		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>0</b>		(X3) DATE SURVEY COMPLETED	
			B. WING			
FCL036035					04/	08/2025
			DDRESS, CITY, ST			
NALDEN	POND CARE HOME		VILLE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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 000	Initial Comments		C 000			
	Report by Jonathan	Gamsey				
	DHSR Construction Section conducted a Biennial Survey on April 08, 2025 from 11:37 AM to 12:30 PM at the above referenced facility. DHSR records indicate the home was first licensed on November 04, 1987 as a Family Care Home for six ambulatory Residents (able to evacuate and respond 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 1984 Minimum Standards and Regulations for Family Care Homes and the Applicable Portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1978 (87 revision) North Carolina State Building Code - Section 409.1g - Residential Care Homes.		•			
	NOTES:					
	that require an acce	r visit, we cited deficiencies eptable plan of correction. All /ere discussed with on-site interview.				
	once completed pro	correct all listed deficiencies, ovide verification in the form of voices, etc. for all work				
	The cited deficienci	es are as follows:				
C 105	Initial Licensure-Me	et NCSBC	C 105			
	SECTION .0300 - T 10A NCAC 13G .03 CONSTRUCTION (a) Any building lic					

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	gulation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/ AND PLAN OF CORRECTION IDENTIFICATION NUMB		, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	FCL036035	B. WING		04/	08/2025
PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
POND CARE HOME					
		/ILLE, NC 28			
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	OULD BE	(X5) COMPLETE DATE
Continued From page	ge 1	C 105			
requirements of the Code. All new const renovations to exist requirements of the Code for One and T Residential Care Fa applicable volumes Building Code, whice reference, including may be purchased 1 Insurance Engineer Chapanoke Road, S Carolina 27603 at a dollars (\$380.00). (b) Each home sha equipped and maint	North Carolina State Building struction, additions and ing buildings shall meet the North Carolina State Building wo Family Dwellings and acilities if applicable. All of The North Carolina State th is incorporated by all subsequent amendments, from the Department of ing Division located at 322 Suite 200, Raleigh, North cost of three hundred eighty all be planned, constructed, tained to provide the services				
<ol> <li>At the time of the communicated by s are prompting. This due to the home be clients. Take the neresidents to respond prompting or assistadetectors are actival perform this task on maintain its ambula</li> <li>At the time of the none of the four responded and evaluate to the four responded and evaluate to the none of the four respond, and none of the later to the none of the section the section</li></ol>	e survey, it was taff that during fire drills they s is not compliant with the rule ing licensed for all ambulatory ecessary steps to train the d and evacuate, without staff ance, at any time the smoke ited. The residents must n their own for the home to tory status. e survey, it was observed that idents present in the house cuated at the time the smoke vated. The Residents did not of them evacuated during the				
	OF CORRECTION PROVIDER OR SUPPLIER POND CARE HOME SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Continued From pa family care home sl requirements of the Code. All new cons renovations to exist requirements of the Code for One and T Residential Care Fa applicable volumes Building Code, which reference, including may be purchased to Insurance Engineer Chapanoke Road, S Carolina 27603 at a dollars (\$380.00). (b) Each home sha equipped and maint offered in the home This Rule is not me 1.) At the time of the communicated by s are prompting. This due to the home be clients. Take the ne residents to respond prompting or assistant detectors are activate perform this task or maintain its ambula 2.) At the time of the none of the four ress responded and evand detectors were activate perform this task or maintain its ambula	OF CORRECTION       IDENTIFICATION NUMBER:         FCL036035       FCL036035         PROVIDER OR SUPPLIER       STREET AD DID CARE HOME         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         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, it was communicated by staff that during fire drills they are prompting. 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.         2.) At the time of the survey, it was observed that none of the four residents present in the house respond, and none of them evacuated during the drill. This is not compliant with the rule due	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING: C.         FCL036035       B. WING	OF CORRECTION     IDENTIFICATION NUMBER:     A BUILDING: 01       PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       POND CARE HOME     101 OLDE COACH LANE CHERRYVILLE, NC 28021       SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     ID PREFIX TAG       Continued From page 1     C 105       Continued From page 1     C 105       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, 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, 1 At the time of the survey, it was communicated by staff that during fire drills they are prompting. This is not compliant with the rule due to the home being licensed for all ambulatory clents. Takk 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.       2,) At the time of the survey, it was observed that none of the four 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 d	OF CORRECTION     DENTIFICATION NUMBER:     A BUILDING: 01       PROVIDER OR SUPPLIER     STREET ADDRESS. GTY, STATE, ZIP CODE       PROVIDER OR SUPPLIER     STREET ADDRESS. GTY, STATE, ZIP CODE       POND CARE HOME     101 OLDE COACH LANE CHERRYVILLE, NC 28021       SUMMARY STATEMENT OF DEFICIENCES (BACH DEFICIENCY MUST BE PRECEDE BY FULL RESULTATORY OR LSC DENTIFINIS INFORMATION)     ID PREFX TAG     PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       Continued From page 1     C 105       Goal of the North Carolina State Building Code of One and Two Family Dwellings and Residential Care Facilities if applicable ourses of the North Carolina State Building Code of One and Two Family Dwellings and Residential Care Facilities if applicable North Carolina 27603 at a cost of three hundred eighty dollars (5380 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, it was communicated by statf that during fire drills they are prompting. This is not compliant with the rule detectors are activated. The residents must perform this task on their own for the home to maintain its ambulatory status.       2.) At the time of the survey, it was observed that none of the four residents present in the house responded and evacuated. The Residents did not responded and evacuated the time the smoke delectors were activated. The Residents did not responded and evacuated at the time the smoke delectors were

