

PRINTED: 11/30/2017
FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/09/2017
NAME OF PROVIDER OR SUPPLIER SHULER HEALTH CARE/PIERCE 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 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 November 19, 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 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 185	Fire Safety-Rehearsals on Each Shift	C 185		

DIVISION OF HEALTH SERVICE REGULATION
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Dr. Shuler TITLE Admin. (X6) DATE 12-19-17
STATE FORM 4000 200021 If continuation sheet 1 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		HAL034011				11/09/2017
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE				
SHULER HEALTH CARE/PIERCE VILLA		250 PITT STREET KERNERSVILLE, NC 27284				
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C 185	Continued From page 1 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, 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.	C 189				

*Staff will document
the details of each
rehearsal for future*

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NAME OF PROVIDER OR SUPPLIER SHULER HEALTH CARE/PIERCE VILLA		STREET ADDRESS, CITY, STATE, ZIP CODE 250 PITT STREET KERNERSVILLE, NC 27284		
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C 189	Continued From page 2 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. Right Exit - the exit sign did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. 2. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on November 9, 2017: a. Managers Living Room - an electrical power receptacle is missing its cover plate. 3. 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. Corridor near Bedroom 5 - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. b. Shower Room - the call system pull, is missing the toggle part of the toggle switch.	C 189	hole was filled between exit sign and ceiling. Outlet cover was installed. Emergency light was repaired. Part for this system pull was ordered, replaced toggle switch mechanism.	12-8-17 12-8-17 12-8-17 12-8-17

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