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
	FCL078086	A. BUILDING: 01 B. WING _____	03/10/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST WINDS ASSISTED LIVING	1241 GOINS ROAD PEMBROKE, NC 28372

(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 Paul Dixon DHSR Construction Section conducted a Biennial Survey on March 10, 2017 from 9:40 AM to 11:00 AM at the above referenced facility. DHSR records indicate the home was first licensed on May 23, 2011 as a Family Care Home for six (6) ambulatory Residents. On November 24, 2011 the facility was re-classified under the code to serve six (6) residents with up to three (3) of whom may be non-Ambulatory (un-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, the 2009 North Carolina State Building Code - Section 421.3 - 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	RECEIVED MAY 11 2017 CONSTRUCTION SECTION	
C 117	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home 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: During record review at the time of the survey, a copy of the Fire Inspection were not available. Provide a copy of the most recent Fire Inspection Report to DHSR along with your signed Plan of	C 117	Rule C117-10 NCAC 13G. 0302 enclosed is copy of Fire and Building Safety Inspection which was done on 9/14/16 however it was misfiled when you did your visit 9/14/16	

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C 117	Continued From page 1 Correction.	C 117		
C 136	Bathroom-Nonskid In Tub/Showers SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (f) Nonskid surfacing or strips must be installed in showers and bath areas. This Rule is not met as evidenced by: Observations during the survey showed that the walk-in shower in the 2nd hallway bathroom is missing the non-skid material. Install non-skid material in the shower. NOTE: This deficiency was noted during the January 29, 2014 Biennial Survey and has still not been corrected. Provide copies of all receipts, photographs and any other supporting documentation concerning this repair.	C 136	C 136 Rule 10A-NCAC-13G.1309 non skid strips has been installed in shower and in tub / hotel will be enclosed #	4/14/17
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: 1. Observations during the survey showed that the toilet in the bathroom next to the office is loose. Have a qualified individual repair the toilet so that it does not move. Provide copies of all invoices, work orders, and any other supporting documentation concerning this repair.	C 174	C 174 Rule 10A NCAC 13G.317 all toilets have been tightened to the floor and toilet seats have been tightened so they do not slip. Copy of repair Bill enclosed	3/29/17

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C 174	Continued From page 2 2. Observations during the survey showed that the toilet seat in the 2nd hall bathroom is loose. Have the seat tightened so that it is secure. Provide the DHSR Construction section with copies of all work orders, and any other supporting documentation concerning this repair.	C 174		
*	3. Observations during the survey showed that in the Staff Bedroom, the ceiling HVAC register is loose. Have the register re-secured. Provide copies of all photographs and any other supporting documentation concerning this repair.		Repaired Photo enclosed	5/1/17
	4. Observations during the survey showed that in the first hall bathroom, the tub caulking is black with mold and mildew. Have the caulking cleaned or replaced. Provide copies of all photographs and any other supporting documentation concerning this repair.	C 174	Caulking was Removed and Replaced with mold free Caulking.	
	5. Observations during the survey showed that in the walk in shower in the 2nd hall bathroom, the tub caulking is black with mold and mildew. Have the caulking cleaned or replaced. Provide copies of all photographs and any other supporting documentation concerning this repair.	C 174	Walk in shower was Cleaned All Caulking Removed and Replaced Pictures will be enclosed (4/11/17)	4/11/17
	6. Observations during the survey showed that in the 2nd hallway bathroom, there are numerous holes in the wall were fixtures have been relocated. Have the holes patched and the repairs painted to match surroundings. Provide copies of all photographs and any other supporting documentation concerning this repair.	C 174	All Holes in Bathrooms has been Repaired and Bathroom painted Photos enclosed	4/10/17 thru 4/13/17
	7. Observations during the survey showed that approximately half way down the main hallway, several floor tiles are damaged. Have the floor tile replaced. Provide copies of all photographs and any other supporting documentation			

