

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL058011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 05/08/2019
NAME OF PROVIDER OR SUPPLIER WILLIAMSTON HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 160 SANTREE DRIVE WILLIAMSTON, NC 27892		
(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 Biennial Follow Up Construction Survey by Suzanna Fay conducted on May 8, 2019. There are deficiencies cited in the Biennial Construction Survey that remain to be corrected.	{C 000}		
{C 101}	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Observations revealed that the facility did not meet code requirements in effect at the time of construction, renovation or alteration. NCSBC requires that special locking systems have a wiring diagram and system components map placed adjacent to the fire alarm panel under glass. Findings on May 8, 2019:	{C 101}		

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

TITLE

(X6) DATE

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{C 101}	Continued From page 1 a. The facility has a magnetic locking system. There was not a wiring diagram adjacent to the fire alarm panel. A components map was posted.	{C 101}		
{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. Observations revealed that the furnishings were not kept clean and in good repair. Findings on May 8, 2019: b. Room 207 - the melamine finish on the built-in cabinets was peeling and falling off. Interview with Staff revealed that the wrong cabinets had been shipped and they were waiting on the correct ones. c. Room 301 - the melamine finish is coming off of the built-in cabinets and the drawers on the far cabinet are missing or damaged. Interview with Staff revealed that the wrong cabinets had been shipped and they were waiting on the correct ones.	{C 164}		