STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL034092	A. BUILDING: 01 B. WING _____	03/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAMU'S FAMILY CARE HOME	1251 SHELTER COVE WINSTON-SALEM, NC 27106

(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 Glenn Hoppin DHSR Construction Section conducted a Biennial Survey on March 22, 2016 from 12:00 PM to 2:00 PM at the above referenced facility. DHSR records indicate the home was first licensed on December 21, 2010 as a Family Care Home for six ambulatory Residents (able to evacuate and respond 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 2005 Rules 10A NCAC 13G for Family Care Homes and the 2009 North Carolina State Building Code - Section 421.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	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, may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North	C 105		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Bilhi Muriuki — TITLE: Administrator — (X6) DATE: 11/15/16

STATE FORM 6899 — by Suzanna Fay 11/16/16 @ 2:04 p.m — OTQB21

CERTIFICATE OF COMPLIANCE AND OCCUPANCE

[illegible]

Building Permit: [illegible]

Issue Date: [illegible]

Job Address: [illegible]
WINSTON-SALEM NC [illegible]

Block: [illegible] Lot: [illegible]

Zoning: [illegible]

Property Use Code: RESIDENTIAL [illegible] SINGLE FAM

Project Name:

Owner:	Contractor:
ESTHER MURUKI	
6296 YADKINVILLE RD	
PFAFFTOWN, NC 27040	
Owner:	
JOHN GATHARA	
6296 YADKINVILLE RD	
PFAFFTOWN, NC 27040	

This is to verify that all required inspections on this structure have been made and that all known code violations discovered during such inspections have been corrected and re-inspected. At the time of this inspection, the work authorized under this Building Permit has been completed in substantial compliance with the North Carolina State Building Codes and applicable local building or zoning laws. Other permits or approvals may be required by other regulatory agencies for the lawful occupancy of this structure.

This Certificate of Compliance and Occupancy shall be subject to any and all conditions legally specified and if any such conditions are not complied with this Certificate shall be void and of no effect.

This Certificate of Compliance and Occupancy shall remain in force until such time that there is an alteration, addition or change of use of the structure, or land, when it shall become void and a new certificate must be issued.

Comments: RESIDENTIAL SINGLE FAMILY - REMODEL
CONTACT: JOHN GATHARA [illegible]