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C 174	Continued From page 3 concerning this repair.	C 174	floor ~~tile~~ tile was removed from hallway and replaced Photo enclosed 4/18/17	
X C 177	Building Service Equipment-Hot Water SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: Observations during the survey showed that the hot water temperature measured at the kitchen and bathroom sinks was 120 degrees F. Adjust the hot water heater controls so that the temperature falls between 100 and 116 degrees F. On the attached log, record the hot water temperature 3 times a day for 3 consecutive days and return the log to DHSR along with your signed Plan of Correction.	C 177		
C 183	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. This Rule is not met as evidenced by: 1. Observations during the survey showed that in the back yard, there is a large hole in the ground	C 183	Rule 10 NCAC 13 G 0318 hole has been filled in and graded to the surrounding yard Photo enclosed 4/13/17	

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C 183	Continued From page 4 approximately 3 feet by 3 feet and 1 foot deep. This is causing a tripping/falling hazard to residents. Have the hole filled and graded to the surrounding lawn. Provide copies of all photographs and any other supporting documentation concerning this repair. 2. Observations during the survey showed that on the left side of the home, a large section of stucco finish is missing. Have the stucco replaced or paint the area to match the stucco. Provide all copies of photographs and any other supporting documentation concerning this repair.	C 183	C 183 Plan is to Paint entire Building but will need more time to fix Stucco + Paint Will send Photos When complete	8/15/17

Hot Water Temp Record
Name of Facility **WEST WINDS ASSISTED LIVING**
FID #060290
Surveyor **PAUL DIXON**

Date	Reading Location	Temperature	Signature	Print Names	Comments
4-25-17	~~Sh~~ Tub Bath	110	Madolyn Simpson	Madolyn Simpson	
4-25-17	Shower RM	112	Madolyn Simpson	Madolyn Simpson	
4-25-17	Front office Bathroom	112	Madolyn Simpson	Madolyn Simpson	
					Changed thermometer
4-26-17	Tub Bath	115	Madolyn Simpson	Madolyn Simpson	
4-26-17	Shower ~~BA~~ RM	115	Madolyn Simpson	Madolyn Simpson	
4-26-17	Tub Bath	115	Madolyn Simpson	Madolyn Simpson	
4-27-17	Tub Bath	115	Madolyn Simpson	Madolyn Simpson	
4-27-17	Shower RM	115	Madolyn Simpson	Madolyn Simpson	
4-27-17	Tub Bath	115	Madolyn Simpson	Madolyn Simpson	

Hot Water Temp – 100 – 116 Deg

Recommend Record Temp once/week

Maintain this log of hot water temperatures showing measurements made three times a day for three consecutive days

Return completed log to:

Division of Health Service Regulation
Construction Section
2705 Mail Service Center

Raleigh NC 27699
Attention: ~~Paul Nixon~~

Fax Number 919-733-6592

All ~~areas~~ area's of Concern will be monitored to ensure that the Rules are met and maintained

Madelyn ? Sampson
Administrator
West Winds Assisted Living
910 521-0853
Home 521-4966

C 117

FIRE AND BUILDING SAFETY INSPECTION REPORT
NORTH CAROLINA STATE DEPARTMENT OF RESOURCES
Residential Care Facilities for as Many as Six and Less than Ten Individuals
Chapter V, Section 520 of the North Carolina Building Code

NAME OF FACILITY West Wind Assisted Living NAME OF PERSON IN CHARGE Jimmy Hammonds

