STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		FCL032121	B. WING		08/1	9/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PRESTIG	SE ESTATES HOME		T SCHOOL F , NC 27704	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES '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 000	Initial Comments		C 000			
	Report by Kelly Mye	ers				
	Survey on August 1 PM at the above referecords indicate the June 11, 2012 as a ambulatory Resider approved on Augus currently licensed for (Who are able to reany physical or vertother emergency). I are requiring the howith the following: the 13G for Family Carportions of the 2012	n Section conducted a Biennial 9, 2025, from 1:40 PM to 3:40 ferenced facility. DHSR home was first licensed on Family Care Home for five (5) hts. A capacity increase was t 27, 2015. The facility is prosix (6) ambulatory residents aspond and evacuate without bal assistance during a fire or Based on this information we ame to maintain compliance to the 2025 Rules 10A NCAC to Homes, and the applicable 2 North Carolina State Building 1.2 - Residential Care Homes.				
	NOTES:					
	that require an acce	r visit, we cited deficiencies eptable plan of correction. All vere 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 027	10A NCAC 13G .03 Design And Constru	02 (g) Attic/basement storage uctio	C 027			
	10A NCAC 13G .03	02 Design And Construction				
	(a) The basement	and the attic shall not to be				

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

(X6) DATE TITLE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		FCL032121	B. WING		08/1	9/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PRESTIG	SE ESTATES HOME		T SCHOOL F , NC 27704	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 027	Continued From pa	ge 1	C 027			
	used for storage or					
	This Rule is not mo	et as evidenced by:				
	items were stored i compliant with the i	urvey it was observed that in the basement. This is not rule. Take the necessary steps d items from the basement.				
C 066	10A NCAC 13G .03 Entrance And Exits	312 (d) Single motion Outside	C 066			
	10A NCAC 13G .03 Exits	312 Outside Entrance And				
	operable by a single at all times without knowledge. Existing on the inside of out	ance/exit door locks shall be e hand motion from the inside keys, tools, or special g deadbolts and turn buttons side entrances/exit doors, id storm doors, shall be d.				
	there were multiple special knowledge compliant with the i	et as evidenced by: e survey, it was observed that doorknobs that require to operate. This is not rule. Take the necessary steps them with single motion				
C 102	10A NCAC 13G .03 Service Equipment	817 (a) Maintenance Building	C 102			

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STATEMENT OF DEFICIENCIES (X) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′			ATE SURVEY OMPLETED	
			A. BUILDING. UT				
FCL032121		B. WING		08/1	9/2025		
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
PRESTIC	SE ESTATES HOME		T SCHOOL I , NC 27704	ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
C 102	Continued From pa	ge 2	C 102				
	10A NCAC 13G .03 Equipment	317 Building Service					
	(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.						
	there was dirty sidir up. This is not com- necessary steps to the home. *This deficiency our September 13, action to correct thi	e survey it was observed that and and trim with cob web build pliant with the rule. Take the routinely clean the exterior of y was previously cited during 2023 biennial survey, take is deficiency.					
	there were 2 missi left corner of the bu with the rule. Take to or replace the light *This deficiency	ng flood light bulbs at the back idling. This is not compliant the necessary steps to repair fixtures. y was previously cited during 2023 biennial survey, take					
	there was a heavy l duct. This is not con necessary steps to line.	e survey it was observed that build up of lint inside the dryer mpliant with the rule. Take the routinely clean the dryer vent y was previously cited during					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		FCL032121	B. WING		08/19/2025	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PRESTIG	SE ESTATES HOME		T SCHOOL I NC 27704	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
C 102	Continued From pa	ge 3	C 102			
	our September 13, action to correct this	2023 biennial survey, take s deficiency.				
	NEW DEFICIENCI	ES 20250819				
	 At the time of the survey it was observed that there were multiple burnt bulbs and a missing light globe. This is not compliant with the rule. Take the necessary steps to replace all burnt bulbs and missing light globe. At the time of the survey it was observed that the smoke detectors in bedrooms 2 and 3 were not interconnected with all smoke detectors. This is not compliant with the rule. Take the necessary steps to repair or replace the smoke detectors. NOTE: Both smoke detectors were repaired at the time of the survey. NOTE: The smoke detectors are older than 10 years (2011) and should be replaced every 10 years. At the time of the survey it was observed that the right hall bath GFCI receptacle would not trip. This is not compliant with the rule. Take the 					
	there was a soft spetransition in bedroo the rule. Take the n evaluate and repair 8. At the time of the there was wall dam	e survey it was observed that age above the window in the appliant with the rule. Take the				

