

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>FCL017052</b>                         | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>02/05/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HUMPHREY FAMILY CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6245 BURTON CHAPEL ROAD</b><br><b>MEBANE, NC 27302</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                 |
| (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<br><br>Report by David Hickman<br><br>DHSR Construction Section conducted a Biennial Follow-up February 5, 2025 from 9:35 AM to 10:00 AM at the above referenced facility. At the time of the survey, not all deficiencies were corrected therefore further action is required.<br><br>NOTES:<br><br>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.<br><br>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}                                                                                            | 1. Immediate Correction Measures:<br>a. A licensed fire alarm contractor was contacted Feb 06, 2025, to assess and provide a quote for replacement of the attic heat detectors.<br>b. Non-functional detectors were decommissioned to prevent a false sense of security.<br>c. Temporary fire watch procedures were implemented in accordance with local fire code requirements until full compliance is achieved.<br>2. Permanent Correction Measures:<br>a. All attic heat detectors will be replaced with new, UL-listed devices that meet code:<br>Either 135°F rate-of-rise detectors or 194°F fixed heat detectors (based on environmental conditions and code compliance).<br>b. All new detectors will be connected to a dedicated sound device that will properly alert building occupants in the event of an emergency.<br>c. Installation will be completed by a licensed fire alarm technician.<br>3. Timeline for Completion:<br>a. Contractor scheduled to perform installation on or before March 18, 2025<br>b. Final verification and testing of the new heat detection system will be completed by March 20, 2025.<br>4. Prevention of Recurrence:<br>a. Preventive maintenance schedule updated to include quarterly testing and inspection of all heat detection devices.<br>b. Staff will receive refresher training on fire safety and reporting malfunctioning safety devices by March 25, 2025<br>c. Facility administrator will conduct monthly visual checks and quarterly third-party inspections to ensure ongoing compliance. | 3/25/2025                                                       |
| {C 169}                                                         | Fire Safety-Smoke Detectors<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN<br>(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.<br>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                                                                                                                                                                                                                           | {C 169}                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                 |

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

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If continuation sheet 1 of 4

Division of Health Service Regulation

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| {C 169}                                                         | Continued From page 1<br>not require it.<br><br>This Rule is not met as evidenced by:<br>1.) At the time of the follow-up survey it was observed that the current heat detectors in the attic were not functional and are fixed at 135 degrees Fahrenheit. Take the proper steps to bring the heat detectors back into compliance.<br><br>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 to ensure that there 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 was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency.<br>* This deficiency had not been corrected at the time of this follow up survey. | {C 169}                                                                                      | <p>• Plan of Correction:</p> <p>O Action: A licensed contractor has been scheduled to repair the damaged floor and ensure proper toilet anchoring. The toilet will be removed, the subfloor repaired/replaced, and new flooring installed.</p> <p>O Responsible Party: Maintenance Supervisor / Facility Administrator</p> <p>Completion Date: 3-5-2025</p> <p>O Monitoring: Maintenance logs will be reviewed weekly, and quarterly facility inspections will include flooring checks. Administrators will verify completion and compliance.</p> <p>O Prevention: All bathrooms will be inspected quarterly for signs of damage or soft flooring.</p> <p>2. Smoke Detectors Not Interconnected</p> <p>• Plan of Correction:</p> <p>O Action: A licensed electrician has been hired to interconnect all smoke detectors in the building. This includes ensuring those in the left end hallway and left rear room are included.</p> <p>O Responsible Party: Facility Administrator / Licensed Electrician</p> <p>Completion Date: 3-5-2025</p> <p>O Monitoring: Annual inspection by a fire safety company; quarterly checks by facility staff.</p> <p>O Prevention: The facility will maintain a maintenance contract for regular testing and ensure fire code updates are reviewed annually.</p> <p>3. Dryer Hose Crimped</p> <p>• Plan of Correction:</p> <p>O Action: The current dryer hose will be replaced with a semi-rigid or rigid metal duct. Installation will ensure no crimps and adequate airflow clearance.</p> <p>O Responsible Party: Maintenance Supervisor</p> <p>O Completion Date: 2-15-2025</p> <p>O Monitoring: Monthly inspection of dryer hose; staff training on proper use and notification procedures.</p> <p>O Prevention: Include dryer hose inspection in monthly safety checklist.</p> <p>4. Damaged Cover Plates Near Attic Access</p> <p>• Plan of Correction:</p> <p>O Action: New cover plates have been ordered and will be installed upon arrival.</p> <p>O Responsible Party: Maintenance Supervisor</p> <p>O Completion Date: 2-7-2025</p> <p>O Monitoring: Bi-monthly safety inspections to include all electrical covers and access areas.</p> <p>O Prevention: Staff will be instructed to report damaged infrastructure immediately.</p> | 2/7/2025                                                        |
| {C 174}                                                         | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0317 BUILDING SERVICE<br><br>EQUIPMENT<br>(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.<br>U) This Rule shall apply to new and existing family care homes.<br><br>This Rule is not met as evidenced by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | {C 174}                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |

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| {C 174}                                                         | <p>Continued From page 2</p> <p>1.) At the time of the survey, it was observed that the bathroom floor near the right side of the facility is cracked and soft around the toilet. This is not compliant with the rule. Take the necessary steps to resolve the soft flooring and fasten the toilet or contact a qualified professional to resolve the issue.</p> <p>*At the time of the follow-up survey the previously cited deficiency has not been corrected.</p> <p>This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency.</p> <p>This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency.</p> <p>This deficiency was previously cited during our 2024 biennial follow-up survey and action hasn't been taken to address the deficiency.</p> <p>* This deficiency had not been corrected at the time of this follow up survey.</p> <p>2.) At the time of the survey, it was observed that the hall smoke detector was not interconnected so when one smoke detector goes off all devices in the building alarm. This is not compliant with the rule. Take the proper steps to have all smoke connectors interconnected and or reach out to a qualified professional to resolve the issue.</p> <p>This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency.</p> <p>This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency.</p> <p>This deficiency was previously cited during our 2024 biennial follow-up survey and action hasn't been taken to address the deficiency.</p> | {C 174}                                                                                            |                                                                                                                          |                                                                    |

\* At the time of this survey, the left end hallway smoke detector and the left rear room smoke

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| {C 174}                                                        | Continued From page 3<br><br>detector were not interconnected with the other<br>smoke detectors. All smoke detectors need to be<br>interconnected.<br><br>3.) At the time of the survey, it was observed the<br>dryer hose was crimped. This is not compliant<br>with the rule. Take the proper steps to ensure the<br>dryer hose has clearance to function as intended. 1<br>This deficiency was previously cited during our<br>2023 biennial survey and action hasn't been<br>taken to address the deficiency.<br>This deficiency was previously cited during our<br>2024 biennial survey and action hasn't been<br>taken to address the deficiency.<br>This deficiency was previously cited during our<br>2024 biennial follow-up survey and action hasn't<br>been taken to address the deficiency.<br>* This deficiency had not been corrected at the<br>time of this follow up survey.<br><br>4.) At the time of the survey, it was observed that<br>the two cover plates to the left and right of the<br>attic access door were damaged. This is not<br>compliant with the rule. Take the necessary steps<br>to replace the cover plates as needed.<br>* This deficiency had not been corrected at the<br>time of this follow up survey. | {C 174}                                                                       |                                                                                                                          |  |                                                                    |