STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
			A. BOILDING.					
		HAL034098	B. WING		06/24/2015			
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
SALEM	TERRACE		SALISBUR' SALEM, NO					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE		
D 000	Initial Comments		D 000					
		ensure staff conducted an follow up on June 23, 2015 24, 2015.						
D 077	10A NCAC 13F .0306(a)(4) Housekeeping And Furnishings		D 077					
	10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (4) have a North Carolina Division of Environmental Health approved sanitation classification at all times in facilities with 12 beds or less and North Carolina Division of Environmental Health sanitation scores of 85 or above at all times in facilities with 13 beds or more; This Rule shall apply to new and existing facilities.							
	reviews, the facility Carolina Division of	et as evidenced by: ons, interviews and record failed to maintain a North Environmental Health I classification of 85 or above						
	The findings are:							
	entrance to the faci -The sanitation score Environmental Hear 06/09/15. -There were two dat at the door entrance the other in the door the Special Care University	re was 84 based on a local lth inspection completed on maged flooring tile areas, one to the medication room and r way of the dining room, in						

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (V4		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3)		(X3) DATE	(2) DATE CLIDVEV	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			71. DOILDING.				
		HAL034098	B. WING		06/2	4/2015	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
OAL EM	FEDDAGE	2609 OLD	SALISBURY	(ROAD			
SALEM	TERRACE	WINSTON	SALEM, NO	27127			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE	
D 077	Continued From pa	ge 1	D 077				
		shoes would stick to the floor					
	Health inspection re -The inspection incl walls, floors, lighting disinfectant use, rel	y's current Environmental eport dated 06/09/15 revealed: uded demerits related to g, toilet, vermin control, proper moval of solid waste and hissing on shower heads.					
	rooms noted on the Inspection report re -The rooms were 10 502, 400, 407, 402,	24/15 at 11:30 am of the Environmental Health vealed: 06, 112, 514, 509, 505, 501, 405, 312, 310, 304, 203, 206. een corrected and/or were					
	Administrator revealusing -She was aware of -She had requested did not agree with the torrected and were	the 84 sanitation score. If a re-inspection because she he sanitation score of 84, he sanitation report had been "little" things except the U, which was being repaired					
	Maintenance Direct -The local Environm conducted the annuagoThe Environmenta normal wear and te rubbed the wallsThe Environmenta noted where walls h repaired, but not ye	nental Health Department had ual inspection about two weeks I Health Inspector had noted ar where wheel chairs had I Health Inspector had also had been patched and					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. DOILDING.			
HAL034		HAL034098	B. WING		06/24/2015	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SALEM	TERRACE		SALISBUR			
0(0) ID	CLIMMA DV CTA		I SALEM, NO		ON	()/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU! CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 077	Continued From pa	ige 2	D 077			
	that he would return another inspection Director called and had been made, an an increased sanita -The facility had 7 r bathrooms on the li -The corporate offic Environmental Heaneed for the repairs -The facility employeemployee and one employee.	resident rooms and 7 resident ist for repairs. ce was aware of the local lith inspection score and the s. red one full-time maintenance part-time maintenance				
	member on 06/24/1 -The sticky residue MarchThe stickiness was othersShe had noticed he	one with Resident #2's family 15 at 11:00 am revealed: had been on the floor since s worse on some days than ousekeeping cleaning the s on her visits to the facility.				
	Environmental Serv -The sticky flooring previous Environme -The previous comp machine on the floor	15 at 1:00 pm with the vices Manager revealed: in the SCU was done by the ental Service contract group. pany had used a floor buffing bring that damaged the top e surface causing the surface				
	Environmental Hea -The facility had rec regarding cleanline	15 at 8:45 am with the lth Inspector revealed: ceived several complaints ss.				

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been made by the facility for a follow-up

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL034098	B. WING		06/24/2015		
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
SALEM	SALEM TERRACE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
D 077	Continued From parinspection.	nge 3	D 077				

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