it.</p> <p>(2) Direct any person who is smoking inside the facility to extinguish the lighted smoking product.</p> <p>(3) Provide written notice to individuals upon admittance that smoking is prohibited inside the facility and obtain the signature of the individual or the individual's representative acknowledging receipt of the notice.</p> <p>This Rule is not met as evidenced by:</p> <p>1.) At the time of the survey, it was observed that multiple signs of smoking were present in the facility. In the Staff bedroom underneath the dresser as you come up the steps surveyors found multiple cigarette butts, as well as on the dresser ash tray with cigarette butts. This is not compliant with the rule above.</p>	C 502		

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C 105	Continued From page 2	C 105		
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 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). (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: 1.) At the time of the survey, it was observed that the facility did not have the most current fire alarm report. This is not compliant with the rule. Take the necessary steps to provide the yearly fire alarm report to DHSR.</p> <p>2.) At the time of the survey, it was observed that none of the six residents present in the house responded and evacuated at the time the smoke detectors were activated. The residents did not respond, and none of them evacuated during the drill. This is not compliant with the rule due to the</p>	C 105		

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C 105	Continued From page 3 home being licensed for all ambulatory clients. Take the necessary steps to train the residents to respond and evacuate, without staff prompting or assistance, at any time the smoke detectors are activated. The residents must perform this take on their own for the home to maintain its ambulatory status. 3.) At the time of the survey, it was observed that the census of the facility is 6, and currently with staff and family members. It was observed and confirmed by facility staff that an additional individual in the facility who is not part of the census is non-ambulatory. This is not compliant with the rule. Take the necessary steps to remove the non-ambulatory individual who is not part of the census and or change the current capacity of the facility down to 3 to allow a non-ambulatory individual in the facility.	C 105		
C 108	Existing Home Remodeling-Submit Plans SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (e) Any existing licensed home that plans to have new construction, remodeling or physical changes done to the facility shall have drawings submitted by the owner or his appointed representative to the Division of Health Service Regulation for review and approval prior to commencement of the work. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the garage had been renovated without submitting plans to DHSR. This is not compliant	C 108		

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C 108	Continued From page 4 with the rule. Take the necessary steps to submit a permit and approval from your local building official confirming code compliance for the work performed. 2.) At the time of the survey, it was observed that the garage has been renovated and is being utilized as a bedroom that is not heated. Per section 1204.1 Equipment and Systems " Interior spaces intended for human occupancy shall be provided with active or passive space heating systems capable of maintaining an indoor temperature of not less than 68°F " This is not compliant with the rule. Take the necessary steps to submit plans to DHSR to meet the requirements above.	C 108		
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: (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	C 109		

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C 109	Continued From page 5 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 the facility is not meeting all parts of the rule above, Per (4) A complete fire alarm system with pull stations on each floor and sounding devices that 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 is not compliant with the rule. Take the necessary steps to submit plans to DHSR on how the facility will ensure that a complete fire alarm system with pull stations on each floor and sounding devices will be installed.	C 109		
C 110	Construction-Basement, Attic SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (g) The basement and the attic shall not to be used for storage or sleeping. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the attic was being utilized for storage. This is not compliant with the rule. Take the necessary steps to remove all storage from the attic.	C 110		
C 112	Construction-Res. Areas Same Floor Level SECTION .0300 - THE BUILDING	C 112		

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C 112	Continued From page 6 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.) At the time of the survey, it was observed that the laundry room is located on another level. This is not compliant with the rule. Take the necessary steps to bring the laundry room as the same level as the residents.	C 112		
C 116	Construction-Meet Sanitary Requirements SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (m) The building shall meet sanitation requirements as determined by the North Carolina Department of Environment and Natural Resources; Division of Environmental Health. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the facility had signs on an active infestation of bedbugs, including carcasses laying around in bedrooms. This is not compliant with the rule. The facility has undergone treatment but no records or statements from the pest company were provided. Provide documentation from the exterminator detailing the treatment plan, and current status of residence and a plan to prevent the reoccurrence of bedbugs in the future.	C 116		
C 117	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND	C 117		