STREET ADDRESS 1241 Goins Rd. CITY Pembroke ZIP 28372 TELEPHONE 910-521-0853

TYPE OF CONSTRUCTION V NUMBER OF STORIES 1 FIRE RATING OF WALLS/ PARTITIONS 1

FIRE RATING OF CEILINGS 1 SQUARE FEET PER FLOOR HOW MANY FLOORS ARE USED 1

TYPE OF HEATING SYSTEM Central LOCATION Outside NUMBER OF U/L APPROVED FIRE EXTINGUISHERS 3

LOCATION OF FIRE EXTINGUISHERS ____ PROPERLY CHARGED Yes

APPROVED SMOKE DETECTION DEVICES yes EVACUATION PLAN: YES ☑ NO ☐ MANUAL FIRE ALARM: YES ☑ NO ☐

DEAD-END CORRIDORS GREATER THAN 20 FEET: YES ☐ NO ☑ ARE STAIRS PROPERLY ENCLOSED N/A ARE DOORS

LOCKED FROM THE INSIDE YES HOW: MANUALLY CAN WINDOWS BE OPENED WITHOUT TOOLS: YES ☑ NO ☐

DOES THE FACILITY HAVE TWO APPROVED EXITS FROM EACH FLOOR YES

CONDITION OF BASEMENT N/A USE ____ CONDITION OF ATTIC OK USE NONE

APPROVED FOR LICENSING: FULLY ☑ CONDITIONALLY ☐ NOT ACCEPTABLE ☐

TYPES OF HAZARDS (Please circle those which apply)

HEATING
1. DEFECTIVE FURNACE
2. DEFECTIVE FLUE
3. DEFECTIVE SMOKE PIPE
4. UNSTATISFACTORY STORAGE OF ASHES
5. PORTABLE HEATERS USED

ELECTRICAL
6. DEFECTIVE FIXTURES
7. DEFECTIVE WIRING
8. DEFECTIVE FUSES
9. DEFECTIVE LIGHTING

EXITS
10. HALLS BLOCKED
11. EXITS BLOCKED
12. UNSATISFACTOR FIRE EXITS
13. STORAGE ON ESCAPES
14. INADEQUATE EXIT LIGHTING

MISCELLANEOUS
15. RUBBISH AND TRASH
16. UNSATISFACTORY FIRE EXTINGUISHERS
17. IMPROPER STORAGE AND USE OF FLAMMABLE MATERIALS
18. DEFECTIVE WATER HEATER
19. STORAGE OF MOWER AND GARDEN TRACTOR
20. UNSUPERVISED SMOKING OF RESIDENTS

OTHER HAZARDS FOUND: _____

RECOMMENDATIONS TO CORRECT AND/OR PROVIDE GREATER SAFETY: _____

_____

FACILITY DOES NOT MEET ALL REQUIREMENTS OUTLINED IN CHAPTER V, SECTION 520 OF THE NORTH CAROLINA BUILDING CODE, WHAT CHANGES ARE REQUIRED TO BRING THE FACILITY IN FULL COMPLIANCE? _____

_____

NAME: _____ TITLE Fire Inspector

ADDRESS 38 Legend Dr. Lumberton, NC 28358 DATE OF INSPECTION 09/14/2016

TRIPLICATE. ONE COPY SHOULD BE GIVEN TO THE PERSON IN CHARGE OF THE FACILITY OR HOME. ONE COPY SHOULD BE RETAINED BY DEPARTMENT OF SOCIAL SERVICES. FOR CHILDREN'S FACILITIES, SEND THE THIRD COPY TO THE N.C. STATE DIVISION OF SOCIAL SERVICES ADULT FACILITIES, SEND TO THE N.C. STATE DIVISION OF FACILITY SERVICES.

C 174

ANTHONY LOCKLEAR'S PLUMBING REPAIRS

2008 Buie Philadelphus Road
Red Springs, NC 28377-6052

Over 25 years Experience (910) 843-2555

PLEASE MAKE CHECKS PAYABLE TO: Anthony Locklear

Order Number	Department	Date 3-29-17
Name		
Address		
City/State/Zip		

Sold By	Cash	Ck	Visa/MC	Chg

Quantity	Description	Price	Amount
1			
2	Parts + Labor		
3		$	185 00
4			
5			
6	Repaired all Comod		
7			
8	Seats and Tighten		
9			
10	Comod on Floor also		
11			
12	Repaired Leak on Comode		
13			
14			
15	A. Locklear		
16			
17	Lic # 17181		
18			
19			
20			

Received By

Save for your records