

Attention - Celia R Keator

Henes Good Samaritan Home
3200 Old Greensboro Rd.
Winston Salem N.C. 27101
Margaretta J. Henes (Administrator)
Contact # 336-995-4563
(24) pages

PRINTED: 02/19/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL034096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/04/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HINES GOOD SAMARITAN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3200 OLD GREENSBORO ROAD WINSTON-SALEM, NC 27101
--	--

(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	<p>Initial Comments</p> <p>Report by Suzanna Fay</p> <p>DHSR Construction Section conducted a Biennial Survey on February 4, 2016 from 12:30 PM to 1:44 PM at the above referenced facility. DHSR records indicate the home was first licensed on June 6, 2012 as a Family Care Home for six ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency.) Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2009 North Carolina State Building Code - Section 421.2 - Residential Care Homes.</p> <p>At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:</p>	C 000		
C 110	<p>Construction-Basement, Attic</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (g) The basement and the attic shall not to be used for storage or sleeping.</p> <p>This Rule is not met as evidenced by: 1. Observations revealed numerous items stored in the attic. Items included pictures, mattresses, lamps, walkers and other items. Items are not to be stored in the attic. Remove the items. Provide documentation of the corrections in the form of photos.</p>	C 110	<p>The Attic has been completely cleaned All mattresses, lamps, walker pictures and other items have been completely removed from the Attic, (see Attached)</p>	2/14/16
C 117	<p>Have Current San. And Fire Safety Approvals</p>	C 117		

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

Maryannetta L. Hines

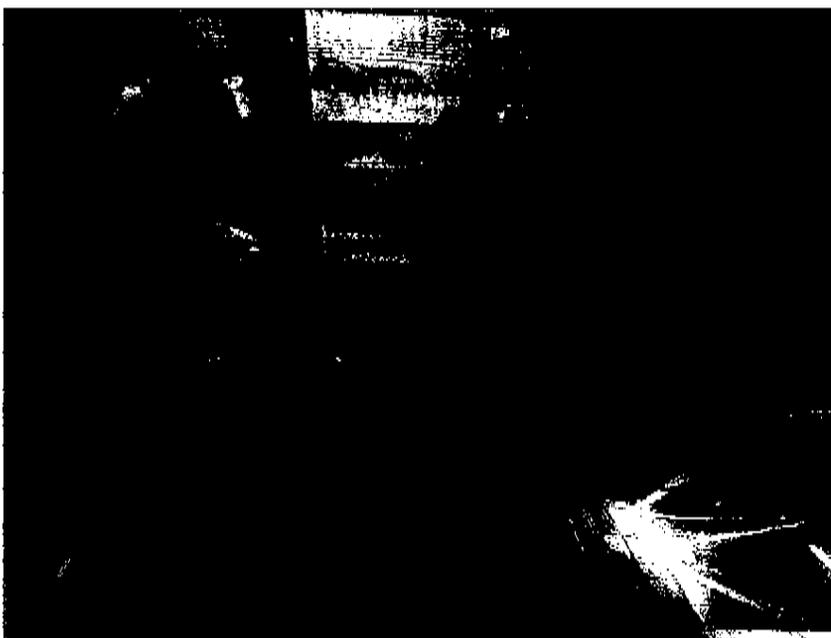
TITLE -
Administrator

(X8) DATE
4/13/16

2/14/16



Attic after cleaning
All items Removed



PRINTED: 02/19/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL034096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER
HINES GOOD SAMARITAN HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**3200 OLD GREENSBORO ROAD
WINSTON-SALEM, NC 27101**

(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 117	<p>Continued From page 1</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION</p> <p>(n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not have the current Fire Inspection on site. Provide a copy of the current Fire Inspection report to DHSR/Construction Section with your signed Plan of Corrections.</p>	C 117	<p>The Home has a current fire inspection See Attached</p>	2/11/16
C 135	<p>Bathroom-Hand Grips</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM</p> <p>(e) Hand grips shall be installed at all commodes, tubs and showers used by the residents.</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that the hall bath did not have a hand grip at the tub. Install a mechanically fastened hand grip for the tub. Provide documentation of the corrections in the form of photos, receipts or work orders.</p>	C 135	<p>hand grips have been installed in the hall bathroom. See Attached</p>	2/7/16
C 147	<p>Outside Entrances/Exits-Single Hand Motion</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS</p> <p>(d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be</p>	C 147		

Copy of Sanitation Inspection

N.C. Department of Environment and Natural Resources
Division of Environmental Health