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C 117	Continued From page 7 CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the most recent sanitation and fire inspection reports were not on site and available for review. This is not compliant with the rule. Take the necessary steps to provide the reports for review. Copies of said reports are to be kept on-site for periodic review by both Licensure and DHSR construction sections	C 117		
C 137	Bathroom-Mechanical Ventilation SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (g) The bathrooms shall be lighted to provide 30 foot candles of light at floor level and have mechanical ventilation at the rate of two cubic feet per minute for each square foot of floor area. These vents shall be vented directly to the outdoors. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the upstairs bathroom was missing mechanical ventilation. This is not compliant with the rule. Take the necessary steps to submit plans to DHSR for the installation of the mechanical ventilation.	C 137		
C 141	Corridor-Minimum Width SECTION .0300 - THE BUILDING 10A NCAC 13G .0311 CORRIDOR	C 141		

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C 141	Continued From page 8 (a) Corridors shall be a minimum clear width of three feet in family care homes. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the rear deck did not meet the rule above. This is not compliant with the rule. Take the necessary steps to paint the soffit exiting to the ramp yellow to alert individuals of a low ceiling to prevent injury.	C 141		
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 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.) At the time of the survey, it was observed that the kitchen exit door did not follow the rule above. This is not compliant with the rule. Take the necessary steps to install a single-hand motion lock. 2..) At the time of the survey, it was observed that the kitchen door leads to a storm door that does not follow the rule above. This is not compliant with the rule. Take the necessary steps to disable the locking mechanism and or replace it with a single-action lock.	C 147		
C 148	Outside Entrances/Exits-Free of Obstructions	C 148		

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C 148	<p>Continued From page 9</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the door leading into the kitchen had a lock on it leading to the exit door in the kitchen. This could potentially cause injury in a time of need. This is not compliant with the rule. Take the necessary steps to submit a new drawing to DHSR for approval if the door is not an exit door.</p>	C 148		
C 168	<p>Fire Extinguishers</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home: (1) one five pound or larger (net charge) "A-B-C" type centrally located; (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and (3) any other location as determined by the code enforcement official.</p> <p>This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the fire extinguishers were not being checked by the staff monthly to evaluate the status of the extinguishers. This is not compliant with the rule. Take the necessary steps to have the staff inspect the extinguishers once a month and date the tags accordingly to prevent the extinguisher</p>	C 168		

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C 168	Continued From page 10 from becoming damaged or losing its charge and being unusable in a time of need. 2.) At the time of the survey, it was observed that the fire extinguishers were not being certified yearly. This is not compliant with the rule. Take the necessary steps to have each fire extinguisher certified yearly to allow the monthly monitoring to happen.	C 168		
C 169	Fire Safety-Smoke Detectors SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the smoke detectors were not working as intended in the facility. This is not compliant with the rule. Take the necessary steps to repair and or replace components of the system *Plan of Protection issued at the time of survey. 2.) At the time of the survey, it was observed that	C 169		

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C 169	Continued From page 11 the fire alarm panel was showing a fault. This is not compliant with the rule. Take the necessary steps to reach out to a qualified technician to repair the fire alarm panel. 3.) At the time of the survey, it was observed that the renovated garage does not have a smoke detector. This is not compliant with the rule. Per the 2002 International Fire Code - section 907. There must be a minimum of one 120-volt smoke detector permanently connected to the house current with battery back-up, installed in each sleeping room, outside of each separate sleeping area. All smoke detectors shall be interconnected so that the actuation of one alarm will actuate all alarms. This is not compliant with the rule. Take the necessary steps to install hardwired, interconnected devices in each bedroom, and outside of each sleeping area.	C 169		
C 172	Fire Safety-Four Rehearsals SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved. This Rule is not met as evidenced by: 1.) At the time of the survey, staff could not produce fire drills that showed a history that fire drills are being performed per the rule. This is not	C 172		