By Authority of: Dan Dockery
Chief Building Official

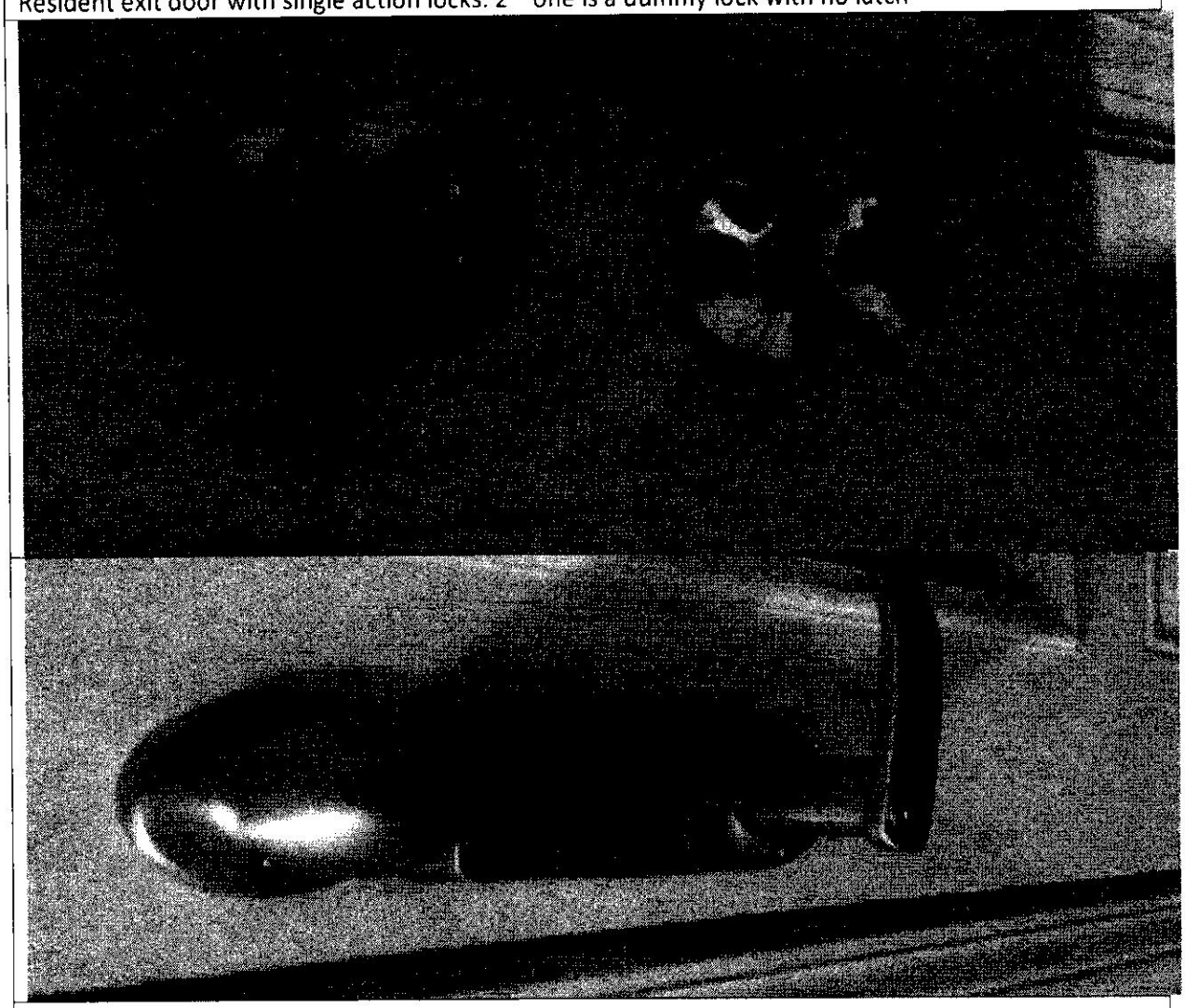
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL034092	FCL034092 (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED FCL034092 03/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAMU'S FAMILY CARE HOME	1251 SHELTER COVE WINSTON-SALEM, NC 27106

PREFIX ID TAX		PREFIX ID TAX	PROVIDER'S PLAN OF CORRECTION	DATE COMPLETED
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: Observations revealed that the door hardware on all of the exit doors is not single action. Have a qualified technician repair or replace the door hardware with single action exiting hardware. Provide receipts and photo documentation to the DHSR Construction Section when this repair is complete.	C 147	Photo documentation provided showing the exterior doors hardware with single action. This is a unique situation that had not been pointed in previous inspection. Administrator will ensure that only single action locks are installed in residents exterior doors	May 23, 2016

there are 2 doors, 1 more are not working. Remain

Resident exit door with single action locks. 2nd one is a dummy lock with no latch



