

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL034092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2018
NAME OF PROVIDER OR SUPPLIER WAMU'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1251 SHELTER COVE WINSTON-SALEM, NC 27106		
(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 by Luis Padilla DHSR Construction Section conducted a Biennial Survey on October 17, 2018 from 12:05 PM to 1:20 PM at the above referenced facility. DHSR records indicate the home was first licensed on December 21, 2010 as a Family Care Home for six ambulatory Residents (able to respond and evacuate without any physical or verbal assistance during a fire or other emergency.) Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2009 North Carolina State Building Code - Section 421.2 - Residential Care Homes. NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable Plan of Correction. All deficiencies listed were discussed with on-site staff during the exit interview. 2.) Take actions to correct all listed deficiencies, once completed provide documentation in the form of photos, receipts, invoices, etc. for all work performed. The cited deficiencies are as follows:	C 000		
C 117	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for	C 117		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL034092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2018
NAME OF PROVIDER OR SUPPLIER WAMU'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1251 SHELTER COVE WINSTON-SALEM, NC 27106		
(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 117	Continued From page 1 review. This Rule is not met as evidenced by: 1. At the time of our visit Staff was unable to present an up to date Fire Inspection Report. This is not compliant with the rule. Please provide a copy of the most recent Fire Inspection Report along with your plan of correction.	C 117		
C 152	Floors 10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. At the time of our visit it was observed that a floor matt was being used beside the bed in Bedroom #2, presenting a trip hazard to both residents and staff of the home. This is not compliant with the rule. 2. At the time of our visit it was observed that the floors throughout the home (Hallway, Kitchen, Bedrooms, etc.) were beginning to separate from each other. This is not compliant with the rule.	C 152		
C 153	Houskeeping And Furnishings-Clean, Repaired SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors;	C 153		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL034092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2018
NAME OF PROVIDER OR SUPPLIER WAMU'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1251 SHELTER COVE WINSTON-SALEM, NC 27106		
(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 153	Continued From page 2 (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the shower curtains for both Bathrooms were not kept clean or in good repair. This is not compliant with the rule.	C 153		
C 172	Fire Safety-Four Rehearsals SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. 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, staff members present, and a short description of what the rehearsal involved. This Rule is not met as evidenced by: 1. At the time of our visit it was observed that Fire Drills were not performed when there was a change of staff. This is not compliant with the rule. Fire Drills are to be done by all on-site staff on a quarterly basis.	C 172		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL034092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2018
NAME OF PROVIDER OR SUPPLIER WAMU'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1251 SHELTER COVE WINSTON-SALEM, NC 27106		
(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 174	Continued From page 3 operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. At the time of our visit it was observed that there was a missing transition strip for the Hallway Bathroom. this is not compliant with the rule. 2. At the time of our visit it was observed that the door for the Bathroom located beside the Staff Bedroom would not latch properly. This is not compliant with the rule.	C 174		