Division of Health Service Regulation

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 _____	R **11/15/2016**

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 Suzanna Fay DHSR Construction Section conducted a Biennial Follow-up Survey on November 15, 2016 from 2:07 PM to 2:40 PM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required. The remaining deficiencies are as follows:	{C 000}		
{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. 11/15/16: SF-At the time of this survey, door hardware has been replaced with single action hardware. However, the old door knob is still on the door at the kitchen exit. The latching device was removed and the door knob has no function. Remove the nonworking door knob and cover the opening with a plate so as not to confuse egress.	{C 147}		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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 _____	R **11/15/2016**

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 147}	Continued From page 1 Provide documentation of the repairs in the form of photos.	{C 147}		
{C 174}	Building Equipment Maintained Safe, Operating 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: 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. 11/15/16: SF-Observations revealed that the exterior fascia trim along the rear addition is missing so that the soffit is not secure and has open edges for pests and weather elements to enter the facility. Have a qualified technician install fascia trim at the back addition. Provide documentation of the repairs in the form of photos, receipts or work orders.	{C 174}		