



**NC DEPARTMENT OF  
HEALTH AND  
HUMAN SERVICES**

**ROY COOPER** • Governor

**KODY H. KINSLEY** • Secretary

**MARK PAYNE** • Director, Division of Health Service Regulation

February 22, 2024

Donnie Puett, Administrator (via email only)

3261 Green Tree Acres

Valdese, NC 28690

*Perkin Care Home FCL-012-046*

RE: Perkins Family Care – FC Biennial Survey

2015 Sunnyside Drive

Morganton (Burke County)

FID #041486

Dear Mr. Puett:

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 February 1, 2024. 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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL 012-046</b>  <b>FCL012045</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>02/01/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>PERKINS FAMILY CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2015 SUNNYSIDE DRIVE MORGANTON, NC 28655</b>		
(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 000	<p>Initial Comments</p> <p>Report by Scott Greenwood</p> <p>DHSR Construction Section conducted a Biennial Survey on February 01, 2024 from 11:10 AM to 12:30 PM at the above referenced facility. DHSR records indicate the home was first licensed on March 14, 2016 as a Family Care Home Six (6) ambulatory Residents (able to respond and evacuate without any 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 2005 Rules 10A NCAC 13G for Family Care Homes and the applicable portions of the 2012 North Carolina Building Code - Section 425.2 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 102	<p>Rules Are Minimum Requirements</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each family</p>	C 102			

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Dominique P...*

*owner*

**3-1-24**

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER  <b>PERKINS FAMILY CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2015 SUNNYSIDE DRIVE MORGANTON, NC 28666</b>		
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C 102	Continued From page 1  care home shall be applied as follows: (4) Rules contained in this Section are minimum requirements and are not intended to prohibit buildings, systems or operational conditions that exceed minimum requirements;  This Rule is not met as evidenced by: 1. At the time of the survey two live fire drills were performed. At the time six (6) residents were on-site. None of the residents responded or evacuated when the alarm was sounded. All residents remained seated in the dining room and or bedrooms. This is not compliant with the rule. Take the necessary steps to train the residents to respond or evacuate at the sound of the smoke alarms and any resident that requires physical or verbal prompting and or assistance needs to be relocated to another facility to better accommodate their needs.	C 102	<p>① an inservice was completed on what to do when fire alarm sounds no matter who is in the building. All staff and residents were present at the meeting</p> <p><i>Jan Pust</i></p>	
C 142	Corridor-Night Lights  SECTION .0300 - THE BUILDING 10A NCAC 13G .0311 CORRIDOR (b) Corridors shall be lighted with night lights providing 1 foot-candle power at the floor.  This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the hallway night light was missing. This is not compliant with the rule for resident safety. Take the necessary to correct this deficiency.	C 142		
C 174	Building Equipment Maintained Safe, Operating  SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT	C 174		

*Jan Pust* 3-1-24

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER  <b>PERKINS FAMILY CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2015 SUNNYSIDE DRIVE MORGANTON, NC 28655</b>		
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C 174	Continued From page 2  (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. (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 there was chipping paint on the exterior siding and trim all around the house. This is not compliant with the rule. Take the necessary steps to scrape the chipping paint and reapply as needed.  Note: This deficiency cited during our 05/13/2022 biennial survey. no action has been taken to effectively correct the previously cited deficiency. Take action to maintain compliance.  2. At the time of the survey it was observed that the exterior of the house was dirty and mildewed and the soffit areas had cobwebs all over. This is not compliant with the rule. Take the necessary steps to power wash the house.  Note: This deficiency cited during our 05/13/2022 biennial survey. no action has been taken to effectively correct the previously cited deficiency. Take action to maintain compliance.  3. At the time of the survey it was observed that the hallway ceiling light fixture globe was missing with old water stains on the ceiling. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency.  4. At the time of the survey it was observed that the main bedroom bathroom shower grab bar	C 174	① Exterior has been Repainted  ② Exterior has been Repainted and has been Washed  ③ Hall light has been replaced AND Ceiling repainted  ④ grab bar has been replaced	3-12-24  3-12-24  3-15-24  3-15-24

*Donni Puet*  
3-1-24

Division of Health Service Regulation

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C 174	Continued From page 3  was missing. This is not compliant with the rule for resident safety. Take the necessary steps to correct this deficiency.  5. At the time of the survey it was observed that there was a rusted heat vent in the hallway bathroom. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency.  6. At the time of the survey it was observed that the hallway bathroom door had missing trim paint. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency.  7. At the time of the survey it was observed that the hot water tank thermostat access covers were missing. This is not compliant with the rule for routine interior maintenance and safety. Take the necessary steps to correct this deficiency.  8. At the time of the survey it was observed that there was lint buildup behind the clothes dryer. This is not compliant with the rule for routine interior maintenance. Take the necessary steps to correct this deficiency.  9. At the time of the survey it was observed that there was peeling paint at the window trim next to the washer and dryer. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency.  10. At the time of the survey it was observed that the exterior clothes dryer vent cover was missing. This is not compliant with the rule for routine exterior maintenance and appearance. Take the	C 174	<p>5. Vent cover in Bathroom has been replaced</p> <p>6. Bathroom trim paint has been repainted</p> <p>7. Thermostat cover have been replaced</p> <p>8. Lint has been removed behind Dryer</p> <p>9. Paint around washer/Dryer has been repainted</p> <p>10. Dryer Vent Cover has been replaced</p> <p><i>Dominique</i></p>	<p>3-15-24</p> <p>3-15-24</p> <p>3-15-24</p> <p>3-15-24</p> <p>3-15-24</p> <p>3-15-24</p> <p>3-1-24</p>

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C 174	Continued From page 4  necessary steps to correct this deficiency.	C 174	<p>New Night light system for hall way has been put in place.</p> <p>Perkins Care Home has contracted with Blue sky works for you, to complete all maintance Items current and future</p> <p><i>Dani Pust</i> owner 3-1-24</p> <p><i>Dani Pust</i> 3-1-24</p>	3-15-24

# PERKINS CARE HOME

828764-4864

## NURSES NOTES

Fire and Safety Meeting

When Fire Alarm sounds what to do  
and where to go. Anytime it sounds.

List of Attendees

Tommy Gilliam

Debra Beaver

Judy Steele

Kim Cross

Phillip McMahon

Ronald Walker

Josh Danner

Chasity Hail

Donnie Pett

Will Do Another Meeting in April 2024

Don Pett