9. At the time of the survey it was observed that Division of Health Service Regulation STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		FCL032121	B. WING		08/19/2025	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 00/1	3/2023
NAIVIE OF	PROVIDER OR SUPPLIER		T SCHOOL F			
PRESTIC	SE ESTATES HOME		NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 102	the HVAC in the back was missing the coverror code which incoverror code which incovered which incovered the necessary steps it should be an oper no longer required to the power source shall the power shall the powe	ck left corner of the basement wer and there was a flashing dicated there was power to the compliant with the rule. Take is to repair or replace the unit if rating system. If the system is o properly condition the home, nould be disconnected. The survey it was observed that it transitions at the sidewalk is potential trip hazard. This is the rule. Take the necessary place the damaged board. The survey it was observed that areas of wood rot on the extense of wood rot on the extense of the property of the rule. Take the necessary ood rot. The survey it was observed that rawlspace access door that the abrick. This is not compliant the necessary steps to repair in backwards. The survey it was observed that was missing the end cap. This in the rule. Take the necessary	C 102	DETICIENCY)		

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		FCL032121	B. WING		08/19/2025	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
PRESTIG	E ESTATES HOME	4120 HOL	T SCHOOL F	ROAD		
TREOTIC		<u> </u>	NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE	(X5) COMPLETE DATE
C 102	Continued From pa	ge 5	C 102			
	there were chirping basement. This is n	e survey it was observed that heat detectors in the attic and ot compliant with the rule. steps repair or replace the				
C 112	10A NCAC 13G .03 Premises	18 (a) Clean safe Outside	C 112			
	10A NCAC 13G .03	18 Outside Premises				
	family care homes sand safe condition. "clean and safe condition." clean and safe condebris, trash, unever conditions as not to and provide for safe grounds. Creeks, diother similar areas: For the purpose of the means preventive in block access to such Notwithstanding the of this Section, the	sunds of new and existing shall be maintained in a clean For the purpose of this Rule, dition" means free from en surfaces, and similar attract rodents and vermin, en movement throughout facility tches, ponds, pools, and shall have safety protection. This Rule, "safety protection" neasures, such as barriers, to the areas. It requirements of Rule .0301 requirements of Paragraphs ule shall apply to new and				
	there was a drop of This is not compliar	survey it was observed that f at the walkway at the back. It with the rule. Take the bring the grade level up to the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				COMP	OMPLETED	
		FCL032121	B. WING		08/1	9/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PRESTIGE ESTATES HOME 4120 HOLT SCHOOL ROAD DURHAM, NC 27704						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
C 911	Continued From pa	ge 6	C 911			
C 911	G.S 131D 21(1) De	claration of Resident's Rights	C 911			
	Every resident shall (1) To be treated wi	laration of Resident's Rights I have the following rights: th respect, consideration, ognition of his or her ht to privacy.				
	bedroom 3 had a ca provider and the far camera per the provide the provide consent doo Note: The provi requested that a ca	et as evidenced by: e survey it was observed that amera within the room. The mily have access to view the vider. This is not compliant e. Take the necessary steps to cumentation from the family. Ider has stated that the family mera be placed in the room getting up at nighttime.				

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