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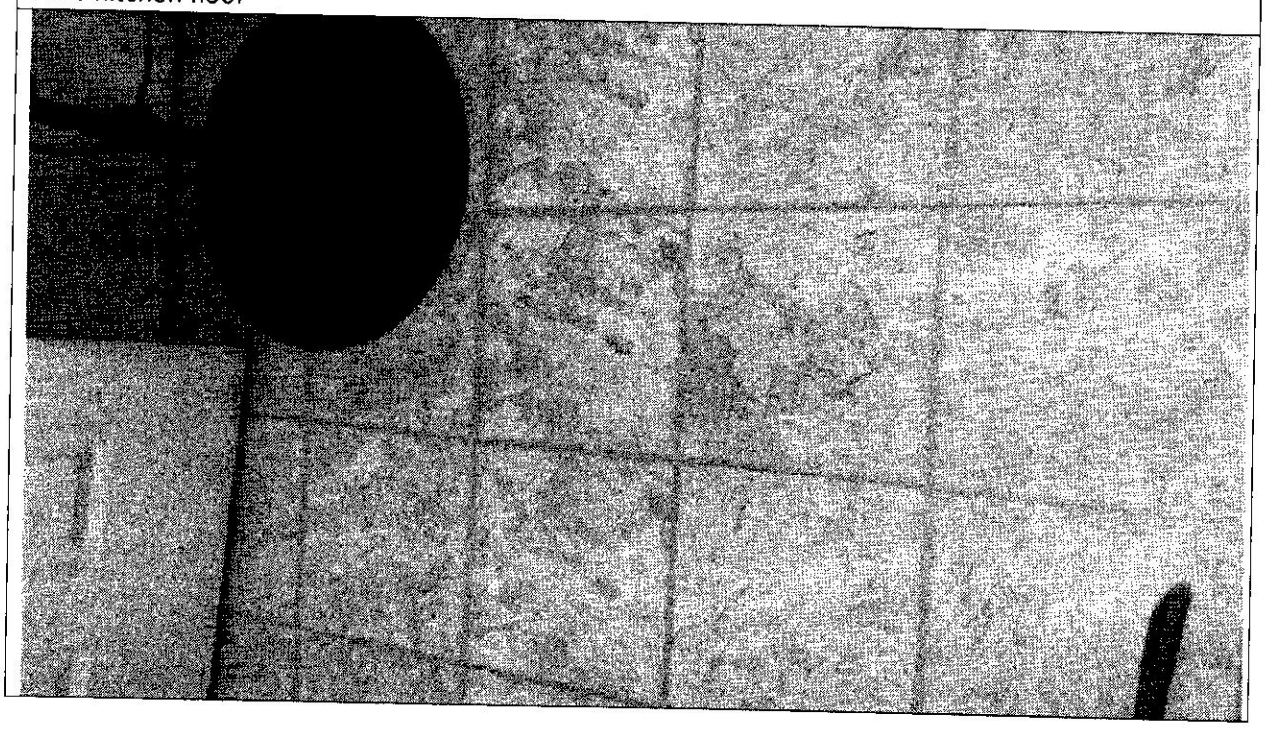
PREFIX ID TAX		PREFIX ID TAX	PROVIDER'S PLAN OF CORRECTION	DATE COMPLETED
C 105	Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina 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, 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: The DHSR Construction Section has a project (FC-4033) that has not been closed out for the renovation of the garage and addition of the interior stairwell. Per the letter dated 02-12-2014 from Larry Beals of the DHSR Construction Section, provide a copy of the Certificate of Occupancy issued for this facility after the project was approved from the local building official to the DHSR Construction Section.		This is a unique case whereby the building department didn't issue a CO in a timely manner after work was completed and fully inspected & approved. It is unlikely to recur again, but if necessary, we will follow up in a timely manner to ensure that CO are issued after final inspection Photo documentation provided showing that a Certificate of Occupancy issued for this facility after the project was approved from the local building official attached.	May 23, 2016

