

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>HAL034108</b>              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>03/25/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SHULER HEALTH CARE/RECORD VILLA</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>250 PITT STREET<br/>KERNERSVILLE, NC 27284</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 000                                                                      | Initial Comments<br><br>Report of a Construction Section Biennial Survey<br>by Tod Hancock, conducted on March 25, 2025.<br><br>Records indicate that this facility was first<br>licensed as a Home for the Aged serving 12<br>non-ambulatory residents on October 25, 1979.<br>Therefore, the facility must meet the 1977 and<br>the applicable portions of the 2005 Rules for the<br>Licensing of Adult Care Homes and the 1978<br>North Carolina State Building Code Section 409.1<br>Institutional Unrestrained Occupancy.<br><br>Deficiencies were cited that require a Plan of<br>Correction.                                                                                                                                                                                 | C 000                                                                                      |                                                                                                                          |                                                        |
| C 189                                                                      | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(a) The building and all fire safety, electrical,<br>mechanical, and plumbing equipment in an adult<br>care home shall be maintained in a safe and<br>operating condition.<br>(k) This Rule shall apply to new and existing<br>facilities with the exception of Paragraph (e)<br>which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the building's<br>mechanical appliances are not maintained in a<br>safe and operable manner.<br>Findings on March 25, 2025:<br>a. Resident Laundry- The clothes dryer exhaust<br>vent is crimped, preventing the free flow of<br>exhaust | C 189                                                                                      |                                                                                                                          |                                                        |

Division of Health Service Regulation

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

TITLE

(X6) DATE

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>HAL034108</b>              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>03/25/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SHULER HEALTH CARE/RECORD VILLA</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>250 PITT STREET<br/>KERNERSVILLE, NC 27284</b> |                                                                                                                          |                                                        |
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| C 199                                                                      | Continued From page 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | C 199                                                                                      |                                                                                                                          |                                                        |
| C 199                                                                      | Exhaust Ventilation<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(g) The spaces listed in this Paragraph shall be<br>provided with exhaust ventilation at the rate of<br>two cubic feet per minute per square foot. This<br>requirement does not apply to facilities licensed<br>before April 1, 1984, with natural ventilation in<br>these specified spaces:<br>(1) soiled linen storage;<br>(2) soil utility room;<br>(3) bathrooms and toilet rooms;<br>(4) housekeeping closets; and<br>(5) laundry area.<br>(k) This Rule shall apply to new and existing<br>facilities with the exception of Paragraph (e)<br>which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the facility did not<br>maintain exhaust ventilation in specified spaces.<br>Lack of ventilation allows for the buildup humidity<br>that can cause mildew and slick areas and<br>prevents the dissipation of odors.<br><br>Findings on March 25, 2025:<br>a. Bathroom Near Room 4- The exhaust fan is<br>not working. | C 199                                                                                      |                                                                                                                          |                                                        |