

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/29/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SHULER HEALTH CARE/PIERCE VILLA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>250 PITT STREET KERNERSVILLE, NC 27284</b>
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(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
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(C 000) Initial Comments

This report is of a Followup Survey done by Bob Getchell on March 29, 2016.

The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.

(C 000)

(C 111) Must Have Current San. & Fire Safety Reports

SECTION .0300 - PHYSICAL PLANT  
10A NCAC 13F .0302 DESIGN AND CONSTRUCTION  
f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.

This Rule is not met as evidenced by:  
1. Based on observation, current reports were not available at the time of the survey.

Followup Findings on March 28, 2016 include:  
The current Sanitation report for the building was not available at the time of the survey.

(C 111)

(C 164) Housekeeping and Furnishings-Clean, Repaired

SECTION .0300 - PHYSICAL PLANT  
10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS  
(a) Adult care homes shall:  
(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;  
(2) have no chronic unpleasant odors;  
(3) have furniture clean and in good repair;  
(e) This Rule shall apply to new and existing facilities.

(C 164)

*This is the second time that I have addressed this. I provided you recent reports of most may call the health inspector!*

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

*Wrote B. Shuler*      *Admin.*      *4-13-16*

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[C 164]	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>Based on observation, some building components were not maintained in clean, repaired condition.</li> </ol> <p>Followup Findings on March 28, 2016 include: The following areas were not being kept clean and/or repaired:</p> <ol style="list-style-type: none"> <li>Room 5 has dust and dirt on baseboards and behind furniture,</li> <li>Room 6 has dust and dirt on baseboards and behind furniture,</li> <li>Throughout the building the HVAC return vents and their associated radiation dampers are covered with dust and dirt which could interfere with the damper activating properly in a fire emergency.</li> <li>A window in room 6 is missing the screen.</li> </ol>	[C 164]	<p><i>Staff has cleaned all dust issues in bedrooms. 4-10-16</i></p> <p><i>All vents were dusted prior and radiation dampers are done now. 4-13-16</i></p>	
[C 189]	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <ol style="list-style-type: none"> <li>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.</li> <li>This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</li> </ol> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components.</li> </ol> <p>Followup Findings on March 28, 2016 include:</p>	[C 189]	<p><i>No screens are missing. One is just raised above window. This was never missing this report or prior report. 1-8-16</i></p>	

04/21/16 09:41AM

Shuler Health Care

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FORM APPROVED

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(C 189)	Continued From page 2  f) There are unprotected penetrations in the corridor wall on the upper right of the emergency light near room 1	(C 189)  ✓	Completed  Caulk used was a rated fire resistant caulk. Not the rating you were looking for. Need to specify.	4-10-16