

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL017056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/05/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ABUNDANT LIVING # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3816 CHERRY GROVE ROAD ELON, NC 27244</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}	Initial Comments  Report by David Hickman  DHSR Construction Section conducted a Biennial Follow-up February 5, 2025 from 10:40 AM to 11:20 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.  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.	{C 000}		
C 105	Initial Licensure-Meet NCSBC  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	C 105		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL017056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/05/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ABUNDANT LIVING # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3816 CHERRY GROVE ROAD ELON, NC 27244</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 105	Continued From page 1  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: New Deficiency Observed:  1.) At the time of the survey, one of the residents was hearing impaired and could not hear the alarm when sounded. This is not compliant with the rule and code. Take the necessary steps to install strobes that are connected to the alarm system. These strobes need to be in the common areas, bathrooms, and in the resident's bedroom.	C 105		
{C 117}	Have Current San. And Fire Safety Approvals  SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND 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 Fire Alarm 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	{C 117}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL017056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/05/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ABUNDANT LIVING # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3816 CHERRY GROVE ROAD ELON, NC 27244</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 117}	Continued From page 2  said reports are to be kept on-site for periodic review by both Licensure and DHSR construction sections. * At the time of the survey, the reports were not available for review.	{C 117}		
{C 126}	Bedrooms-Sufficient In Number  SECTION .0300 - THE BUILDING 10A NCAC 13G .0308 BEDROOMS (a) There shall be bedrooms sufficient in number and size to meet the individual needs according to age and sex of the residents, the administrator or supervisor-in-charge, other live-in staff and any other persons living in a family care home. Residents are not to share bedrooms with staff or other live-in non-residents. (b) Only rooms authorized by the Division of Facility Services as bedrooms shall be used for bedrooms.  This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that residents were in rooms that were not approved during the original transmittal in 2014. Take the necessary steps to submit a project for additional rooms and or utilize the approved bedrooms of #7 (2 residents), #8 ( 2 residents), and #9(2 Residents) * At the time of the survey, the rooms were still in use and there had been no project submitted.	{C 126}		
{C 174}	Building Equipment Maintained Safe, Operating  SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical,	{C 174}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL017056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/05/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ABUNDANT LIVING # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3816 CHERRY GROVE ROAD ELON, NC 27244</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 174}	<p>Continued From page 3</p> <p>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.</p> <p>This Rule is not met as evidenced by:</p> <p>1.) At the time of the survey, it was observed that in bedroom #12 the door was damaged around the knob. This is not compliant with the rule. Take the necessary steps to repair and or replace the door. * This deficiency had not been corrected.</p> <p>2.) At the time of the survey, it was observed that bedroom #12 blinds were damaged. This could potentially affect the residents privacy in the room. This is not compliant with the rule. Take the necessary steps to repair and or replace the blinds. * This deficiency had not been corrected.</p> <p>3.) At the time of the survey, it was observed that bedroom #9 cove basing on the floor is damaged, and or missing. This is not compliant with the rule. Take the necessary steps to replace and or repair the cove basing as needed. * This deficiency had not been corrected.</p> <p>4.) At the time of the survey, it was observed that the hot water heater had exposed wires on the top of the water heater due to the cover plate not being properly secured. This is not compliant with the rule. Take the necessary steps to install the cover plate as intended. * Due to the door being locked and unable to be accessed, this deficiency could not be verified.</p>	{C 174}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL017056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/05/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ABUNDANT LIVING # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3816 CHERRY GROVE ROAD</b> <b>ELON, NC 27244</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 180}	Continued From page 4	{C 180}		
{C 180}	<p>Building Service Equipment-Call System</p> <p><b>SECTION .0300 - THE BUILDING</b>  <b>10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</b></p> <p>(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.</p> <p>(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 staff is sleeping in the facility. 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 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 according to the intent of the Rules.</p> <p>* The call system that was installed needs to be programmed so the system will be shut off at the point of origin and not at the base unit.</p>	{C 180}		