

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/25/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SHULER HEALTH CARE/RECORD VILLA

250 PITT 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 a Construction Section Biennial Survey by Tod Hancock, conducted on March 25, 2025. Records indicate that this facility was first licensed as a Home for the Aged serving 12 non-ambulatory residents on October 25, 1979. Therefore, the facility must meet the 1977 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes and the 1978 North Carolina State Building Code Section 409.1 Institutional Unrestrained Occupancy. Deficiencies were cited that require a Plan of Correction.	C 000		
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. This Rule is not met as evidenced by: 1. Based on observation, the building's mechanical appliances are not maintained in a safe and operable manner. Findings on March 25, 2025: a. Resident Laundry- The clothes dryer exhaust vent is crimped, preventing the free flow of exhaust	C 189	accurate temp. readings. Staff will report findings and any readings not within the 100-110 range will be reported to Jet Plumbing of Clemmons for adjustments. Today's temp. on Restroom across 2 was 110°. a. Dryer has been pulled out from the wall and area has been cleaned. Spacer has been placed between	4/21/25 4/21/25

Division of Health Service Regulation

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

TITLE

(X6) DATE

Dorothy B. Shuler

Administrator

4-21-25

Division of Health Service Regulation

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