Division of Health Service Regulation

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

(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 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	I spoke w/ David Hickman on 8/25/25, the construction supervisor, I shared my concern that the facility was licensed in the 1960s. At that time Construction Dept. Licensed the facility w/ the Kitchen + Dinning Rm Combination. They Licensed the dinning room area @ 115 sq.ft. Since the original Licsensing, evidently the regulations has changed and the dinning room area needs to be 120 sq ft. I have tried to change the Kitchen around multiple ways to adjust to try and acheive the 120 sq. Ft. regulation, without sucess. The only way to get the extra 5 Ft is to do Construction and Knock walls out, going onto the Porch area. Since your dept licensed the facility w/ the square footage previously in 1960s. We are sending a letter + pictures asking for a wairer. →	
{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}		

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

(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 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}	At this time we are sending pictures and a letter to the IDR dept. Submitting a informal dispute resolution, asking for a waiver. 8/26/25	
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	The Living Rm will not be used as a bedroom because The Facility do not have Live in Staffing. All Staff work in Shifts only. Therefore Staff will not Sleep. Thats the reason there are no staff bedding in the office area. 8/26/25	

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

(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 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	Night Lights will be Placed along the hall-way @ the Floors	8/27/25
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	The latch will be installed correctly to ensure the door latch in bedroom #3	9/10/25

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

(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 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	We are having a handy-man service scrape paint + cork the windows 9/30/25 The globe will be replace on the lighting in bedroom #2 9/10/25 We are having a handy-man service redo corking around tub 9/10/25	

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

(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 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	Our handy-man service will repair the door 9/10/25 + adjust it to prevent the door from sticking in bedroom # 4 The Latch will be removed from bedroom #2 8/27/25 The latching has been Repaired in Bedroom #1 7/15/25	
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		

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

(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 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	The facility has not had Live-in staff in over 10yrs. All staff works in shifts, and are paid hourly. So therefore do not sleep. Regulations State that we do not have to have a call system if staff is hourly & do not sleep. Never the less because we had the system installed when we had Live-in staff we will maintain it and repair the reset button.	
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	The security service has already order the reset button and is also installing a remote sounder for the Call light system. He will install it in the staff office	

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

(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 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	9/30/25 All windows will be painted, scraped corked + Repaired The flashing has already been Repaired the Flashing was wraped in metal	