

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL000034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 04 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/01/2018
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NAME OF PROVIDER OR SUPPLIER **WINDSOR HOUSE** STREET ADDRESS, CITY, STATE, ZIP CODE
**338 SOUTH RHODES AVENUE
WINDSOR, NC 27988**

(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 Biennial Construction Survey conducted by Suzanna Fay on February 1, 2018. Based on information gathered from our files, the Facility was first licensed on October 26, 2007 for Sixty (60) residents. Based on this information, we are requiring the facility to meet the 2005 Rules for the Licensing of Domiciliary Homes and the 2006 North Carolina State Building Code, Section 419- Institutional Occupancy.	C 000		
C 101	Existing Licensed Fac- No less than 71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Observations revealed that the electromagnetic locking system failed to meet the building code at the time of construction. Findings on February 2, 2018	C 101		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Executive Director

02/28/18

PRINTED: 03/16/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HA1009034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/01/2018
NAME OF PROVIDER OR SUPPLIER WINDSOR HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 336 SOUTH RHODES AVENUE WINDSOR, NC 27883		
(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 101	Continued From page 1 a. The magnetic locking system reactivated when the fire alarm was silenced. The doors should remain unlocked until the system is reset.	C 101	Door magnetic locking system has been set to remain unlocked until the system is reset.	03/13/18
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. Review of records revealed that the facility did not have a current fire sprinkler inspection report. Findings on February 2, 2018: g. The most current report for the fire sprinkler system inspection was dated August 9, 2016, interview with Staff revealed that the 2017 inspection had failed. There have been ongoing repairs and are currently in the process of replacing the panels. The new panels were in the riser room waiting to be installed. The sprinkler system is active.	C 111	The fire sprinkler system will be repaired and the report for 2018 done. Estimated completion: 3/15/18	
C 104	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 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	C 104		

PRINTED: 03/18/2018
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/CLINICAL IDENTIFICATION NUMBER HAL68834	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/01/2018
NAME OF PROVIDER OR SUPPLIER WINDSOR HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 338 SOUTH RHODES AVENUE WINDSOR, NC 27983		
(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 164	Continued From page 2 facilities. This Rule is not met as evidenced by: 1. Observations revealed that the floors were not kept clean and in good repair. Findings on February 2, 2018: a. 100 Hall Day Room - a leak from the exterior hose bib brought moisture into the floor slab staining the carpet. Interview with Staff revealed that the leak had been repaired and a request to replace the carpet has been submitted. b. Vending area off of the Beauty Salon - the vinyl floor was heavily damaged from the vending machines. 2. Observations revealed that the furnishings and fixtures were not maintained in good repair. Findings on February 2, 2018: a. Suite 211 bath - the toilet seat was damaged and no longer safe to sit on. b. Room 508 - the chest of drawers was heavily damaged. None of the drawers were on tracks. 3. Observations revealed that the ceilings were not maintained in good repair. Findings on February 2, 2018: a. 300 Hall Living Room - there was a line of water stained ceiling from the window wall to the sprinkler head. The ceiling finish was flaking and peeling along the line of water damage.	C 164	The carpet will be replaced if deep cleaning is not effective. Estimated completion: 3/25/2018 New vinyl tile will be installed in area of damaged floor. Estimated completion: 3/25/2018 A new toilet seat was installed. A new chester drawers was placed in room. The damaged area will be mudded, sanded and re-finished. Estimated completion: 3/12/18	02/06/18 02/08/18
C 165	Fire Safety- Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION	C 165		

Division of Health Service Regulation
STATE FORM

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DHHSW21

If continuation sheet 3 of 6

PRINTED: 02/16/2018
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HA000034	(X2) MULTIPLE CONSTRUCTION A. BUILDING #1 B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2018
NAME OF PROVIDER OR SUPPLIER WINDSOR HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 336 SOUTH RHODES AVENUE WINDSOR, NC 27883		
(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 185	Continued From page 3 (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Review of records revealed that the record of rehearsals did not provide a short description of what the rehearsal involved. Findings on February 2, 2018: a. The descriptions on the record of rehearsals did not provide enough information to determine what the rehearsal involved.	C 185	All future fire drills will provide a brief summary of the drill and outcome.	02/16/18
C 189	Building Equipment Maintained Safe, Operating SECTION .0500 - PHYSICAL PLANT 10A NCAC 13F .0211 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 there is a failure to	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HA1308034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/01/2018
NAME OF PROVIDER OR SUPPLIER WINDSOR HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 336 SOUTH RHODES AVENUE WINDSOR, NC 27883		
(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 189	<p>Continued From page 4</p> <p>maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on February 2, 2018:</p> <p>a. Private dining - one of the escutcheon plates on a sprinkler head shifted leaving a gap in the rated ceiling assembly. This item was corrected on site.</p> <p>b. 100 Hall Day Room - one of the sprinkler heads had a gap around the head leaving a hole in the rated ceiling assembly. This item was caulked at the time of survey.</p> <p>c. 100 Hall Screened Porch - one of the sprinkler head escutcheon plates was missing. The escutcheon plate was replaced at the time of survey.</p> <p>d. Suite 111 bath - the sprinkler head had a gap around the head leaving a hole in the rated ceiling assembly. The opening was caulked at the time of survey.</p> <p>e. Kitchen - the left cooler unit was missing an escutcheon plate at the sprinkler head. A new escutcheon plate was installed during the survey.</p> <p>2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.</p> <p>Findings on February 2, 2018:</p> <p>a. Room 115 - the corridor door did not latch when closed. The latch was repaired at the time of survey.</p> <p>b. Suite 211 - the latch on the corridor door was</p>	C 188	<p>The escutcheon plate on sprinkler head was repositioned to cover gap.</p> <p>The hole around sprinkler head was caulked.</p> <p>The escutcheon plate was installed.</p> <p>The opening around sprinkler head was caulked.</p> <p>An escutcheon plate was installed at sprinkle head.</p> <p>The latch was adjusted on door.</p>	<p>02/02/18</p> <p>02/02/18</p> <p>02/02/18</p> <p>02/02/18</p> <p>02/02/18</p> <p>02/02/18</p>

