

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL023055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 04/08/2025
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NAME OF PROVIDER OR SUPPLIER GREENE HAVEN FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1833 STONEY POINT ROAD SHELBY, NC 28150
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C 000	<p>Initial Comments</p> <p>Report by Jonathan Gamsey</p> <p>DHSR Construction Section conducted a Biennial Follow-up Survey on April 8, 2025 from 12:50 PM to 1:40 PM 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.</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 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 the previous survey.</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 146	<p>Outside Entrances/Exits-Ramp(s)</p> <p>SECTION .0300 - THE BUILDING 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 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</p>	C 146		

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

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C 146	Continued From page 1 entrances/exits at grade level or accessible by a ramp. This Rule is not met as evidenced by: 1. At the time of the survey, it was observed that the rear of the facility had a ramp that did not meet the family care rule above. The current ramp is disconnecting from the deck posing a tripping hazard and safety concern for residents and staff. As well the ramp is 42 inches high and only 24 feet long. This is not compliant with the rule. Take the necessary steps to provide documentation from the local building official that the ramp meets one inch of rise for every 12 inches of length of the ramp, as well as that the ramp is structurally sound. If said ramp does not meet this intent a project will need to be submitted to DHSR on how the facility will alter said ramp to meet the intent of licensure rule above.	C 146		
C 149	Outside Entrances/Exits-Handrails At Porches SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (f) All steps, porches, stoops and ramps shall be provided with handrails and guardrails. This Rule is not met as evidenced by: 1. At the time of the survey, it was observed that the rear ramp did not have a smooth transition to grade nor was the handrail extended to the end of the ramp. This is not compliant with the rule. Take the necessary steps to build up the grade and extend the handrails.	C 149		

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C 169	Continued From page 2	C 169		
C 169	<p>Fire Safety-Smoke Detectors</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it.</p> <p>This Rule is not met as evidenced by: 1. At the time of the survey, it was observed that the staff bedroom smoke alarm detector was missing. This is not compliant with the rule. Take the necessary steps to reinstall the smoke alarm detector in the staff bedroom.</p>	C 169		
{C 172}	<p>Fire Safety-Four Rehearsals</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved.</p>	{C 172}		

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{C 172}	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by:</p> <p>1. At the time of the survey a live fire drill was performed while five (5) residents were on-site. None of the residents responded or evacuated when the alarm was sounded. All residents remained in their bedrooms. This is not compliant with the rule. Take the necessary steps to train the residents to respond and evacuate at the sound of the smoke alarm any time it is activated. This home is licensed for 6 ambulatory residents which means that each resident should be able to evacuate the building without physical assistance or verbal prompting. Any resident that requires physical or verbal prompting and or assistance may need to be relocated to another facility to better accommodate their needs. This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency.</p> <p>At the time of the follow up survey it could not be confirmed if residents were prompted. But one resident was in the bedroom and they did not leave on their own accord and asked if this was a drill.</p> <p>2. At the time of the survey it was observed that the fire drills are being conducted by verbally prompting the residents to evacuate and are not being conducted on all three shifts. This is not compliant with the rule. Take the necessary steps to train staff on how to perform a fire drills on all three shifts that requires activating the smoke alarms rather than verbalizing "fire". This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency.</p>	{C 172}		

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{C 174}	Continued From page 4	{C 174}		
{C 174}	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (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.</p> <p>This Rule is not met as evidenced by: 3. At the time of the survey it was observed that there were multiple areas where the ceiling texture was peeling and chipping. This is not compliant with the rule. Take the necessary steps to repair the textured ceiling. This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency.</p> <p>5. At the time of the survey it was observed that multiple windows throughout the facility in the bedrooms will not stay open, which is a potential safety hazard that could delay egress in the event of an emergency. This is not compliant with the rule. Take the necessary steps to repair the window so that it will stay in place when raised. This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency.</p> <p>7. At the time of the survey it was observed that the grading at the left and back sidewalks was lower than the sidewalk which is a potential trip hazard. This is not compliant with the rule. Take the necessary steps to install a railing or bring the grading even with the sidewalk. This deficiency was previously cited during our</p>	{C 174}		

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{C 174}	<p>Continued From page 5</p> <p>2023 biennial survey and action hasn't been taken to address the deficiency.</p> <p>14. At the time of the survey it was observed that the home has a dirty soffit and fascia and may require painting if unable to be cleaned. This is not compliant with the rule. Take the necessary steps to clean the exterior of the home regularly. This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency.</p> <p>15. At the time of the survey it was observed that several foundation vent screens are damaged and may allow pests to enter into the crawl space. This is not compliant with the rule. Take the necessary steps to repair the foundation's vents. This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency.</p> <p>New Deficiencies</p> <p>16. At the time of the survey, it was observed that the kitchen had a damaged cover plate to the right of the sink. This is not compliant with the rule. Take the necessary steps to replace the cover plate.</p> <p>17. At the time of the survey, it was observed that the textured ceiling throughout the facility was flaking or missing. This is not compliant with the rule. Take the necessary steps to patch prep and paint the ceiling.</p>	{C 174}		
{C 180}	<p>Building Service Equipment-Call System</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE</p>	{C 180}		

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{C 180}	Continued From page 6 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. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the facility did not have a call system. 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. This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency.	{C 180}		
C 353	10A NCAC 13G .1006(b) Medication Storage 10A NCAC 13G .1006 Medication Storage (b) All prescription and non-prescription medications stored by the facility, including those	C 353		

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C 353	<p>Continued From page 7</p> <p>requiring refrigeration, shall be maintained in a safe manner under locked security except when under the immediate or direct physical supervision of staff in charge of medication administration.</p> <p>This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the med room could be accessed without staff. This is not compliant with the rule. Take the necessary steps to ensure that the room the medicine is located in is locked at all times.</p>	C 353		