Demerit Score: 11
Date of Insp/Chg: 02 / 11 / 2016
Status Code: A

Health Department 34 Forsyth
Current Facility ID 3034430293
Old Facility ID _____

**Inspection of
Residential Care Facility**
(For facilities, as defined, with not more than 12 residents)

Water <input checked="" type="checkbox"/> Community	<input checked="" type="checkbox"/> Non-Transient Non-Community	Water sample taken today? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Inspection	<input type="checkbox"/> Name Change
<input checked="" type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Non-Public Water Supply		<input type="checkbox"/> Re-Inspection	<input type="checkbox"/> Verification of Closure
Wastewater System: <input checked="" type="checkbox"/> Community	<input checked="" type="checkbox"/> On-Site System		<input type="checkbox"/> Visit	<input type="checkbox"/> Status Change

Name of Establishment: HINES GOOD SAMARITAN HOME Permittee: HINES GOOD SAMARITAN HOME

Location Address: 3200 OLD GREENSBORO ROAD Number of Residents: 6

City: WINSTON-SALEM State: NC Zip: 27101 Mailing Addr. _____

Classification _____ City: _____ State: _____ Zip: _____

- Approved (20 or less demerits, and no 6-point demerits) Disapproved (More than 40 demerits or failure to improve provisional classification)
- Provisional (more than 20, but 40 or less demerits, or a 6-point demerit)

Demerits _____ Comments _____

1. WATER SUPPLY: Public supply; private supply approved 6 (1611) **** SEE COMMENT SHEET ATTACHED ****
2. LIQUID WASTES: Sewage and other liquid wastes disposed of by approved method 6 (1613)
3. FOOD SUPPLIES AND PROTECTION:
 - Supplies: All food clean, wholesome, no spoilage 6 (1619)
 - Protection: Adequate during storage, preparation and serving, potentially hazardous food 45°F or below, or 140°F or above; all refrigerators with thermometers 2; pork, ground beef products, poultry and stuffings, etc., thoroughly cooked; meat and poultry salad, potato salad, etc., handled as required, no re-serving of portions once served to an individual 4; food containers stored above floor and protected from contamination 2; pets and other animals not allowed where food is prepared or stored, nor in serving area (unless caged or otherwise restricted) 4 (1620) **5**
4. FOOD SERVICE UTENSILS AND EQUIPMENT: Food service utensils and equipment in good repair and kept clean 4; eating and drinking utensils clean to sight and touch, cleaned after each use; approved facilities 4; clean utensils properly stored 2; substances containing poisonous material not used for cleaning or polishing eating or cooking utensils 6; disposable items properly stored and handled, used only once 2 (1618)
5. FOOD SERVICE PERSONS: Clean clothes, hands, and work habits 4 (1621)
6. DRINKING WATER FACILITIES: ICE HANDLING: Common drinking cups not used 4; ice, if provided, handled and dispensed in a sanitary manner 2 (1612)
7. HOT AND COLD WATER: Adequate hot and cold water piped to points of use 4 (1611)
8. TOILET: HANDWASHING: LAUNDRY AND BATHING FACILITIES: Toilet, lavatory and bathing facilities adequate 4; fixtures in good repair and kept clean 2; soap and towels provided 2 (1610) **2**
9. BEDS: LINEN: FURNITURE: All furniture, mattresses, linen, drapes, blinds and similar items in good repair and clean 2; bed linen changed as required 2; clean and soiled linens properly stored and handled 2 (1617)
10. STORAGE: MISCELLANEOUS: Rooms or areas provided for storage of clothes, personal effects, luggage, supplies and equipment kept clean 2; medications, cleaning supplies, pesticides and other hazardous products properly stored as required 4 (1616)
11. FLOORS: In good repair kept clean 2 (1607) **1**
12. WALLS AND CEILINGS: In good repair kept clean 2 (1608) **1**
13. LIGHTING AND VENTILATION: Windows and fixtures in good repair 1; kept clean (1609) **2**
14. VERMIN CONTROL: PREMISES: Outside openings effectively screened or otherwise protected against entrance of flying insects, and flying insects absent 4; effective control of rodents and other vermin 4; approved pesticides properly used 4; premises neat, clean, drained and free of litter and vermin harborages and breeding areas 2 (1615)
15. SOLID WASTES: Garbage in standard containers, properly covered and stored, approved disposal 4; containers, storage area kept clean 2; dry rubbish in suitable receptacles, approved storage and disposal 2 (1614)

