

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL041027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2025
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NAME OF PROVIDER OR SUPPLIER WESTDALE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 303 WESTDALE PLACE GREENSBORO, NC 27403
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C 000	<p>Initial Comments</p> <p>Reported by AJ Carlock</p> <p>DHSR Construction Section conducted a Biennial Survey on July 15, 2025 from 1:40 PM to 2:30 PM at the above referenced facility. DHSR records indicate the home was first licensed on August 01, 1988 as a Family Care Home for six (6) all ambulatory Residents (able to respond and evacuate without physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: The 1987 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2025 Rules for Family Care Homes 10A NCAC 13G, and the 1978 (revision 9) North Carolina State Building Code - Section 409.1(g) - Residential Care facilities.</p> <p>NOTES:</p> <p>1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site staff during the exit interview.</p> <p>2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed.</p> <p>The cited deficiencies are as follows:</p>	C 000	<p>Corrective actions and Quality Improvements were accomplished in all areas listed. Administration & Maintenance carefully reviewed each item listed and immediately began making necessary corrections to comply. To identify areas in the future, Maintenance and Administration will work closely together doing biweekly walk throughs to help identify potential areas that need improvements. For Quality Improvement, we have also included our daily employees to complete repair orders as needed and provide to Administration. This will help identify problems in a timely manner, so our Maintenance Team can make necessary repairs as needed.</p>	<p>Work Start Date July 15, 2025 - Work Completed August 5, 2025</p>
C 034	<p>10A NCAC 13G .0302 (n) Fire/Sanitation reports Design and Constructi</p> <p>10A NCAC 13G .0302 Design and Construction</p> <p>(n) The facility shall maintain and have available for review current sanitation and fire safety</p>	C 034		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically signed by Amma Allen

TITLE
Administrator

(X6) DATE
08/05/25

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C 034	Continued From page 1 inspection reports. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the fire report was not in the facility. This is not compliant with the rules. Take the necessary steps to replace the report. 1. At the time of the survey it was observed that the sanitation report was not in the facility. This is not compliant with the rules. Take the necessary steps to replace the report.	C 034	C034 The Fire Report is at the facility located in our information folder. The Sanitation Report is at the facility located in our information folder.	
C 056	10A NCAC 13G .0309 (g)(1)(2) Lighting and exhaust Bathroom 10A NCAC 13G .0309 Bathroom (g) Bathrooms shall meet the following requirements: (1) be lighted to provide 30 foot-candles of light at floor level; (2) have an exhaust system per the North Carolina State Building Code: Residential Code. Exhaust vents shall vent directly to the outdoors; and This Rule is not met as evidenced by: 1. At the time of the survey it was observed that staff bathroom light was burnt out. This is not compliant with the rules. Take the necessary	C 056	C056 Light bulb has been replaced.	

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C 056	Continued From page 2 steps to replace the light.	C 056		
C 065	10A NCAC 13G .0312 (c) Ramp Outside Entrance And Exits 10A NCAC 13G .0312 Outside Entrance And Exits (c) At least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the facility has a resident that must have physical assistance with evacuation, the facility shall have two outside entrances/exits at grade level or accessible by a ramp. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the ramp to the front door had loose handrails. This is not compliant with the rules. Take the necessary steps to secure the handrails so that they are no longer loose. 2. At the time of the survey it was observed that the ramp to the back deck was missing chunks of wood creating a tripping hazard. This is not compliant with the rules. Take the necessary steps to replace the broken wood with new wood.	C 065	C065 The handrails have been repaired. The deck has been repaired.	
C 066	10A NCAC 13G .0312 (d) Single motion Outside Entrance And Exits 10A NCAC 13G .0312 Outside Entrance And	C 066		

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C 066	Continued From page 3 Exits (d) All outside entrance/exit door locks shall be operable by a single hand motion from the inside at all times without keys, tools, or special knowledge. Existing deadbolts and turn buttons on the inside of outside entrances/exit doors, including screen and storm doors, shall be removed or disabled. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the storm door to the front and back door did not have single motion locks. This is not compliant with the rules. Take the necessary steps to remove the double motion locks.	C 066	C066 The door now has single motion locks.	
C 068	10A NCAC 13G .0312 (f) Handrails / Guardrails Outside Entrance/Exit 10A NCAC 13G .0312 Outside Entrance And Exits (f) All steps, porches, stoops, and ramps shall have handrails and guards. Handrails shall be on both sides of steps and ramps, including sides bordered by the facility wall. Handrails shall extend the full length of steps and ramps. Guards shall be on open sides of steps, porches, stoops, and ramps. For the purposes of this Rule, "guards" are rails or barriers located at or near the open sides of elevated walking surfaces that minimizes the possibility of a fall from a walking surface to an adjacent change in elevation.	C 068		

