

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL008034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/12/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WINDSOR HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>336 SOUTH RHODES AVENUE WINDSOR, NC 27983</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
{C 000}	Initial Comments  Report of a Biennial Follow Up Construction Survey by Ed Miller, conducted on April 12, 2018.  Deficiencies were cited that will require a new Plan of Correction.	{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 April 12, 2018: The magnetic locking system and magnetic hold opens reactivated/reenergized when the fire alarm was silenced. The doors and hold open devices should remain not energize until the system is reset.	{C 101}		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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{C 111}	<p>Must Have Current San. &amp; Fire Safety Reports</p> <p>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.</p> <p>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.</p> <p>Findings on April 12, 2018: a. 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.</p> <p>Installation of new panel and associate components to be completed on April 24, 2018.</p>	{C 111}		
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