Memory Care of the Triad
413 North Main Street
Kernersville, NC 27284
336-993-4696 Phone
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TO: DHSR-Construction **FROM:** Candice McLaurin

RE: Memory Care **DATE:** 10/7/19

FAX# 1-919-733-6592 **PHONE#**

TOTAL PAGES, INCLUDING COVER 6

COMMENTS: Was due Friday. Sorry, I thought it was due today. Thankyou!

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034068	A. BUILDING: 01 B. WING _____	R 09/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEMORY CARE OF THE TRIAD	413 NORTH MAIN 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 Biennial Follow Up Construction Survey by Dennis Harrell on 9-17-2019. Some deficiencies were not corrected. Further action is required.	{C 000}		
{C 133}	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1-Based on observation, this facility has not provided hand grips as required at commodes. Findings on 9-17-2019: No grips are provided adjacent to the commode located at the Bath #2/SOUTH HALL.	{C 133}	- Hand gribs have been installed adjacent to the commode located at the Bath #2 South Hall	10/4/19
{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}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Candice McLaurin — TITLE: Executive Director — (X6) DATE: 10/7/19

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{C 189}	Continued From page 1 This Rule is not met as evidenced by: 1-Based on observation, this facility has not maintained the building equipment in a safe and operating condition. Findings on 9-17-2019: One side of the double doors on the NORTH HALL side of the Living Room did not latch to the frame when the emergency test was conducted.	{C 189}	- Double Doors on North Hall is latching and not sticking. Maintenance will check during monthly fire drills - 10/14/19	