| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL098023 | A. BUILDING: **01**<br>B. WING _____ | R<br>**06/22/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **WILSON HOUSE** | **1800 MARTIN LUTHER KING JR. PARKWAY WILSON, NC 27893** |

| (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 of a Biennial Follow Up Construction Survey by Billy S. Bryant conducted on 06/22/2017.<br><br>There are deficiencies from the Biennial Construction Survey conducted on 03/23/2017 that remain to be corrected. | {C 000} | | |
| {C 164} | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair.<br><br>Findings on 06/23/2017:<br>a. Kitchen - The floor has an accumulation of discolored wax build up, dirt, stains and grease deposits along the perimeter of the entire room and around the kitchen equipment supports. In an interview with the provider, the provider acknowledged the floor required additional cleaning.<br><br>b. Kitchen Mech Room - The HVAC return air grilles in the double doors for the have an excessive accumulation of grease laden dust on the interior side of the louvers. | {C 164} | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL098023 | A. BUILDING: **01**<br>B. WING _____ | R<br>**06/22/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **WILSON HOUSE** | **1800 MARTIN LUTHER KING JR. PARKWAY WILSON, NC 27893** |

| (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<br>The exterior side of the grilles had been wiped down but the interior side of the grilles had nor been cleaned.<br><br>2. Based on Observation, the facility failed to keep plumbing devices in clean and in good repair.<br><br>Findings on 06/23/2017:<br>a. Special Care Unit Bedrooms - There is a pattern exhibited of sinks in resident rooms having sharp edges due to the plastic laminate material covering the counters is broken and peeling.<br>In an interview the facility maintenance person he stated the work to repair the counter tops had not yet been authorized. | {C 164} | | |
| {C 175} | Bedroom Furnishings-Clean Towel, Towel Bar<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(b) Each bedroom shall have the following furnishings in good repair and clean for each resident:<br>(7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the facility failed to provide residents areas, with the required individual towels and/or towel bars for each resident.<br><br>Findings on March 06/22/2017:<br>a. Special Care Unit Bedrooms - Two towel bars | {C 175} | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL098023 | A. BUILDING: **01**<br>B. WING _____ | R<br>**06/22/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **WILSON HOUSE** | **1800 MARTIN LUTHER KING JR. PARKWAY WILSON, NC 27893** |

| (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 175} | Continued From page 2<br>have been provided but the bathrooms adjoin two double occupancy resident rooms so a total of 4 towel bars is required. | {C 175} | | |
| {C 189} | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>3. Based on Observation, the Building was not maintained in a safe condition. This could affect facility occupants by not containing smoke and fire to the room of origin.<br><br>Findings on 06/22/2017:<br>f. Special Care Unit Doctor's Office - The corridor door did not latch into its frame when closed.<br>In an interview with the maintenance man he stated the door could not be repaired and a new door was on order and would be installed when it arrived. | {C 189} | | |