Division	of Health Service Re	egulation			FORM	APPROVED
		(X2) MULTIPLE A. BUILDING: (	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED		
		FCL036035	B. WING		04/0	8/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
WALDEN	I POND CARE HOME		E COACH LAN /ILLE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 105	Continued From pa	ge 2	C 105			
	respond and evacuars assistance, at any t activated. The resid	r steps to train the residents to ate, without staff prompting or ime the smoke detectors are dents must perform this task home to maintain its				
C 113	Construction-Door	Width	C 113			
	feet and six inches living rooms, bedroo This Rule is not me 1.) At the time of the the door to the bath is only 24 inches wi	02 DESIGN AND shall be a minimum of two in the kitchen, dining room, oms and bathrooms.				
	plans to DHSR on h meet the rule above 2.) At the time of the the hallway bathroo wide. This is not co necessary steps to	now it will adjust the door to				
C 146	Outside Entrances/	Exits-Ramp(s)	C 146			
	AND EXITS (c) At least one pri for the residents' us accessible by ramp	THE BUILDING DUTSIDE ENTRANCE incipal outside entrance/exit se shall be at grade level or with a one inch rise for each of the ramp. For the				

Division of Health Service Regulation STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036035			(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>			E SURVEY PLETED
		B. WING		04/	08/2025	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
WALDEN	I POND CARE HOME		E COACH LAN VILLE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 146	Continued From pa	-	C 146			
	entrance/exit is one residents for vehicu any resident that me with evacuation, the	le, a principal outside that is most often used by lar access. If the home has ust have physical assistance home shall have two outside rade level or accessible by a				
	the rear ramp had a a smooth transition approximately 2 1/2 compliant with the r to extend the ramp	et as evidenced by: e survey, it was observed that a transition that did not provide The transition starts at from grade. This is not ule. Take the necessary steps and handrails to the end of e intent of the rule above.				
C 174	Building Equipment	Maintained Safe, Operating	C 174			
	EQUIPMENT (a) The building ar mechanical, and plu care home shall be operating condition.	17 BUILDING SERVICE and all fire safety, electrical, umbing equipment in a family maintained in a safe and				
	multiple windows th bedrooms are not s could potentially im This is not complian	et as evidenced by: e survey, it was observed that roughout the facility's taying open on their own. This bede egress in a time of need at with the rule. Take the repair or replace windows as	5			

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Division	of Health Service Re	egulation			FORM APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
		FCL036035	B. WING		04/08/2025	
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
WALDEN	I POND CARE HOME		E COACH LAI VILLE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE COMPLETE E APPROPRIATE DATE	
C 174	Continued From pa	ge 4	C 174			
	there was a sleepin the kitchen. There wo outside this bedrood the rule. Take the n smoke detector tha other hallway smok Outside the bedroo 3.) At the time of the the front handrail wo	m is a fire alarm strobe. e survey, it was observed that as loose. This is not compliant he necessary steps to repair				
	the texture ceiling a peeling and chippin	e survey, it was observed that bove the kitchen range was g. This is not compliant with ecessary steps to repair the				
	the oven exhaust be to prevent the bulb is not compliant with	e survey, it was observed that ulb did not have a bulb cover from shattering into food. This h the rule. Take the necessary bbe cover for the kitchen range				
	the evacuation plan walls correctly. This	e survey, it was observed that s were not oriented on the s is not compliant with the essary steps to orient the plans				
	throughout the facil to be painted. This	e survey, it was observed that ity the high touch points need is not compliant with the rule. steps to paint high touch he facility.				
ivision of !!	,	e survey, it was observed that				
IVISION OF H	ealth Service Regulation M		<sup>6899</sup> N	XRG21	If continuation sheet 5 of	

## PRINTED: 04/23/2025 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFIC		IDENTIFICATION NUMBER:	A. BUILDING: <b>0</b>	JILDING: <b>01</b>		COMPLETED	
		FCL036035	B. WING		04/	08/2025	
AME OF F	PROVIDER OR SUPPLIER	STREET AI	ODRESS, CITY, ST	TATE, ZIP CODE			
	I POND CARE HOME		E COACH LAN VILLE, NC 280				
X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
C 174	Continued From page	ge 5	C 174				
	the facility requires door. This is not cor	en that exits to the exterior of special knowledge to open the mpliant with the rule. Take the repair the doorknob or replace	)				

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