

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2025
NAME OF PROVIDER OR SUPPLIER NEW LIFE HORIZONS		STREET ADDRESS, CITY, STATE, ZIP CODE 1111 YARBOROUGH ROAD MILTON, NC 27305		
(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 Jonathan Gamsey</p> <p>DHSR Construction Section conducted a Biennial Survey on May 13, 2025 from 10:00 AM to 11:00 AM at the above referenced facility. DHSR records indicate the home was first licensed on September 8, 1993 as a Family Care Home for six ambulatory Residents (able to respond and evacuate 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 1992 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1991 (1993 revision) North Carolina State Building Code - Section 514.1 exception 1 - Residential Care Facilities.</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 105	<p>Initial Licensure-Meet NCSBC</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a</p>	C 105		

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

TITLE

(X6) DATE

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C 105	<p>Continued From page 1</p> <p>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).</p> <p>(b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home.</p> <p>This Rule is not met as evidenced by:</p> <p>1.) At the time of the survey, it was observed that none of the three 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 during the drill. 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.</p> <p>2.) At the time of the survey, it was stated by staff that they are prompting during fire drills. This is not compliant with the rule due to the home being licensed for all ambulatory clients. Take the</p>	C 105		

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C 105	Continued From page 2 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. 3.) At the time of the survey, it was observed that the facility was not performing 3rd shift fire drills. This is not compliant with the rule. Take the necessary steps to perform 3rd shift fire drills.	C 105		
C 135	Bathroom-Hand Grips SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (e) Hand grips shall be installed at all commodes, tubs and showers used by the residents. This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that the bathroom on the left side of the facility is missing a hand grip for the shower. This is not compliant with the rule. Take the necessary steps to install a hand grip for the shower.	C 135		
C 146	Outside Entrances/Exits-Ramp(s) SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (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	C 146		

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C 146	Continued From page 3 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. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the top of the front ramp has started to drop and no longer provides a smooth transition. This is not compliant with the rule. Take the necessary steps to build the top of the ramp back up to ensure a smooth transition.	C 146		
C 147	Outside Entrances/Exits-Single Hand Motion SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the front and rear doors are not single motion. This is not compliant with the rule. Take the necessary steps to alter or change the door knobs to a single action to meet the rule above. 2.) At the time of the survey, it was observed that the storm door was not single motion. This is not compliant with the rule. Take the necessary steps to disable the locking mechanism on the storm door.	C 147		

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C 149	Continued From page 4	C 149		
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 facility had multiple drop-offs in the front and rear of the facility. This is not compliant with the rule. Take the necessary steps to build the grade back up to the sidewalk to remove the drop-off.	C 149		
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, 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 the bedroom on the right side of the facility had a reversed lock set. This is not compliant with the rule. Take the necessary steps to have it in the intended direction or replace it with a passage knob. 2..) At the time of the survey it was observed that the hallway bathroom on the left side of the facility had a loose toilet at the base causing a potential for leaks to happen and also for residents to be	C 174		

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C 174	Continued From page 5 injured when using the facilities. This is not compliant with the rule. Take the necessary steps to secure the toilets to prevent any leaks or possible injuries. 3.) At the time of the survey, it was observed that multiple people in the facility were using oxygen tanks. Take the necessary steps to put signage up on the doors indicating oxygen is in use. 4.) At the time of the survey, it was observed that the closet on the left side of the facility had oxygen tanks not properly stored. This is not compliant with the rule. Take the necessary steps to put the oxygen tanks in a storage device.	C 174		
C 180	Building Service Equipment-Call System SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE 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 call system was not working properly and was able to be deactivated by a switch in the staff bedroom, as well as does not function if the	C 180		

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C 180	Continued From page 6 front/rear door is open. This is not compliant with the rule. Take the necessary steps to ensure that the call system signals when activated can only be deactivated at the point of origin and the deactivation switch in the staff bedroom is disabled so the call system will remain on at all times.	C 180		