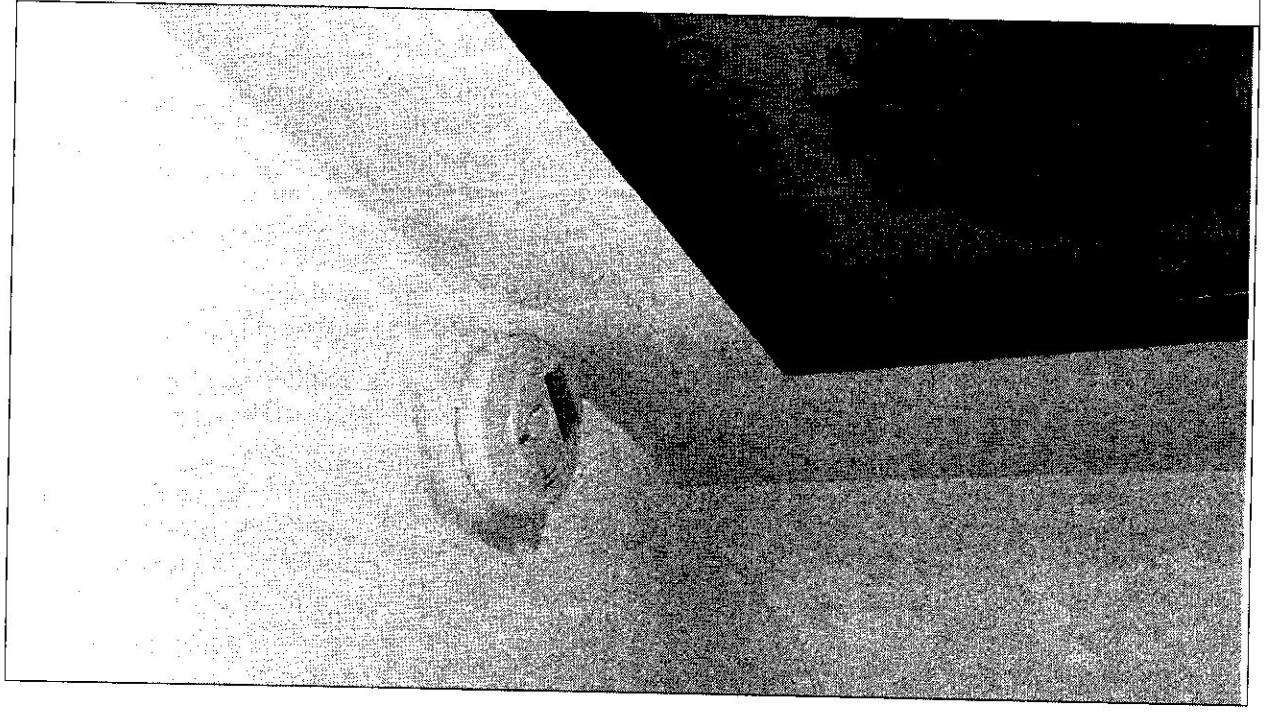
4/15/16 Bellhaven

C 174	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. Observations revealed that a smoke detector was missing from its base in the basement living quarters outside the staff bedroom. Have a qualified technician replace the missing smoke detector. Provide receipts and photo documentation of the completed repair to the DHSR Construction Section. 2. Observations revealed an exposed seam in the kitchen floor that could pose a trip hazard. Have a qualified technician repair the exposed seam. Provide receipts and photo documentation to the DHSR Construction Section when this repair is complete. 3. Observations revealed missing siding and soffit on the right side of the facility and the rear of the facility is coming loose. Have a qualified technician replace the missing siding and repair the soffit. Provide receipts and photo documentation to the DHSR Construction Section when the repair is complete. 4. Observations revealed multiple holes in the ceiling in the basement. Have a qualified technician repair or replace the damaged sheetrock in the basement. Provide receipts and photo documentation to the DHSR Construction Section when this repair is complete. 5. Observations revealed mold or mildew on the exterior siding. Clean the siding. Provide photo documentation to the DHSR Construction Section when this item is complete.	C 174 SF SF Association missing SF SF	Administrator will regularly inspect the building and ensure any trip hazards are fixed, smoke detectors are working, exterior sidings are attached, sheetrock has no holes and exterior siding have no mildew. 1. Photo documentation provided showing the smoke detector cover has been re-attached. 2. Photo documentation provided showing the kitchen has a new kitchen floor 3. Photo documentation provided showing both the siding and soffit on the rear right side have been re-attached 4. A photo documentation provided showing the 2 small sheetrock holes in the basement have been sealed 5. Photo documentation provided showing the mildew on the back exterior siding have been cleaned and removed	May 23, 2016 May 23, 2016 May 23, 2016 May 23, 2016 May 23, 2016