Comment Sheet Attached
 Yes No

Rept Received [Signature] TOTAL DEMERIT SCORE 11

Inspection by: [Signature] EHS I.D.# 2450 - Chrobak, Joseph

N.C. Department of Environment and Natural Resources Division of Environmental Health COMMENT ADDENDUM	Name: <u>HINES GOOD SAMARITAN</u>	Time In: <u>03</u> : <u>05</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
	ID: <u>3034430293</u>	Time Out: <u>04</u> : <u>10</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
	Street: <u>3200 OLD GREENSBORO ROAD</u>	Total Time: <u>1 hr 5 minutes</u>
	City: <u>WINSTON-SALEM</u>	

- 3 Eggs stored above ready to eat foods in the refrigerator. Move eggs to low shelf to be below ready to eat foods. All other food storage appropriate during inspection. / One pan of beef patties on stove at 128F during inspection. Keep potentially hazardous foods held hot at a minimum of 135F. Pan reheated during inspection.
- 8 Cleaning needed on hand sink and in the medicine cabinet of the first resident room restroom.
- 11 Repeat: vinyl floor in kitchen and restroom are pulling up and need to be sealed back down to be easily cleaned. Tile floors in resident rooms have broken and missing tiles. Repair floors to be easily cleaned. Caulking needed to seal baseboard to the floor at the tubs where cracks have formed.
- 12 Wall cracks present in resident rooms through the home. Repair cracks in the walls. Walls are cracked around hand sinks and the tub shroud in the restrooms. Repair walls to seal gaps.
- 13 AC units in resident rooms have mold build up in the vents as well as dust build up. Clean the AC units to remove mold and dust.

3/12/16
Copy of fire Inspection

FIRE INSPECTION SAFETY REPORT (Group R-3 - Single Family Residential Care Homes & Facilities)

NAME OF FACILITY Hines Good Samaritan Group Home PERSON IN CHARGE Margaret Hines
STREET ADDRESS 3200 Old Greensboro Rd PHONE # 336-448-7379

CHECK YES or NO AS TO THE CONDITIONS IN THE HOME RELATING TO THE INSPECTION

- | | YES | NO | N/A |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Does the occupant utilize <i>listed</i> extension cords? These cords shall not be substituted for permanent wiring and must be used only for portable appliances. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Is a working, mounted fire extinguisher(s), rated 2-A: 10-B: C or larger, readily available in the residence? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does a fire evacuation plan remain posted continually in a prominent location, and is visible to all residents and guests? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the home have a working telephone which functions without use of electrical power and are emergency numbers posted within sight of the telephone? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is there a working smoke alarm in the residence complying with the following? (CHECK ONLY ONE) | | | |
| • Houses licensed prior to 1976 must have a battery or electric smoke alarm installed outside every sleeping area. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Houses licensed 1976 – June 30, 1999, electric smoke alarms shall be placed outside sleeping areas as required by the code in effect at construction time. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Houses licensed after June 30, 1999 must have smoke alarms in every sleeping room, outside bedrooms and other areas, interconnected as required in the N.C. Building Code. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are double key dead bolts installed on any required egress doors? (If YES, these must be removed or changed out to a thumb latch.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Do doors and windows in rooms used for sleeping open properly with little effort? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are all hallways, doorways, entrances, ramps, steps, and corridors unobstructed, free of storage and readily accessible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are address numbers posted in a prominent exterior location and are they visible and legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. If provided, the Fire Alarm System and/or Sprinkler System must be maintained, tested and inspected on annual basis by qualified and approved service personnel. Provide documentation. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Designate Primary Heat Source <u>oil</u> Secondary Heat Source (if applicable) <u>N/A</u> | | | |
| 12. List any substandard components or hazards found which were not addressed above or which would require additional inspections: | | | |

