

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034107	(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/STOREY 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 twelve non-ambulatory residents on October 4, 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. 2. Based on observation, the facility is not	C 189	Dryer has been pulled out from wall and cleaned. Spacer has been placed between the dryer and wall to prevent crimping.	4/21/25

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Dr. B. Shuler

Administrator

4-21-25

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NAME OF PROVIDER OR SUPPLIER SHULER HEALTH CARE/STOREY VILLA		STREET ADDRESS, CITY, STATE, ZIP CODE 250 PITT STREET KERNERSVILLE, NC 27284		
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C 189	Continued From page 1 maintained free from hazards. If the code required clearance of 36" in front of electrical breaker panels is not maintained, it could delay timely operation of the breakers in an emergency. Findings on March 25, 2025: a. 2nd Floor-Electrical Room- there are boxes, bins and maintenance equipment stored directly in front of the electrical panels	C 189	All items have been removed from designated area within the 36" perimeter. Staff will keep area free of anything in the designated space.	4/1/25