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C 068	Continued From page 4 This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the back deck guard rail was loose. This is not compliant with the rules. Take the necessary steps to secure the guard rail.	C 068	C068 The guard rail is now secure.	
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 the outlet in the staff bedroom did not have a cover plate on it. This is not compliant with the rules. Take the necessary steps to put a cover plate on the outlet. 2. At the time of the survey it was observed that the the staff bathroom toilet was loose. This is not compliant with the rules. Take the necessary steps to secure the toilet so it is not loose. 3. At the time of the survey it was observed that the windows in the bedrooms were difficult to	C 102	C102 A cover plate has been put on the outlet. The toilet has been repaired. The windows open smoothly.	

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C 102	<p>Continued From page 5</p> <p>open. This is not compliant with the rules. Take the necessary steps to repair or replace the windows so they operate smoothly..</p> <p>4. At the time of the survey it was observed that the the bathroom toilet across from bedroom 2 was loose. This is not compliant with the rules. Take the necessary steps to secure the toilet so it is not loose.</p> <p>5. At the time of the survey it was observed that there was a leak above the toilet in the bathroom across from bedroom 2. This si not compliant with the rules. Take the necessary steps to fix the leak spot and monitor to make sure it is not still leaking.</p> <p>6. At the time of the survey it was observed that there were cameras being used in the facility without a sign posted on the front door. This is not compliant with the rules. Take the necessary steps to add a sign on the front door to inform that there is a camera in use.</p> <p>7. At the time of the survey it was observed that the door to bedroom 2 would not latch. This is not compliant with the rules. Take the necessary steps to repair or replace the door so that it latches properly.</p>	C 102	<p>C102</p> <p>The toilet is secure.</p> <p>The leak has been repaired.</p> <p>Signs have been posted.</p> <p>The latch has been repaired.</p>	
C 112	<p>10A NCAC 13G .0318 (a) Clean safe Outside Premises</p> <p>10A NCAC 13G .0318 Outside Premises</p> <p>(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</p>	C 112		

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C 112	<p>Continued From page 6</p> <p>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.</p> <p>Notwithstanding the requirements of Rule .0301 of this Section, the requirements of Paragraphs (a) and (b) of this Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. At the time of the survey it was observed that there was a hole on the ground by the front left of the building which is a tripping hazard. This not compliant with the rules. Take the necessary steps to fill the hole in.</p> <p>2. At the time of the survey it was observed that the gutters around the facility were damaged. This is not compliant with the rules. Take the necessary steps to fix the damaged gutters.</p>	C 112	<p>C112</p> <p>The damaged gutters have been fixed.</p>	
C 117	<p>10A NCAC 13G .0316 (c) Heat detectors Fire Safety</p> <p>10A NCAC 13G .0316 Fire Safety and Emergency Preparedness Plan</p> <p>(c) Underwriters Laboratories, Incorporated (U.L.) listed heat detectors shall be installed in all attic spaces and in the basement of the facility. Heat detectors shall be hard-wired, interconnected, and connected to a dedicated</p>	C 117		

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C 117	Continued From page 7 sounding device located inside the living area of the facility. Heat detectors shall be of the rate of rise type and be provided with battery backup. Notwithstanding the requirements of Rule .0301 of this Section, 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 the two heat detectors in the attic were disconnected from their base and had wires exposed. This is not compliant with the rules. Take the necessary steps to put the heat detectors back in their correct position.	C 117	C117 The box has been replaced.	
C 120	10A NCAC 13G .0316 (f) Fire drills Fire Safety 10A NCAC 13G .0316 Fire Safety and Emergency Preparedness Plan (f) There shall be at least four unannounced fire drills of the fire evacuation plan every year on each shift. For the purpose of this Rule, a fire drill is the method of practicing how occupants of the facility shall evacuate in the event of a fire or other emergency. Documentation of the fire drills shall be maintained by the administrator or their designee in the facility and be made available upon request to the Division of Health Service Regulation, county department of social services, and the local fire code enforcement official. The documentation shall include the date and time of	C 120		

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C 120	<p>Continued From page 8</p> <p>the fire drill, the shift, the names of staff members present, and a short description of drill. Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the fire drills were being conducted incorrectly. There is prompting which causes the residents to be non-ambulatory in an ambulatory facility. This is not compliant with the rules. Take the necessary steps to conduct fire drills properly and do not prompt the residents.</p>	C 120	<p>C120</p> <p>Staff are no longer prompting residents during a fire drill.</p>	