

04/21/16

09:26AM

Shuler Health Care

3369966225

p.01

FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

HAL034012

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 01

B. WING

(X3) DATE SURVEY
COMPLETED

R

03/29/2016

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SHULER HEALTH CARE/RECORD VILLA

250 PITT STREET
KERNERSVILLE, NC 27284(X4) ID
PREFIX
TAGSUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)ID
PREFIX
TAGPROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)(X5)
COMPLETE
DATE

(C 000) Initial Comments

(C 000)

This report is of a Followup Survey done by Bob Getchell on March 29, 2016.

The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.

(C 111) Must Have Current San. & Fire Safety Reports

(C 111)

SECTION .0300 - PHYSICAL PLANT
10A NCAC 13F .0302 DESIGN AND
CONSTRUCTION

f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.

This Rule is not met as evidenced by:

1. Based on observation, current reports were not available at the time of the survey.

Followup Findings on March 29, 2016 include:
The current Sanitation report for the building was not available at the time of the survey.

(C 164) Housekeeping and Furnishings-Clean, Repaired

(C 164)

SECTION .0300 - PHYSICAL PLANT
10A NCAC 13F .0306 HOUSEKEEPING AND
FURNISHINGS

(a) Adult care homes shall:

(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;

(2) have no chronic unpleasant odors;

(3) have furniture clean and in good repair;

(e) This Rule shall apply to new and existing facilities.

*Current Sanitation
reports have been
given on both
accounts and
copies offered!
1-6-16*

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S

STATE FORM

6809

E5JW22

If continuation sheet 1 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/29/2016
NAME OF PROVIDER OR SUPPLIER SHULER HEALTH CARE/RECORD VILLA		STREET ADDRESS, CITY, STATE, ZIP CODE 250 PITT STREET KERNERSVILLE, NC 27284	
(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 164}	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, some building components were not maintained in clean, repaired condition. Followup Findings on March 29, 2016 include: a) Throughout the building the HVAC return vents and their associated radiation dampers are covered with dust and dirt which could interfere with the damper activating properly in a fire emergency.	{C 164}	All of the vents were cleaned prior to 2nd visit. Radiation dampers are now clean too. 4-13-16
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin. Followup Findings on March 29, 2016 include: b) The Kitchen Pantry has an unprotected penetration in the wall at the water heater e) The personal closet ceiling next to the managers apartment has a wall/ceiling joint	{C 189}	There was no specific grade of fire rating given and lowest sold was a fire protected rating. You then said it was good most of the way. The gray has been replaced. 4-13-16

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{C 189}	Continued From page 2 separating and penetrations have been sealed with an unrated grey caulk. f) Room 1 has unprotected penetrations in the closet ceiling sealed with an unrated grey caulk k) Living Room has an unprotected ceiling penetration sealed with an unrated grey caulk.	{C 189} ✓ ✓	