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C 172	Continued From page 12 compliant with the rule. Take the necessary steps to send a history of fire drills from 2023 till the date that the POC is received.	C 172		
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>1.) At the time of the survey, it was observed that the first bedroom to the left had damaged blinds. This could potentially affect the privacy of the residents. This is not compliant with the rule. Take the necessary steps to repair or replace the blinds.</p> <p>2.) At the time of the survey, it was observed that the first bedroom to the left door did not latch as intended. This could potentially affect the privacy of the resident. This is not compliant with the rule. Take the necessary steps to repair or replace the door.</p> <p>3.) At the time of the survey it was observed that the 2nd bedroom to the left attached Jack and Jill bathroom exhaust fan is loose and missing a globe. This is not compliant with the rule. Take the necessary steps to properly fasten the exhaust fan and replace the globe.</p> <p>4.) At the time of the survey, it was observed that</p>	C 174		

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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 174	<p>Continued From page 13</p> <p>in the 3rd bedroom to the left attached to Jack and Jill's bathroom, the door does not properly latch. This is not compliant with the rule. Take the necessary steps to repair or replace the door.</p> <p>5.) At the time of the survey, it was observed that the 3rd bedroom to the left egress window won't stay open on its own. Which could impede proper evacuation in the event of an emergency. This is not compliant with the rule. Take the necessary steps to remove the fixture to ensure proper pathing to the window in the event of an emergency</p> <p>6.) At the time of the survey, it was observed that the microwave above the stove lights was not working as intended. This is not compliant with the rule. Take the necessary steps to replace bulbs and or microwave.</p> <p>7.) At the time of the survey, it was observed that the ceiling in the kitchen was discolored. This is not compliant with the rule. Take the necessary steps to paint and find the root cause.</p> <p>8.) At the time of the survey, it was observed that the microwave was missing the exhaust filter. This is not compliant with the rule. Take the necessary steps to replace the exhaust filter.</p> <p>9.) At the time of the survey, it was observed that the oven front face plate was missing. This is not compliant with the rule. Take the necessary steps to replace the oven's front cover.</p> <p>10.) At the time of the survey, it was observed that the kitchen had a drawer that was damaged. This is not compliant with the rule. Take the necessary steps to repair the drawer front.</p>	C 174		

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C 174	<p>Continued From page 14</p> <p>11.) At the time of the survey, it was observed that the first bedroom on the right had a missing globe on the light fixture. This is not compliant with the rule. Take the necessary steps to replace the globe.</p> <p>12.) At the time of the survey, it was observed that in the first bedroom, the right door was not latching properly. This could potentially affect the privacy of the residents. This is not compliant with the rule. Take the necessary steps to repair and or replace the door.</p> <p>13.) At the time of the survey, it was observed that the first bedroom on the right door has an eye hook latch. This is not compliant with the rule. Take the necessary steps to remove all components of the eyehook from the door and remove it from the facility.</p> <p>14.) At the time of the survey, it was observed that the porch outside the kitchen had damaged floor tiles. This could potentially lead to a tripping hazard. This is not compliant with the rule. Take the necessary steps to repair flooring and or replace it.</p> <p>15.) At the time of the survey, it was observed that the front porch outside the kitchen had a damaged ceiling. This is not compliant with the rule. Take the necessary steps to repair the ceiling and find the root cause of the damage.</p> <p>16.) At the time of the survey, it was observed that the staff at the facility was not properly trained on the ADT device. This is not compliant with the rule. Take the necessary steps to train all staff on how to properly utilize the ADT alarms in the facility.</p>	C 174		

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C 174	<p>Continued From page 15</p> <p>17.) At the time of the survey, it was observed that the 2nd story bathroom toilet was missing the tank cover. This is not compliant with the rule. Take the necessary steps to replace the tank cover.</p> <p>18.) At the time of the survey, it was observed that the globe in the 2nd story bathroom was missing. This is not compliant with the rule. Take the necessary steps to replace the globe.</p> <p>19.) At the time of the survey, it was observed that the exhaust pipes had duct tape on them. This is not compliant with the rule. Take the necessary steps to use metallic tape.</p> <p>20.) At the time of the survey, it was observed that multiple extension cords were being utilized in the facility. This is not compliant with the rule. Take the necessary steps to replace all extension cords in the facility with surge protectors and ensure this does not cause tripping hazards.</p>	C 174		
C 175	<p>Heating Sys.-No Unvented or Portable Elec.</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</p> <p>(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 prohibited.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p>	C 175		

