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
	FCL034092	A. BUILDING: **01** B. WING _____	R **12/13/2023**

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 Report by Scott Greenwood DHSR Construction Section conducted a Biennial Follow Up Survey on December 13, 2023 from 12:00 PM to 12:30 PM. At the time of the follow up survey not all of the previously cited deficiencies had been corrected and new deficiencies were cited .Therefore further action is required. The cited deficiencies are as follows;	{C 000}		
{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 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 the survey it was observed that there was peeling paint on the kitchen ceiling. This is not compliant with the rule. Take the necessary steps to repair the ceiling. 2. At the time of the survey it was observed that the fire alarm panel showed a fault message and needs to be services This is not compliant with the rule for routine interior maintenance. Take the necessary steps to correct this deficiency. NOTE; Alarms and strobe lights functioning at the time of the survey.	{C 174}	1. Popcorn ceiling in the kitchen has been removed completely already, therefore, this problem will not recur 2. We will contact our fire alarm Company. We believe this will be fixed by 2/28/2024. We will ensure that we contact them ASAP should the problem recur	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Signature **esther w muriuki**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL034092	A. BUILDING: **01** B. WING _____	R **12/13/2023**

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 174}	Continued From page 1 3. At the time of the survey it was observed that the fire extinguishers were not being monitored on a monthly basis. This is not compliant with the rule. Monitoring the fire extinguishers ensure that they are fully charged and have not been tampered with. Take the necessary steps to monitor the fire extinguishers on a monthly basis. 4. At the time of the survey it was observed that the front ramp guard rails had peeling paint and there was a deteriorated top section of guard rail. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency. 5. At the time of the survey it was observed that there was dirty vinyl siding and trim. This is not compliant with the rule for routine exterior maintenance and appearance. Take the necessary steps to correct this deficiency. 6. At the time of the survey it was observed that there was a non-secured propane tank next to the gas grill. This is not compliant with the rule for client safety and could potentially rupture if knocked over. Take the necessary steps to correct this deficiency. 7. At the time of the survey it was observed that there was in left hand and back side yard. This is not compliant with the rule for routine exterior maintenance and appearance. Take the necessary steps to correct this deficiency.	{C 174}	3. This has been fixed. We have setup An automated monthly reminder to Ensure this is done consistently 4. Deteriorated guard top rail will be replaced by 2/14/2024. Peeled paint will be re-painted by 3/30/2024 since we need to have a few days of 60 degree F weather for the re-painting can work wel 5. Vinyl siding and trim will be cleaned b 2/15/2024. We have setup a reminder to inspect the siding every 6 months going forward. 6. The unsecured propane tanks has beer removed and this infraction will not recur again 7. It's not clear what the infraction is that needs to be fixed. This was not discussed. We don't know how to fix this since all homes have left and back side yards.	

Signature **esther w muriuki**