DATE OF INSPECTION 03-12-16 STATUS: Approved Not Approved

FIRE INSPECTOR: (Signature) [Signature] (Printed Name) Darin K. Needham

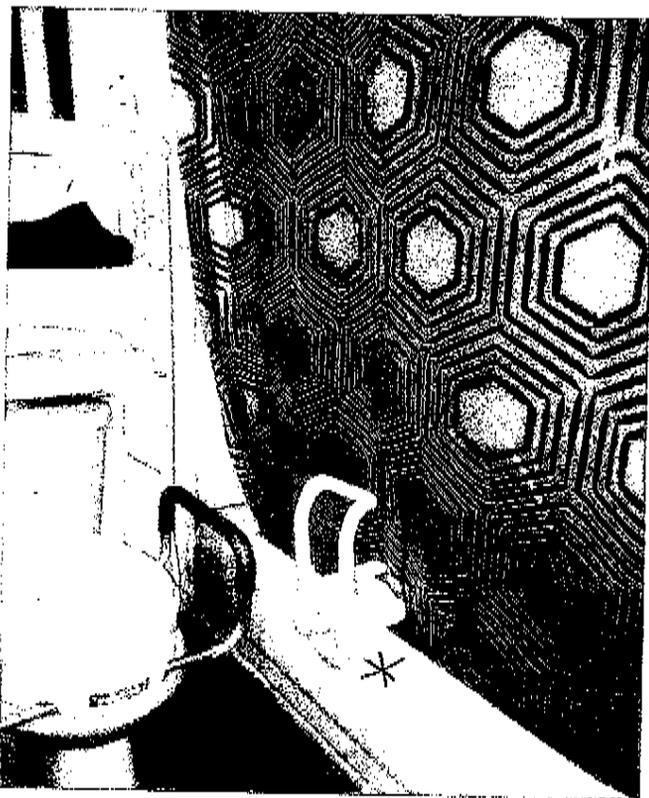
PHONE NUMBER 336 727-8053 INSPECTION DEPT. FIRE

LICENSEE'S (Signature) [Signature] (Printed Name & Title) Judy Glenn, Caregiver Supervisor

If Initial Licensure application must include the following information:
NC State Building Code (Code Section) _____ (Code Classification) _____

DHSR Inspector Name and Title _____ Phone No. _____

Any item marked NO on this form will not necessarily result in a non-approval of this home, depending on the various applicable Licensure Regulations. However, any form marked Not Approved will result in non-approval until the items marked are corrected and verified approved by the local official.



Hand grips have been installed on Hallway Bath tub

PRINTED: 02/19/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL034096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER
HINES GOOD SAMARITAN HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**3200 OLD GREENSBORO ROAD
WINSTON-SALEM, NC 27101**

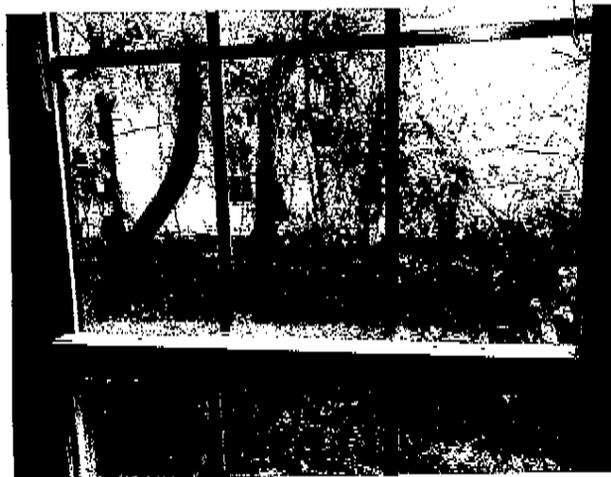
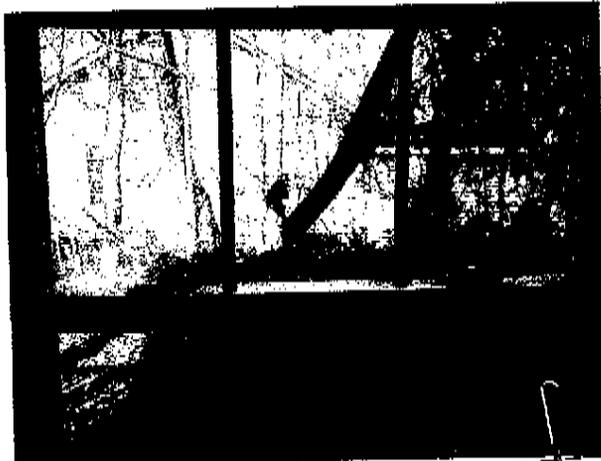
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETE DATE
C 147	Continued From page 2 removed or disabled. This Rule is not met as evidenced by: 1. Observations revealed that the storm door at the living room exit had a thumb latch. Have a qualified technician remove or disable the thumb latch. Provide documentation of the corrections in the form of photos, receipts or work orders.	C 147	<i>The storm door thumb latch on the living room exit has been removed.</i>	<i>2/7/16</i>
C 148	Outside Entrances/Exits-Free of Obstructions SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (e) All entrances/exits shall be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency. This Rule is not met as evidenced by: 1. Observations revealed that the bedroom windows had safety catches that could deter exiting in the case of an emergency. Have a qualified technician remove or disable the safety catches so that the windows will open free and clear without obstructions. Provide documentation of the corrections in the form of photos, receipts or work orders.	C 148	<i>All safety latches or catches have been removed (see attached) from bedroom windows. See attached</i>	<i>2/7/16</i>
C 152	Floors 10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair. This Rule is not met as evidenced by:	C 152		

