STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL034092	A. BUILDING: _____ B. WING _____	04/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAMU'S FAMILY CARE HOME	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 The Adult Care Licensure Section conducted an annual and follow-up survey on 04/06/21 with an exit date of 04/06/21.	C 000		
C 034	10A NCAC 13G .0302(n) Design and Construction 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 review. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain a current building sanitation report. The findings are: Review of the facility's current building sanitation report revealed: -The most recent report was dated 11/02/17. -There was a demerit score of 9. -Demerits were received in the following area: beds/linens/furniture kept clean and in good repair; storage rooms and area provided for storage of clothes, personal effects, luggage, supplies and equipment kept clean; walls and ceilings kept clean and in good repair; windows and fixtures in good repair and kept clean. Interview with the Environmental Health Program Supervisor on 04/06/21 at 10:25am revealed: -The most recent sanitation inspection was 11/27/2018 and had a demerit score of 6. -There were 2 point violations in	C 034		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL034092	A. BUILDING: _____ B. WING _____	04/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 034	Continued From page 1 toilet/handwashing/laundry/bathing facilities in good repair and kept clean; floors in good repair and kept clean; and walls and ceilings in good repair and kept clean. -The facility should have submitted a written request for an inspection each year via fax. -Inspections were suspended for 3 to 4 months in 2020 and resumed in August 2020. -The facility has not requested an inspection since 2018. Interview with the Administrator on 4/06/21 at 3:35pm revealed: -She was responsible for contacting the Department of Environmental Health to conduct an inspection. -She thought the inspections had to be completed every two years. -She tried calling to request an inspection in 2020, but Environmental Health was not conducting sanitation inspections. -She did not attempt to request a sanitation inspection in 2019 or 2021.	C 034		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
FCL034092		4/6/2021

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
WAMU'S FAMILY CARE HOME	1251 SHELTER COVE WINSTON-SALEM, NC 27106

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix C0934 Reg. # G.S.131D-4.5B (a) LSC	Correction Completed 04/06/2021	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
			Keisha Banks	04/16/21
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	☐ YES ☐ NO
7/31/2018		