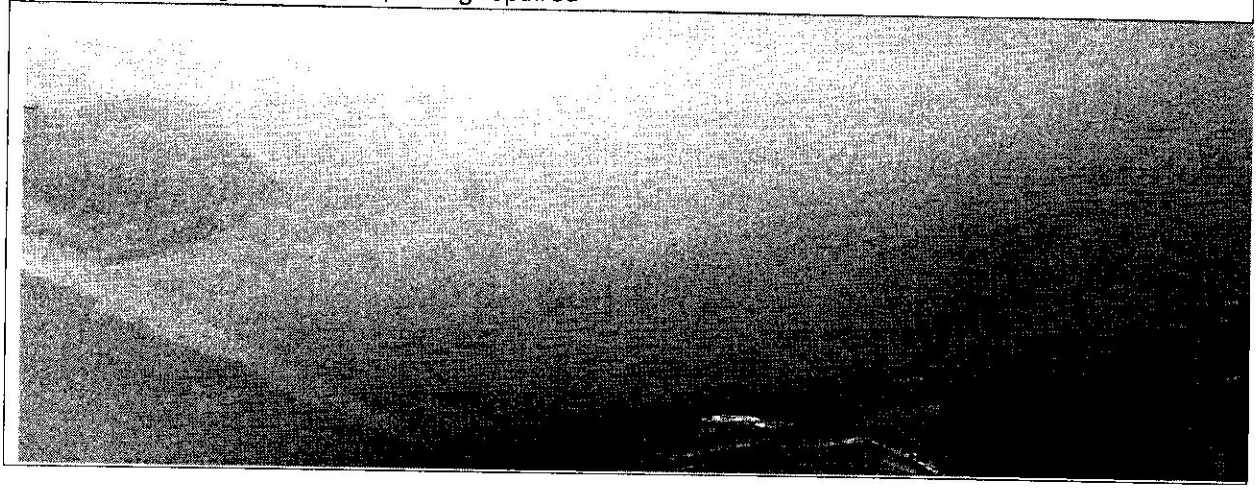
New Kitchen floor



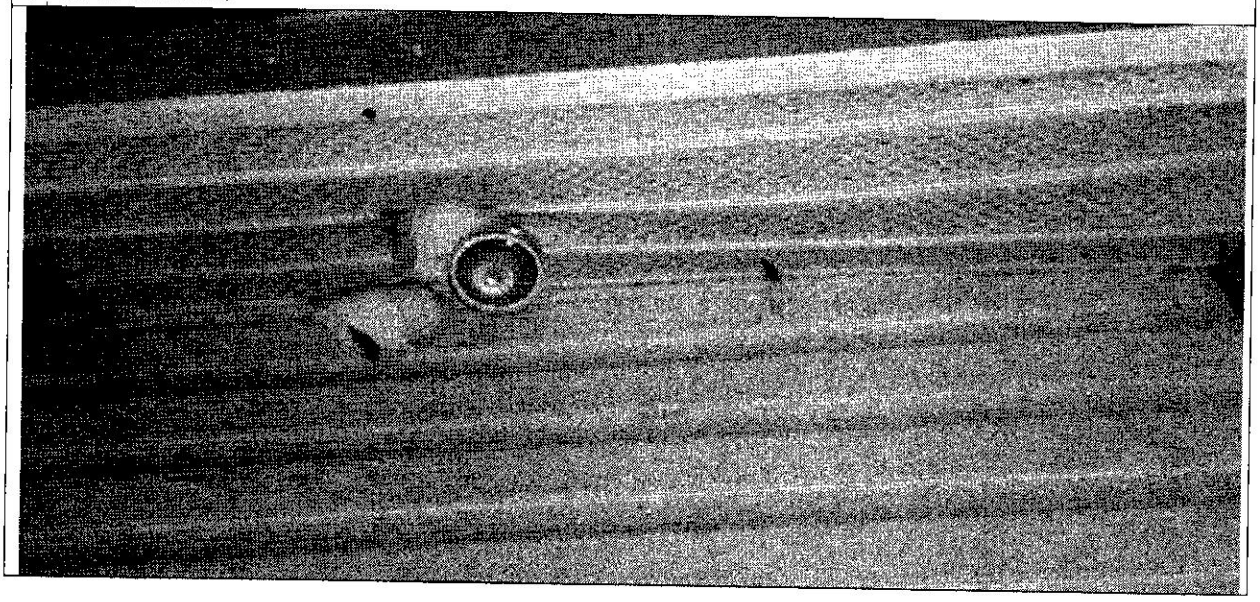
Smoke detector re-attached



