

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 02/05/2025
NAME OF PROVIDER OR SUPPLIER JEFFERSON FAMILY CARE HOME #4		STREET ADDRESS, CITY, STATE, ZIP CODE 495 STALEY BOSWELL ROAD YANCEYVILLE, NC 27379		
(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 11:45 AM to 12:05 PM at the above referenced facility. At the time of the survey, not all deficiencies were corrected therefore further action is required. 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 reference, including all subsequent amendments,	{C 105}		

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

TITLE

(X6) DATE

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{C 105}	Continued From page 1 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 observed that prompting was taking place during fire drills. This is not compliant with the rule. This is not compliant with the rule due to the home being licensed for all ambulatory residents. 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. * This deficiency had not been corrected. 2.) At the time of the survey it was stated by the facility that there were non-ambulatory residents in the facility that required prompting and assistance to evacuate the house during an emergency. Per our records, there has been no change of ambulatory status request for the license. Take the necessary steps to relocate the non-ambulatory residents or submit a change of ambulatory status request to our licensure section. * This deficiency had not been corrected.	{C 105}		
{C 169}	Fire Safety-Smoke Detectors	{C 169}		

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{C 169}	Continued From page 2 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. This Rule is not met as evidenced by: 1.) At the time of the follow-up survey it was observed that the current heat detectors in the attic were not functional and were fixed at 135 degrees Fahrenheit. Take the proper steps to bring the heat detectors back into compliance. NOTE: the provided Heat Detector(s) are currently disabled and are not at the proper rating of 135 degree rate to rise. This is not compliant with the rule. Take the necessary steps to replace the improper heat detectors with new ones to ensure that they will properly notify all occupants in the event of a fire or other emergencies. All heat detectors need to be connected to a dedicated sounding device and be either a 135-degree rate of rise device or a 194-degree fixed heat detector. * This deficiency had not been corrected.	{C 169}		
{C 174}	Building Equipment Maintained Safe, Operating	{C 174}		

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{C 174}	Continued From page 3 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 wallpaper was peeling in the kitchen. This is not compliant with the rule. Take the necessary steps to repair and or replace. * This deficiency had not been corrected.	{C 174}		
{C 179}	Building Service Equipment-Night Lights SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (e) All resident areas shall be well lighted for the safety and comfort of the residents. The minimum lighting required is: (3) 1 foot-candle power at the floor for corridors at night. (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 both hallways in the facility were missing a night light. This is not compliant with the rule. Take the necessary steps to install a nightlight. * This deficiency had not been corrected.	{C 179}		