

Division of Health Service Regulation

TITLE

(X6) DATE

6899

4WDW22

If continuation sheet 1 of 4

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>02/12/2025</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<br>PREFIX<br>TAG                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                          | (X5)<br>COMPLETE<br>DATE |                                                                 |
| {C 189}                                                 | Continued From page 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | {C 189}                                                                    |                                                                                                                                                                                   |                          |                                                                 |
| {C 189}                                                 | <p>Building Equipment Maintained Safe, Operating</p> <p><b>SECTION .0300 - PHYSICAL PLANT</b><br/><b>10A NCAC 13F .0311 OTHER REQUIREMENTS</b><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.</p> <p>This Rule is not met as evidenced by:<br/>1. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings or walls could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on February 12, 2025:<br/>d. 400 Hall Community Bath - there is a large hole at the sprinkler head by the water heater closet and there is a small hole at the sprinkler head by the toilet.</p> <p>New Deficiency:<br/>e. A sprinkler pipe outside of Room 204 froze and burst on January 16, 2025. At the time of survey, the sprinkler system has been repaired. The corridor ceiling has a 4' x 6' piece of plywood over the opening caused by the damage and repairs and there are gaps around the heads and other penetrations.</p> <p>3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of</p> | {C 189}                                                                    | <p>The large hole in the sprinkler head by the water heater has been repaired.</p> <p>The ceiling outside of room 204 has been repaired and gaps have been closed on 2/18/25.</p> |                          |                                                                 |

A work order has been placed on 3/12 to repair SCU housekeeping exhaust fan.

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL098023</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>02/12/2025</b> |
|-----------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**WILSON HOUSE**

**1800 MARTIN LUTHER KING JR. PARKWAY  
WILSON, NC 27893**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                                                                                              | (X5)<br>COMPLETE<br>DATE |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| {C 199}                  | Continued From page 3<br><br>c. 200 Hall Community Bath - the exhaust fan is not working.<br>d. Room 100 - the exhaust fan is not working.<br><br>2. Based on observation the facility failed to provide the required exhaust ventilation equipment in bathrooms.<br><br>Findings on February 12, 2025:<br>a. 300 Hall Day Room Bathroom - there is no exhaust ventilation provided in this room. | {C 199}             | A work order has been placed on 3/12 to repair 200 hall community bath exhaust fan.<br><br>A work order has been placed on 3/12 to repair Room 100 exhaust fan.<br><br><br><br><br><br><br><br><br><br>A work order has been placed on 3/12 for repair of 300 hall day room bathroom. |                          |