Thumb Latch has been Removed
from the Living Room Exit. Interface
of the Exit has no latches





Window with Latch



Window without Latch Removed



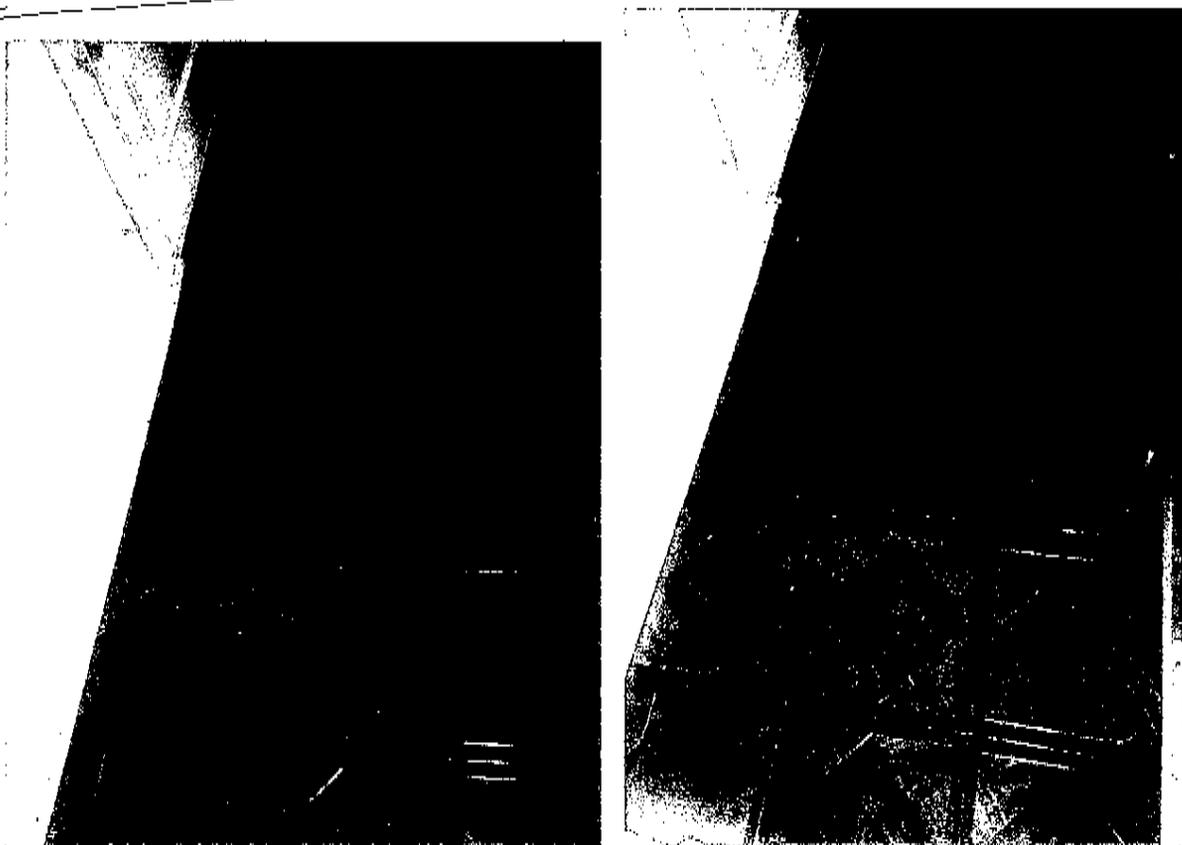
PRINTED: 02/19/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL034096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/04/2016
NAME OF PROVIDER OR SUPPLIER HINES GOOD SAMARITAN HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 OLD GREENSBORO ROAD WINSTON-SALEM, NC 27101		
(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 152	Continued From page 3 1. Observations revealed that the kitchen floor was puckering. Have a qualified technician repair the floor to avoid a tripping hazard. Provide documentation of the corrections in the form of photos, receipts or work orders. 2. Observations revealed that the floor in Bedroom #1 had two types of finishes. The border of the room had stick down vinyl tiles. The tiles were not even and had gaps between the edges. Many of the tiles were delaminating and the edges were damaged. Have a qualified technician repair or replace the floor. Provide documentation of the corrections in the form of photos, receipts or work orders.	C 152	The Kitchen Floor Tile was Reinstalled using a Vinyl adhesive, and has a smooth surface, there are NO tripping hazards. The tile in bedroom #1 has been repaired all. Tile has the same finish, there are no gaps between tile, all the delaminating and broken edge tile has been removed.	3/1/16
C 169	Fire Safety-Smoke Detectors SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it. This Rule is not met as evidenced by: 1. Observations revealed a 135 degree heat detector in the attic tied into the smoke alarm system. At the time of this survey, the detector	C 169		



The kitchen floor now has a smooth surface.



