

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL054042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/23/2024
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NAME OF PROVIDER OR SUPPLIER HOBBS HELPING HANDS	STREET ADDRESS, CITY, STATE, ZIP CODE 2504 TOWERHILL ROAD KINSTON, NC 28501
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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 23, 2024 from 10:05 AM to 11:45 PM at the above referenced facility. DHSR records indicate the home was first licensed on January 4, 1993 as a Family Care Home for five 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 Family Care Homes Rules T10: 42C, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1991 (1992 Revision) North Carolina State Building Code - Section 513.1, Exception 1 - Residential Care Facilities.</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 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</p>	C 105		

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

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C 105	Continued From page 1 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. This Rule is not met as evidenced by: 1.) At the time of the survey, per a conversation with the facility staff it was observed that prompting is taking place during fire drills. This is not compliant with the rule due to the 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 task on their own for the home to maintain its ambulatory status.	C 105		
C 109	Construction-Two Stories SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION	C 109		

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C 109	Continued From page 2 (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, the facility is not working as intended by the rule. Per .2102 CONSTRUCTION (b) The home must be one story in height, or two stories in height and meet the following requirements: A complete fire alarm system with pull stations on each floor and sounding devices which are audible throughout the building must be provided. The fire alarm system must be able to transmit an automatic signal to the local fire department where possible. Per the test the facility the system is not sending an automatic signal to the local fire department.	C 109		
C 144	Outside Entrances/Exits-Two Remote Exits SECTION .0300 - THE BUILDING	C 144		

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C 144	<p>Continued From page 3</p> <p>10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS</p> <p>(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.</p> <p>This Rule is not met as evidenced by:</p> <p>1.) At the time of the survey it was observed that staff locks the Kitchen and Dining room during the night, impeding the resident's access to the second exit. This is not compliant with the rule. Take the necessary steps to remove all locking mechanisms from the dining room doors and kitchen doors.</p> <p>*This deficiency was previously cited during our 2019 biennial follow-up survey and action hasn't been taken to address the deficiency.</p> <p>2.) At the time of the survey, it was observed that the 2nd level egress steps were in a state of decay. That could potentially impede proper egress and or normal travel. This is not compliant with the rule. Take the necessary steps to repair and or replace the steps.</p>	C 144		
C 146	<p>Outside Entrances/Exits-Ramp(s)</p> <p>SECTION .0300 - THE BUILDING</p> <p>10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS</p> <p>(c) At least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes of this Rule, a principal outside</p>	C 146		

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C 146	<p>Continued From page 4</p> <p>entrance/exit is one that is most often used by residents for vehicular access. If the home has any resident that must have physical assistance with evacuation, the home shall have two outside entrances/exits at grade level or accessible by a ramp.</p> <p>This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the second portion of the front ramp did not meet the 1:12 ratio required for ramps. The ramp had a rise of 25 inches and only extended 12.5 feet where the first portion of the ramp has a 33 inch of rise and a slope of 16.5 feet. This is not compliant with the rule. Take the necessary steps to submit plans to DHSR on how the ramp will be altered to meet the rule of one inch rise for each 12 inches of length of height of the ramp. *This deficiency was previously cited during our 2019 biennial follow up survey and action hasn't been taken to address the deficiency.</p>	C 146		
C 147	<p>Outside Entrances/Exits-Single Hand Motion</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1.) 1. At the time of the survey, it was observed that the front and back doors of the home were not in single-hand motion. This is not compliant</p>	C 147		

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C 147	Continued From page 5 with the rule. Take the necessary steps to change out the front and back doors to a single hand motion locking mechanism. *This deficiency was previously cited during our 2019 biennial follow up survey and action hasn't been taken to address the deficiency.	C 147		
C 150	Outside Entrances/Exits-Wanderers, Alarms SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (g) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door for resident use shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the bedroom of the person on call, the office area or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the elopement device at the front and rear door are not working as intended. This is not compliant with the rule. Take the necessary steps to repair and or replace the elopement devices.	C 150		
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 152		

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C 152	<p>Continued From page 6</p> <p>(c) All floors shall be kept in good repair.</p> <p>This Rule is not met as evidenced by:</p> <p>1.) At the time of the survey it was observed that floor rugs were being used in both the Living and Dining Room of the home. This is not compliant with the rule. Take the necessary steps to remove all scatter rugs from the facility *This deficiency was previously cited during our 2019 biennial follow up survey and action hasn't been taken to address the deficiency.</p> <p>2.) At the time of the survey, it was observed that the flooring in front of the steps could potentially lead to a tripping hazard. This is not compliant with the rule. Take the necessary steps to repair and or replace the flooring to meet the rule above.</p> <p>3.) At the time of the survey, it was observed that the stairs leading to the 2nd floor were starting to deteriorate. This is not compliant with the rule. Take the necessary steps to repair and or replace the flooring.</p>	C 152		
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</p>	C 174		

