Division of Health Service Re STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING		(X3) DATE SURVEY COMPLETED	
		FCL013052			12/	12/05/2024
			DDRESS, CITY, ST	DDRESS, CITY, STATE, ZIP CODE		
	RIAGE HOUSE OF C	CAREMOOR	REMOOR PLA POLIS, NC 280			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
C 000	Initial Comments		C 000			
	Report by David Hickman					
	Survey on Decemb 10:15 AM at the ab records indicate the June 8, 2007 as a l non-ambulatory Re respond and evacu verbal assistance of emergency). Based requiring the home the following: the 2 Family Care Home	n Section conducted a Biennia ber 5, 2024 from 9:05 AM to ove referenced facility. DHSR e home was first licensed on Family Care Home for six (6) esidents (Who are un-able to late without any physical or during a fire or other d on this information we are to maintain compliance with 005 Rules 10A NCAC 13G for s, the 2006 North Carolina e - Section 421.4 - Small are Facilites.				
	NOTES:					
	that require an acc	ur visit, we cited deficiencies eptable plan of correction. All were discussed with on-site interview.				
	once completed pro	correct all listed deficiencies, ovide verification in the form o voices, etc. for all work	f			
	The cited deficienc	ies are as follows:				
C 146	Outside Entrances/	′Exits-Ramp(s)	C 146			
	AND EXITS (c) At least one pr for the residents' us	THE BUILDING 312 OUTSIDE ENTRANCE incipal outside entrance/exit se shall be at grade level or with a one inch rise for each				

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TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL013052		(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		FCL013052	B. WING		12/05/2024		
			DDRESS, CITY, ST	TATE, ZIP CODE			
	RIAGE HOUSE OF C		REMOOR PLA				
		KANNA	POLIS, NC 280			(1-)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
C 146	Continued From page 1		C 146				
	12 inches of length of the ramp. For the purposes of this Rule, a principal outside 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.						
	there was a small s to the walkway, cau Due to the non-ami two grade level exit compliant with the to build up the walk transition to grade.	e survey, it was observed that step down from the rear patio using a possible fall hazard. bulatory status of the home, is are required. This is not rule. Take the necessary steps way and create a smooth (If the slope causes this to andrails will be required on					
	there was a drop of a possible fall haza	e survey, it was observed that ff from the rear patio, causing rd. This is not compliant with ecessary steps to build up the atio.					
C 152	Floors		C 152				
	smooth, non-skid m to be easily cleanal (b) Scatter or thro	amily care home shall be of naterial and so constructed as					
	This Rule is not me 1. At the time of the	et as evidenced by: survey, it was observed that					

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If continuation sheet 2 of 3

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
			R WING			
		FCL013052	B. WING		12/	05/2024
NAME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, ST			
THE CAR	RIAGE HOUSE OF C	CAREMOOR	AREMOOR PLA POLIS, NC 280			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 152	Continued From page 2		C 152			
	front right bedroom hazard. This is not	rug in the bathroom in the causing a possible trip compliant with the rule. Take s to remove the rug.				
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING		C 174			
	EQUIPMENT (a) The building a mechanical, and pl care home shall be operating condition	apply to new and existing				
	1. At the time of the the exterior siding v causing an unsight	et as evidenced by: e survey, it was observed that was dirty and mildewed ly appearance. This is not rule. Take the necessary steps house.				

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