Bedroom #1 floor tile was Replaced, There are NO Gaps or broken tiles on the floor

PRINTED: 02/19/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL034096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER
HINES GOOD SAMARITAN HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**3200 OLD GREENSBORO ROAD
WINSTON-SALEM, NC 27101**

(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 169 Continued From page 4
was chirping indicating a low battery. Replace the battery. It has been determined that the attic temperatures can exceed 135 degrees in the summer months causing the heat detectors to activate and creating nuisance alarms. If the alarm becomes a nuisance, have a qualified technician replace the heat detector with a 190 or higher range heat detector that has a separate sounding device so that it does not set off the smoke detectors and could be identified should a fire occur in the attic. Provide documentation of the corrections in the form of photos, receipts or work orders.

C 169
The heat detector and the and smoke detector in the Attic are interconnected, Batteries have been replaced, There are no chirping sounds

C 174 Building Equipment Maintained Safe, Operating

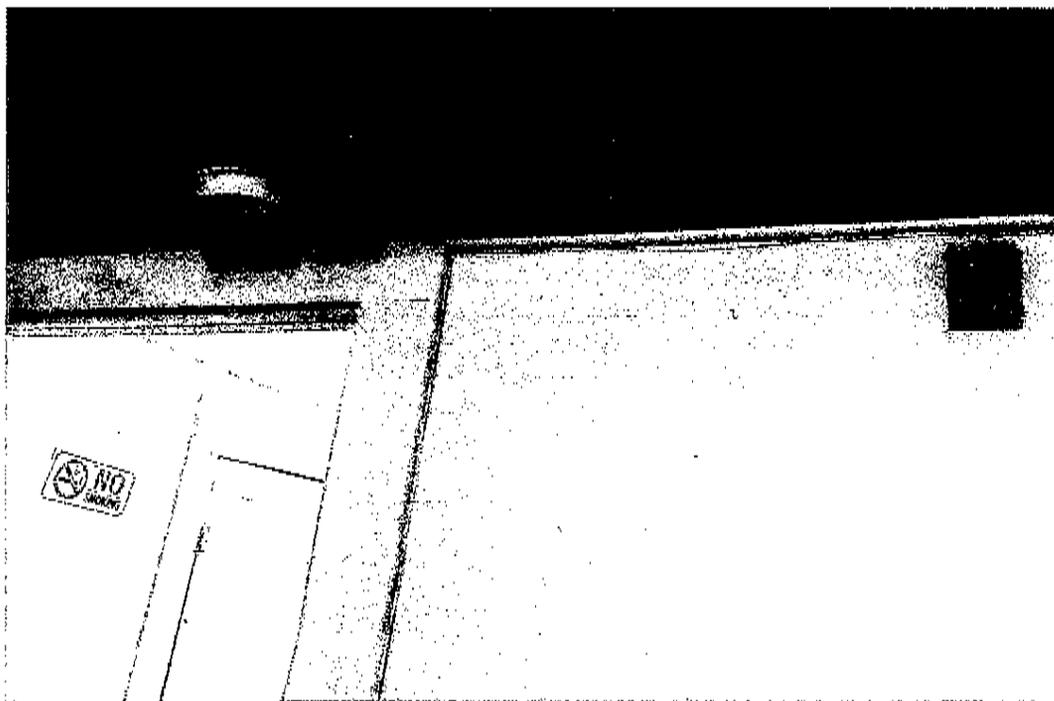
SECTION .0300 - THE BUILDING
10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT
(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition.
(j) This Rule shall apply to new and existing family care homes.

