STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL034015	A. BUILDING: **01** B. WING _____	R **07/01/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKVIEW FAMILY CARE HOME	**2778 REYNOLDS PARK ROAD WINSTON-SALEM, NC 27107**

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C 000	Initial Comments Report by AJ Carlock DHSR Construction Section conducted a Biennial Follow-up Survey on July 1, 2025 from 12:00 PM to 12:50 PM at the above-referenced facility. At the time of the survey, not all deficiencies were corrected therefore further action is required. Additional deficiencies were also observed. NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with onsite staff during the exit interview. There were previous deficiencies that were not closed out from an open biennial survey, these deficiencies were brought forward from the previous survey. 2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed. The cited deficiencies are as follows:	C 000		
{C 111}	Dining Room The Home Arrangement and Size of rooms C. Dining Room (1) In existing buildings the dining room must be near the kitchen and large enough to seat all residents, family and guests comfortably with adequate space for serving food. Facilities licensed for the first time must have a dining room or area of 120 square feet or more used exclusively for dining. When used in combination with a kitchen an area 5 ' wide must be allowed as work space in front of kitchen work areas.	{C 111}		

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{C 111}	Continued From page 1 This space cannot be used as dining area. (2) Well lighted, heated and ventilated with windows. (3) All dining room doors must be 2 ' 8 " wide minimum. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the Dining Room is 115 square feet. This is not compliant with the rule. Take the necessary steps to be compliant with the rule. This deficiency was previously cited during our 2020 biennial survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency.	{C 111}		
C 043	10A NCAC 13G .0308 (b) Authorized use Bedrooms 10A NCAC 13G .0308 Bedrooms (b) Only rooms authorized by the Division of Health Service Regulation as bedrooms shall be used for bedrooms. This Rule is not met as evidenced by: 1.) At the time of the survey it was stated by owner that the living room was being used as habital living space for staff to sleep at night. This is not compliant with the rules. Take the necessary steps to provide proper accomodations for staff.	C 043		

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C 061	10A NCAC 13G .0311 (b) Night lights Corridor 10A NCAC 13G .0311Corridor (b) Corridors shall be lighted with night lights providing 1 foot-candle power at the floor. This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that the hallway did not have a night light. This is not compliant with the rules. Take the necessary steps to add a night light to the hallway.	C 061		
C 102	10A NCAC 13G .0317 (a) Maintenance Building Service Equipment 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. This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that in Bedroom #3, the bathroom door is not properly latching due to the door latch being installed backwards. This is not compliant with the rule. Take the necessary steps to properly install the door latch	C 102		

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C 102	Continued From page 3 This deficiency was previously cited during our 2020 biennial survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency. 2.) At the time of the survey it was observed that the window frames were damaged and chipping paint. This is not compliant with the rule. Take the necessary steps to repair and paint or replace the window frames. This deficiency was previously cited during our 2020 biennial survey and action hasn't been taken to address the deficiency. This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency. 3.) At the time of the survey, it was observed that in bedroom #2 the light globe is missing. This is not compliant with the rule. Take the necessary steps to install a new globe. This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency. 4.) At the time of the survey, it was observed that the bathroom in Bedroom #3 has caulking around the tub that needs to be redone. This is not compliant with the rule. Take the necessary steps to remove and redo the caulking. This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency. 5.) At the time of the survey, it was observed that the door in bedroom #4 was sticking. This could impede proper evacuation in a time of need. This is not compliant with the rule. Take the necessary	C 102		

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C 102	Continued From page 4 steps to repair the door for proper function. This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency. 6.) At the time of the survey, it was observed that the bathroom #2 door had a sliding latch. This is not compliant with the rule. Take the necessary steps to remove all components of the sliding latch and ensure all doors can easily be operable by a single-hand motion. This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency. New deficincies: 1.) At the time of the survey it was observed that the door to bedroom 1 was not latching. This is not compliant with the rules.Take the necessary steps to ensure the door works properly. 2.) At the time of the survey it was observed that the door to bedroom 4 was not latching. This is not compliant with the rules.Take the necessary steps to ensure the door works properly.	C 102		
C 107	10A NCAC 13G .0317 (f) Call system Building Service Equipment 10A NCAC 13G .0317 Building Service Equipment (f) Where there is live-in staff in a family care home, a hard-wired, electrically operated call system meeting the following requirements shall be provided: (1) the call system shall connect residents' bedrooms to the live-in staff bedroom;	C 107		

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C 107	Continued From page 5 (2) when activated, the resident call shall activate a visual and audible signal in the live-in staff bedroom; (3) a resident call system activator shall be in residents' bedrooms at the resident's bed; (4) the resident call system activator shall be within reach of a resident lying on the bed; and (5) the resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff at point of origin. This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that the call button in bedroom 2 did not have the reset button. This is not compliant with the rules. Take the necessary steps to add the reset button.	C 107		
C 112	10A NCAC 13G .0318 (a) Clean safe Outside Premises 10A NCAC 13G .0318 Outside Premises (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. For the purpose of this Rule, "clean and safe condition" means free from debris, trash, uneven surfaces, and similar conditions as not to attract rodents and vermin, and provide for safe movement throughout facility grounds. Creeks, ditches, ponds, pools, and other similar areas shall have safety protection. For the purpose of this Rule, "safety protection" means preventive measures, such as barriers, to block access to such areas. Notwithstanding the requirements of Rule .0301 of this Section, the requirements of Paragraphs	C 112		

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C 112	Continued From page 6 (a) and (b) of this Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that multiple windows around the building are in various states of disrepair: rotted, chipping pain, and missing caulk. This is not compliant with the rules. Take the necessary steps to repair the windows so that they are in a proper and safe state. 2.) At the time of the survey it was observed that the flashing on the building was in a state of disrepair. This is not compliant with the rules. Take the necessary steps to repair the flashing.	C 112		