

PRINTED: 11/30/2017
FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HA1034010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/09/2017
NAME OF PROVIDER OR SUPPLIER SHULER HEALTH CARE/PHILLIPS VILLA		STREET ADDRESS, CITY, STATE, ZIP CODE 260 PITT STREET KERNERSVILLE, NC 27284		
(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 Construction Section Biennial Survey by Ed Miller conducted on November 9, 2017. Records indicate that this facility was first licensed as a Home for the Aged serving 12 non-ambulatory residents on October 4, 1979. Therefore, the facility must meet the 1977 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1978 North Carolina State Building Code Section 409.1 Institutional Unrestrained Occupancy. Deficiencies were cited that require a Plan of Correction.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAQ 13F .0302 DESIGN AND CONSTRUCTION f) The facility 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: Based on record review, the facility did not have a current Sanitation inspection. Findings on November 9, 2017: Review of the reports on site revealed the last annual Sanitation inspection was performed on December 9, 2014. Interview with staff at the Forsyth County Health Department revealed that facilities with capacity of 12 and under must request their annual inspection by fax.	C 111		
C 153	Exit Door Locks-Single Hand Motion	C 153		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Debra Shuler* TITLE Admin. (X6) DATE 12-19-17
STATE FORM 1000-100-01 LK9521 If continuation sheet 1 of 4

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HALR34010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/09/2017
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NAME OF PROVIDER OR SUPPLIER
SHULER HEALTH CARE/PHILLIPS VILLA

STREET ADDRESS, CITY, STATE, ZIP CODE
**250 PITT STREET
KERNERSVILLE, NC 27204**

(04) 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)	(05) COMPLETE DATE
C 153	Continued From page 1 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and This Rule is not met as evidenced by: 1. Based on observation, the building did not provide exit door locks that are easily operable, by a single hand motion, from the inside at all times without keys. This would affect residents, staff, and visitors by requiring more time to exit the building during an emergency. Findings on November 9, 2017: a. Kitchen- the storm door (part of a marked exit access) has a latch that when locked does not automatically unlock when the inside handle is operated.	C 153	<i>Locking mechanism was removed, door no longer locks from the inside</i>	11.27.17
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to	C 164		

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NAME OF PROVIDER OR SUPPLIER SHULER HEALTH CARE/PHILLIPS VILLA			STREET ADDRESS, CITY, STATE, ZIP CODE 250 PITT STREET KERNERSVILLE, NC 27284			
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C 189	Continued From page 3 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, the Building was not maintained in a safe and operating condition, because the corridor doors do not resist the passage of smoke. Corridor door must positively/automatically latch into their frame under normal closing force. Findings on November 9, 2017: a. Shower Room - the corridor door hits its doorframe and will not close and latch.	C 189	Shower room door was repaired and now properly closes and latches.	12.4.17		

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C 164	Continued From page 2 keep ceilings, clean and in good repair. Findings on November 9, 2017: a. Shower Room - The gypsum wallboard ceiling has been wet in the past and is now supporting some form of mold and mildew.	C 164	Shower room ceiling was cleaned using bleach to remove mold and mildew.	12.4.17		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (d) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Administrator the Facility failed to document all aspects of the fire plan rehearsals. Findings on November 9, 2017: a. The fire plan rehearsal records included date, time, shift, and staff members present, but little to no description of what the rehearsal involved.	C 185				
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,	C 189				

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