C 174

This Rule is not met as evidenced by:
1. Observations revealed that the roof of the facility is in poor condition. The roof has several patches and is buckled in several places. The edge of the roof over the laundry area is badly deteriorated with broken and missing shingles. Several of the shingles are curling which will allow moisture to enter if not addressed. The roof is sagging at the intersection of the back porch and hall bath and the gutter has disconnected. Have a qualified technician access the condition of the roof and make the recommended repairs. Provide documentation of the corrections in the

The roof of the facility needs to be replaced however the facility administrator is asking DHSR to give the facility a target date of June 15, 2016 to do all the repairs on the roof. 6/15/16

The Smoke detector and heat detector Are interconnected.
Batteries has been replaced there is NO Chirping Sounds



PRINTED: 02/19/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL034096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/04/2016
--	--	--	---

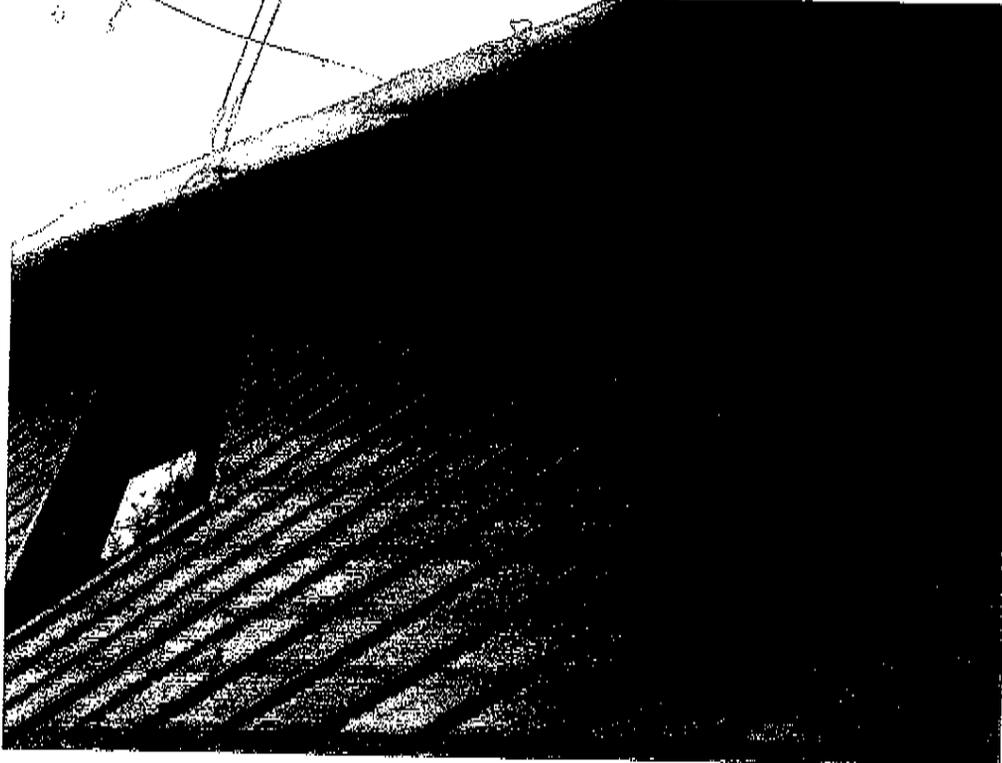
NAME OF PROVIDER OR SUPPLIER HINES GOOD SAMARITAN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3200 OLD GREENSBORO ROAD WINSTON-SALEM, NC 27101
--	--

(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 174	<p>Continued From page 5</p> <p>form of photos, receipts or work orders.</p> <p>2. Observations revealed that the fascia board at the left side of the front porch is rotted and falling off of the face of the porch roof. Have a qualified technician repair the damaged porch roof. Provide documentation of the corrections in the form of photos, receipts or work orders.</p> <p>3. Observations revealed that the right side of the front porch roof is sagging and the sheathing is not protected at the bottom edge of the siding. Have a qualified technician repair the porch roof and siding. Provide documentation of the corrections in the form of photos, receipts or work orders.</p> <p>4. Observations revealed that the downspout at the back-right corner of the house has become disconnected at the turn. Have a qualified technician repair the downspout. Provide documentation of the corrections in the form of photos, receipts or work orders.</p> <p>5. Observations revealed that a section of siding has fallen off of the dormer window on the right side. Have a qualified technician replace the siding. Provide documentation of the corrections in the form of photos, receipts or work orders.</p> <p>6. Observations revealed that the exterior glass was broken on the living room window. Have a qualified person repair the window. Provide documentation of the corrections in the form of photos, receipts or work orders.</p> <p>7. Observations revealed that a water line was leaking over the hot water heater in the crawl space. Have a qualified technician repair the water line. Provide documentation of the</p>	C 174	<p>The fascia board will also be completely replaced upon the repair of the roof. also the gutters will be replaced</p> <p>The down spout has been reconnected and is now operating properly</p> <p>The siding that had fallen off of the dormer window has been replaced</p> <p>the water line that was leaking over the hot water heater in the crawl space has been repaired</p>	<p>6/15/16</p> <p>3/14/16</p> <p>2/25/16</p>



Downspout
Reconnected
The gutter has been reconnected
They will be replaced when the roof
is replaced or repaired.