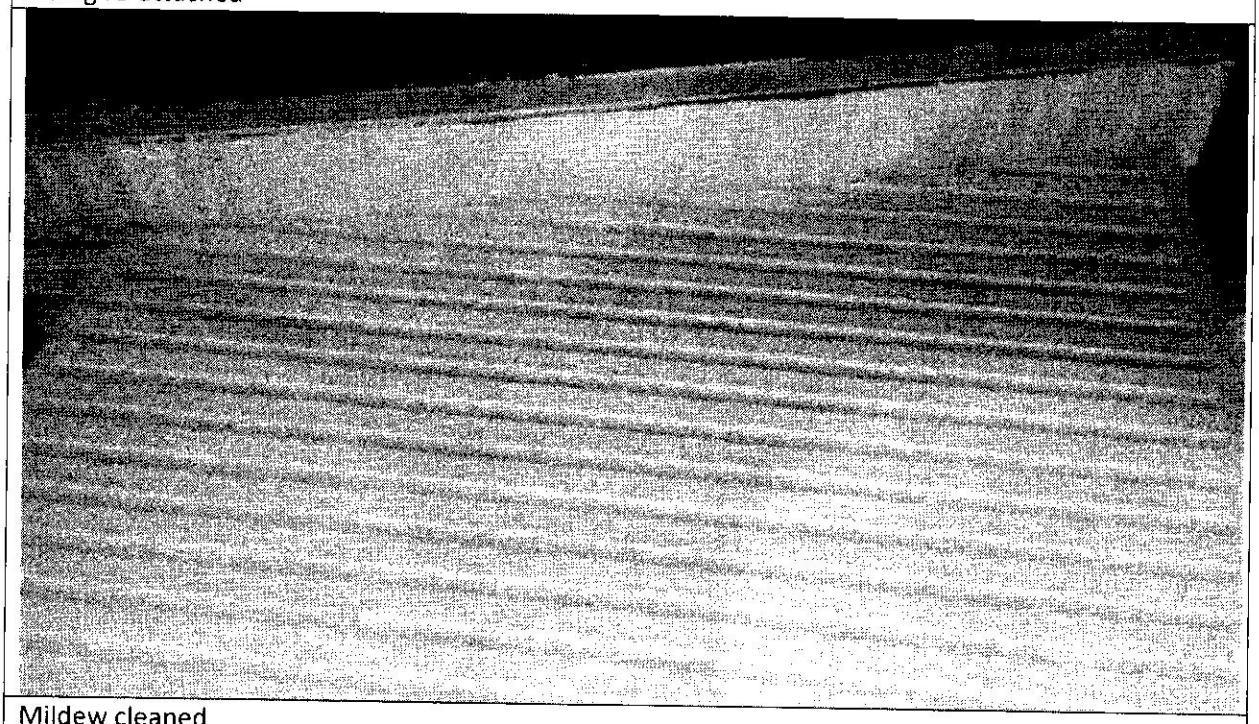
Basement damaged sheetrock/ceiling repaired



Soffit re-attached



Siding re-attached



Mildew cleaned