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*Wilson House Assisted  
Living & Secured Memory  
Care Community*

# Fax

To: DHHS From: Barbara Woolard  
Fax: 919-733-6592 Pages: 3  
Phone: \_\_\_\_\_ Date: 8-2-2019  
Re: \_\_\_\_\_ CC: \_\_\_\_\_

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CC - 8-2-19

## Division of Health Service Regulation

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|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL098023</b>                               | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING: _____                                      | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>06/26/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WILSON HOUSE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1800 MARTIN LUTHER KING JR. PARKWAY<br/>WILSON, NC 27893</b> |                                                                                                                 |                                                                 |
| (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<br><br>Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on June 26, 2019.<br><br>There are deficiencies cited in the Biennial Construction Survey that remain to be corrected.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | {C 000}                                                                                                  |                                                                                                                 |                                                                 |
| {C 189}                                                 | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1-Based on observation, this facility has failed to maintain the fire safety components in a safe and operating condition by not maintaining corridor walls and doors smoke tight.<br><br>Findings on June 26, 2019:<br>a. The corridor door for the Kitchen water heater room has been cut for 12" x 12" grille openings at the top and bottom. Note: The gas water heater must have combustion air, but it cannot be from the corridor. A new door has been ordered.<br><br>4-Based on observation, this facility has not maintained the interior door in a safe and operating condition. The corridor door for the Kitchen water heater room has been cut for 12" x 12" grille openings at the top and bottom. | {C 189}                                                                                                  | The doors have been ordered                                                                                     | 8/20/2019                                                       |

Division of Health Service Regulation

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

TITLE

(X6) DATE

*Barbara Wapland**Administrator**7-30-19*

STATE FORM

6899

34VF23

If continuation sheet 1 of 2