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C 175	Continued From page 16 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 in the facility in the office hallway. This is not compliant with the rule. Take the necessary steps to remove fuel burning room heater from the facility. 2.) At the time of the survey, it was observed that a portable electric heater was located in the bedroom that was converted from the garage. This is not compliant with the rule. Take the necessary steps to remove said electric heater from the facility.	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 survey, it was observed that the bedrooms were missing call buttons. This is not compliant with the rule. Take the necessary steps to install an electrically operated call system that shall be provided connecting each resident bedroom to the live-in staff bedroom. The	C 180		

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C 180	Continued From page 17 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 the resident lying on his bed. For any wireless system to be approved, the base unit must use the house power, must recognize when any of the activators stop providing a signal, and must function in accordance with the intent of the Rules.	C 180		
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.) At the time of the survey, it was observed that the exterior of the house was dirty and had mildew. This is not compliant with the rule. Take the necessary steps to power wash the house. 2.) At the time of the survey, it was observed that the storage closet going to the well was unsecured. This could potentially lead to injury to residents and or staff. This is not compliant with the rule. Take the necessary steps to secure the door. 3.) At the time of the survey, it was observed that the storage building to the right of the facility garage door was damaged. This is not compliant with the rule. Take the necessary steps to repair the garage door and or cover up the opening with plywood to prevent pests and or residents' access to the garage,	C 183		

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C 183	<p>Continued From page 18</p> <p>4.) At the time of the survey, it was observed that the storage building to the right of the facility door was left unlocked. This could potentially lead to injury to residents and or staff. This is not compliant with the rule. Take the necessary steps to secure the door connected to the garage.</p> <p>5.) At the time of the survey, it was observed that multiple piles of debris were around the facility. This could potentially be a harbinger for pests. This is not compliant with the rule. Take the necessary steps to remove all unused and unkept items from the yard to meet the rule.</p> <p>6.) At the time of the survey, it was observed that the intrusion point from the HVAC unit to the facility was not properly sealed. This could allow pests into the facility. This is not compliant with the rule. Take the necessary steps to properly seal the intrusion point from the HVAC system to prevent pests from accessing the facility.</p> <p>7.) At the time of the survey, it was observed that the soffit was hanging out over the rear porch. This is not compliant with the rule. Take the necessary steps to repair the soffit and or replace it.</p> <p>8.) At the time of the survey, it was observed that the rear steps leading to the 2nd level railing were loose. This could potentially lead to injury. This is not compliant with the rule. Take the necessary steps to repair the railing.</p> <p>9.) At the time of the survey, it was observed that the dryer exhaust on the exterior of the building was full of lint. This could potentially lead to a fire. This is not compliant with the rule. Take the necessary steps to actively clean out the lint, it is recommended to build a routine of cleaning it out</p>	C 183		

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C 183	<p>Continued From page 19</p> <p>monthly.</p> <p>10.) At the time of the survey, it was observed that at the front of the facility, a bridge goes over the ditch. The bridge has multiple rotting pieces, and the trailing is unsecured. This could potentially lead to injury. This is not compliant with the rule. Take the necessary steps to repair the bridge and or remove it from the facility.</p> <p>11.) At the time of the survey, it was observed on the rear left of the facility the gutter drain on the bottom left is disconnected. This is not compliant with the rule. Take the necessary steps to repair the gutter drain.</p> <p>12.) At the time of the survey, it was observed that the rear ramp railing was loose. This could potentially lead to injury. This is not compliant with the rule. Take the necessary steps to repair the railing.</p> <p>13.) At the time of the survey, it was observed that the front sidewalk is uneven and could potentially lead to injury. This is not compliant with the rule. Take the necessary steps to bring the sidewalk to the same grade.</p> <p>14.) At the time of the survey, it was observed that the rear gutter was disconnecting from the facility and was starting to fall down. This is not compliant with the rule. Take the necessary steps to secure the gutter to the facility.</p>	C 183		