The siding that had fallen off the
Dormer window has been replaced



Living Room window, Glass has been
Replaced



The water line over the hot water tank is no longer leaking



PRINTED: 02/19/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL034096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/04/2016
--	--	---	---

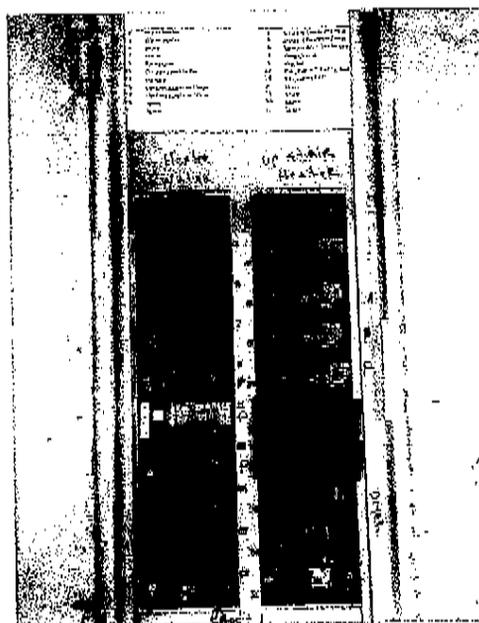
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

HINES GOOD SAMARITAN HOME **3200 OLD GREENSBORO ROAD**
WINSTON-SALEM, NC 27101

(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 174	<p>Continued From page 6</p> <p>corrections in the form of receipts or work orders.</p> <p>8. Observations revealed that the electric panel was not completely labeled. Have a qualified technician identify and label the breakers. Provide documentation of the corrections in the form of photos, receipts or work orders.</p> <p>9. Observations revealed that the light cover was missing in the bathroom off of bedroom #3. Replace the cover. Provide documentation of the corrections in the form of photos or receipts.</p>	C 174		<p>3/17/16</p> <p>3/17/16</p>

The Electric Has been properly Labeled

1	Water Heater	2	Upstairs Baseboard H
3	Water Heater	4	Upstairs Baseboard H
5	Stove	6	Upstairs Rec. / Smoke
7	Stove	8	Fridge/Hood
9	Receptacle	10	Washer
11	Dining Room Lts/Rec.	12	Hall, Bath, Kit, Family
13	Furnace	14	Kit Counter GFCI
15	Upstairs Baseboard Heat	16	Dryer
17	Upstairs Baseboard Heat	18	Dryer
19	Spare	20	Spare
21	Spare	22	Spare



①⑥. Electrical Box ReLabeled.

①⑦ Light cover in Bathroom Re placed

Job Work Order

ESTIMATE (VALID FOR 30 DAYS)

DATE 3/17/16	<input type="checkbox"/> SERVICE <input checked="" type="checkbox"/> INSTALL	<input type="checkbox"/> WILL CALL <input type="checkbox"/> DELIVER	PHONE 336 448 1390
NAME Hines Good Samaritan	ADDRESS 3200 Old Greensboro Rd W/Salem NC 27107		MAKE
ITEM TO BE SERVICED			MODEL
			SERIAL
			NATURE OF SERVICE REQUEST

QTY.	PART #	DESCRIPTION OF PARTS OR MATERIALS	PRICE	AMOUNT
4		Screws (Dry wall)		
		Re Attach Light Fixture cover	\$15.32	
LABOR PERFORMED			TOTAL MATERIALS	Dry wall Screws
			TAX	32
			TOTAL LABOR	15.32
Durrell Whorley			TOTAL AMOUNT	15.32

DATE WANTED	DEPOSIT	RECEIVED BY
ESTIMATES ARE FOR LABOR ONLY, MATERIAL ADDITIONAL. WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE CAUSED BY FIRE, THEFT, TESTING, OR ANY OTHER CAUSES BEYOND OUR CONTROL.		
AUTHORIZED BY:	Hines Home Inc.	Job Work Order ORIGINAL

TERMS - NET CASH
NO GOODS HOLD OVER 30 DAYS