STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034012	A. BUILDING: 01 B. WING	11/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	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 25, 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 Coutny Health Department revealed that facilities with capacity of 12 and under must request their annual inspection by fax.	C 111		
C 164	Housekeeping and Furnishings-Clean, Repaired	C 164		

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SHULER HEALTH CARE/RECORD VILLA	350 PITT STREET KERNERSVILLE, NC 27284

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C 164	Continued From page 1 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 building mechanical systems are not kept clean and in good repair. Findings on November 9, 2017: a. Kitchen - the HVAC return grille's radiation damper had an excessive accumulation of dust/lint and the grille is missing. 2. Based on Observation, the facility failed to keep plumbing fixtures clean and in good repair. Findings on November 9, 2017: a. Shower Room - the connection of the commode to the floor was loose. 3. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on November 9, 2017: a. Shower Room - The gypsum wallboard, behind the corridor door had two holes, where a doorstop and a door handle penetrated the wall.	C 164	Damper was replaced with a new one and installed Toilet was tightened and is now secure Holes were filled and new doorstop was installed.	11-27-17 11-28-17 11-28-17
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 – PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION	C 185		

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C 185	Continued From page 2 (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	Staff will document more details of the rehearsal itself	
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, the Fire Alarm system was not maintained in a safe and operating	C 189	Part was ordered and new part installed.	12.5.17

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C 189	Continued From page 3 condition. This would affect all by not providing early detection and activating the fire alarm system. Findings on November 9, 2017: a. Restroom - the fire alarm system's heat detector was missing in this room. 2. 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. Left Exit - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. 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. 3. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on November 9, 2017: a. Bedroom 4 - the electric baseboard heater's front cover is missing. 4. 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. This could affect all residents, staff, and visitors if the doors did not latch to contain smoke/fire in the room of origin. Findings on November 9, 2017: a. Living Room - the corridor doorframe is missing its strike plate, and will not allow the door to latch.	C 189	Electrician fixed. Gap was filled surrounding cable. Faux tape was removed and replaced with new fire tape, ceiling popcorn, and joint compound. Heater was removed and new floor board cover was installed. New plate was installed allowing door to latch	12-7-17 11-27-17 12-5-17 12-4-17 12-4-17

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