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C 174	<p>Continued From page 7</p> <p>the Water Heater Tank had a pressure relief valve installed, however, it was unable to be verified if it discharges into the crawl space or to the outside. Please verify the location of where the relief valve discharges.</p> <p>2.) At the time of the survey, it was observed that the exhaust fan in the kitchen filters was dirty. This is not compliant with the rule. Take the necessary steps to build a routine around cleaning the oven filter.</p> <p>3.) At the time of the survey, it was observed that the kitchen light had no globe. This is not compliant with the rule. Take the necessary steps to install a new light globe.</p> <p>4.) At the time of the survey, it was observed that the fire extinguisher upstairs was not being monitored monthly. This is not compliant with the rule. Take the necessary steps to ensure all fire extinguishers in the facility are monitored.</p> <p>5.) At the time of the survey it was observed that the upstairs hallway bathroom had a loose toilet at the base causing a potential for leaks to happen and also for residents to be injured 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.</p> <p>6.) At the time of the survey, it was observed that the upstairs ceiling had multiple spots that showed water damage and or flaking of the textured ceiling. This is not compliant with the rule. Take the necessary steps to repair, paint and monitor. If further damage occurs find root cause</p> <p>7.) At the time of the survey, it was observed that</p>	C 174		

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C 174	<p>Continued From page 8</p> <p>multiple blinds in the facility were damaged and could affect the privacy of the residents. This is not compliant with the rule. Take the necessary steps to repair and or replace the blinds.</p> <p>8.) At the time of the survey, it was observed that multiple windows in the resident's rooms are not staying up on their own. This could affect emergency egress in a time of need. This is not compliant with the rule. Take the necessary steps to repair and or replace the windows as needed.</p> <p>9.) At the time of the survey, it was observed that multiple window panes in the resident's rooms were falling out, this could allow pests and water to enter the facility. This is not compliant with the rule. Take the necessary steps to repair and or replace the windows.</p> <p>10.) At the time of the survey it was observed that the hallway bathroom had a loose toilet at the base causing a potential for leaks to happen and also for residents to be injured 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</p> <p>11.) At the time of the survey, it was observed that in the hallway bathroom parts of a slide lock are left on the door. This is not compliant with the rule. Take the necessary steps to remove all components of specialty locks from the facility.</p> <p>12.) AT the time of the survey, it was observed that the last bedroom at the end of the hallway had burnt-out bulbs. This is not compliant with the rule. Take the necessary steps to replace all bulbs in the room that are burnt out.</p> <p>13.) At the time of the survey, it was observed</p>	C 174		

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C 174	Continued From page 9 that the laundry door was starting to delaminate at the bottom. This is not compliant with the rule. Take the necessary steps to repair and or replace the laundry door. 14.) At the time of the survey, it was observed that multiple unapproved multi-plugs were being used in the kitchen. This is not compliant with the rule. Take the necessary steps to remove all multi plugs from the kitchen.	C 174		
C 177	Building Service Equipment-Hot Water SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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 water temperature for the hallway bathroom, didn't fall into the allowable range as referenced in the rule above, the reading taken was 118 degrees Fahrenheit. This is not compliant with the rule. Take the necessary steps/actions to ensure that the water temperature is maintained between 100 to 116 degrees Fahrenheit. Once corrections have been made provide written verification to our office.	C 177		

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C 180	Continued From page 10	C 180		
C 180	<p>Building Service Equipment-Call System</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that each call system was not in reach for all residents in the rooms to utilize Per .2214 BUILDING SERVICE EQUIPMENT (f) Where the bedroom of the live-in staff is located in a separate area from residents ' bedrooms, an electrically operated sounding device must be provided connecting each resident bedroom to the live-in staff bedroom. The resident call switches must be such that they can be activated with a single action and remain on until switched off by staff. The call switch must be within reach of the resident lying on his bed. This is not compliant with the rule. Take the necessary steps to install additional systems at each bed to meet the rule above.</p> <p>2.) At the time of the survey, it was observed that the call button chain had broken off in the first bedroom to the left. This is not compliant with the rule. Take the necessary steps to repair or</p>	C 180		

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C 180	Continued From page 11 replace the chain.	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:</p> <p>1.) At the time of the survey, it was observed that the front railing of the facility was loose at multiple points which could lead to a trip and fall. This is not compliant with the rule. Take the necessary steps to repair and replace parts as needed.</p> <p>2.) At the time of the survey, it was observed that an eye hook was installed on the storm door. This requires special knowledge to operate. This is not compliant with the rule. Take the necessary steps to remove the eye hook.</p> <p>3.) 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.</p> <p>4.) At the time of the survey it was observed that on the right-hand side of the facility at the peak of the roof, multiple shingles are raised and damaged. This could potentially allow water into the facility. This is not compliant with the rule. Take the necessary steps to repair and replace as needed.</p> <p>5.) At the time of the survey, it was observed that on the right-hand side of the facility, multiple pieces of soffit and flashing were damaged. This</p>	C 183		

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C 183	<p>Continued From page 12</p> <p>is not compliant with the rule. Take the necessary steps to repair and replace as needed.</p> <p>6.) At the time of the survey, it was observed that multiple screens were falling out of the windows. This is not compliant with the rule. Take the necessary steps to reinstall the screens.</p> <p>7.) At the time of the time of the survey it was observed that the fence was damaged. This is not compliant with the rule. Take the necessary steps to repair and replace parts of the fence as needed.</p> <p>8.) At the time of the survey it was observed that the resident's home had neglected gutters. This is not compliant with the rule. Take the necessary steps to clean out the gutters and build a preventative maintenance plan to ensure the gutters are cleaned regularly</p>	C 183		