

PRINTED: 11/30/2017
FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/09/2017
NAME OF PROVIDER OR SUPPLIER SHULER HEALTH CARE/CRAVE VILLA		STREET ADDRESS, CITY, STATE, ZIP CODE 750 PITT STREET KERNERSVILLE, NC 27284		
(004) 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 residents on January 10, 1980. 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 408 - 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 NCAC 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 133	Bathrooms-Hand Grips	C 133		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM *Drate Shuler*

TITLE

Admin

(X8) DATE

12-19-17

WTR221

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NAME OF PROVIDER OR SUPPLIER
SHULER HEALTH CARE/CRAVE VILLA

STREET ADDRESS, CITY, STATE, ZIP CODE
**250 PITT STREET
KERNERSVILLE, NC 27284**

(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 133	Continued From page 1 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide 1 commode, accessible to residents with hand grips. This deficiency affects all residents who use this fixture by not providing increased safety, controlled against instability/balance, and maneuverability at the fixture. Findings on November 9, 2017: a. Men - the commode had a loose hand grip (grab bar).	C 133		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (6) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the Building was not maintained free of hazards, if oxygen cylinders fell, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on November 9, 2017: a. Bedroom 3 - one "E" sized portable medical	C 166	Hand grip was tightened next to toilet.	11-28-17

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NAME OF PROVIDER OR SUPPLIER SHULER HEALTH CARE/CRAVE VILLA		STREET ADDRESS, CITY, STATE, ZIP CODE 250 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 186	Continued From page 2 oxygen cylinders is stored standing up in the room not secured and six "E" sized and four "D" sized portable medical oxygen cylinders are stored standing up in the residents closet not secured.	C 186	Crate was requested from Crave. Linens provided proper crate for tank storage so that tanks are now properly secured. <i>Staff will detail rehearsals for future.</i>	12-12-17
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. (f) 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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NAME OF PROVIDER OR SUPPLIER SHULER HEALTH CARE/CRANE VILLA		STREET ADDRESS, CITY, STATE, ZIP CODE 250 PITT STREET KERNERSVILLE, NC 27284		
(X4) ID PREFIX TAG C 189	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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 observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room of origin. Findings on November 9, 2017: a. Laundry - the one-hour fire-resistance-rated gypsum ceiling assembly had deteriorated to a point where the tape and joint compound between the some of the sheets had disappeared. b. Staff Bathroom - the ventilation system did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. c. Left Exit - the exit sign did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. 2. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on November 9, 2017: a. Dining Room - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. 3. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on November 9, 2017:	ID PREFIX TAG C 189	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Firestop tape was removed and replaced with new joint compound, fire tape, and ceiling popcorn. Hole was filled between system and ceiling. Hole was filled between sign and ceiling. Emergency light was repaired, properly functioning.	(X5) COMPLETE DATE 12-8-17 12-7-17 12-7-17 12-5-17

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SHULER HEALTHCARE

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C 189	Continued From page 4 c. Kitchen - the electric baseboard heater's front cover is missing. d. Kitchen - the combination fan/light is missing its globe.	C 189	Heater was removed and new base was installed. broken fan New fan installed with globe.	12-6-17	12-8-17

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SHILLER HEALTH CARE

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