

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL008041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED R 08/03/2017
NAME OF PROVIDER OR SUPPLIER WINSTON GARDENS			STREET ADDRESS, CITY, STATE, ZIP CODE 205 WEST WATSON STREET WINDSOR, NC 27983		
(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 of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on August 3, 2017. There are deficiencies from the Biennial Construction Survey that remain to be corrected. Therefore, further action is required.	(C 000)			
(C 101)	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to comply with the 1971 Minimum Rules and Regulations where no renovation has been made. The 1971 minimum Rules require Bedroom doors must provide equivalent fire separation protection as would be provided by a 1 3/4 inch thick solid core wood door.	(C 101)			

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Suzanna June

TITLE

Administrator

(X6) DATE

10/3/17

STATE FORM

6888

98F022

If continuation sheet 1 of 2

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WINSTON GARDENS

**205 WEST WATSON STREET
WINDSOR, NC 27983**

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{C 101}	Continued From page 1 Findings on August 3, 2017: a. The bedroom doors were 1 3/8 inch thick 2 panel doors. The doors are to be painted with an intumescent fire retardant paint. The paint was ordered and work began on the doors today.	{C 101}		
{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, part of the soffit is damaged or missing on the right front corner of the building. Damaged and missing soffit allows birds and/or other pests to enter the building. Findings on August 3, 2017: a. Sections of the soffit vent were damaged and missing along the right front corner.	{C 189}		