	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		A. BUILDING:			R	
		HAL034098	B. WING		07	//22/2016
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
SALEM TE	RRACE		D SALISBURY ROA			
			DN SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{D 000}	Initial Comments		{D 000}			
	Forsyth County Dep	ensure Section and the partment of Social Services v-up survey on July 21, 2016				
{D 074}	10A NCAC 13F .03 Furnishings	06(a)(1) Housekeeping And	{D 074}			
	Furnishings (a) Adult care hom (1) have walls, ceil	06 Housekeeping And es shall: ings, and floors or floor n and in good repair;				
	floors were kept cle evidenced by ceiling Living Unit (ALU) re #508, #512 and #5 (500 Hall) and wate of an air conditioning front of an air condi	et as evidenced by: assure the walls, ceilings and an and in good repair as g water stains in the Assisted esidents' rooms (#104, #115, 14) and a common bathroom er stains on the carpet in from ag unit on the 500 Hall and in tioner in the connecting e 100 Hall and the 500 Hall.				
	The findings are:					
	on 07/21/16 at 9:30 -Room #104 had nu on the ceiling, inclu over the head of the -At least 11 miscella	ng the initial tour of the facility am revealed: umerous brown water stains ding a 15 inch circular stain be ded nearest the door. aneous sized water stains on on the farthest side of the				
	Interview on 07/21/ residing in Room #*	16 at 10:16 am with a resident 104 revealed:				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		E SURVEY PLETED	
			A. BUILDING:			
		HAL034098	B. WING		07	R / /22/2016
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
SALEM TE	ERRACE		D SALISBURY ROA			
		WINSTO	ON SALEM, NC 271	27		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
{D 074}	Continued From page	e 1	{D 074}			
	-He had been a resid	ent of the facility for several				
	years.	,				
	-The stains on the ce	iling had been there for at				
	least 6 months.					
		-He had not observed any water dripping in his				
	room. -He thought the stains were coming from leaks in					
	the roof.					
	-He had shown the stains to the maintenance					
	staff several times.					
	-The maintenance sta	aff had not painted over the				
	stains in 6 months.					
	Observation on 07/21/16 at 9:48 am revealed					
	Room #115 had a 2 feet by 8 feet section of					
	unpainted drywall on the right behind the resident's bed.					
	Interview on 07/22/16 of Room #115 reveal	6 at 10:20 am with a resident ed:				
	-He had been a resid	lent of the facility about 1				
	year.	-				
		aff had replaced the drywall				
	in his room some time wall behind his bed	e ago, but did not paint the				
		2/16 at 2:30 pm revealed a				
	stain on the carpet, u	5 feet by 3 1/2 feet) water				
	• •	t in the connector hallway				
	between the 100 hall					
	Observation on 07/22	Observation on 07/22/16 at 2:40 pm revealed a				
		5 feet by 4 feet) water stain				
	-	neath the AC unit on the 500				
	hall, adjacent to a do	or that accessed the outside.				
	Interview on 07/22/16	6 at 2:45 pm with a				
	housekeeper reveale	ed:				
	-He deep cleaned the	e carpet in the facility every				

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SUF COMPLET	
		IDENTIFICATION NOMBER.	A. BUILDING:			
		HAL034098	B. WING		07	R 7/22/2016
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE		
SALEM TE	RRACE	2609 OL	D SALISBURY ROA	\D		
SALEIWI TE	IRRACE	WINSTO	ON SALEM, NC 2712	27		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETI DATE
{D 074}	Continued From page	e 2	{D 074}			
	week.					
		the carpet under the AC				
	units today.					
	2	vould remove the stains.				
		uld return when the AC units				
	leaked onto the carpet.					
	-The AC units had leaked "for a while now".					
	Interview on 07/22/16					
		maintenance department employee revealed:				
	-The water stain under the AC unit in the					
	connector hallway was caused by a leak in the					
	roof, not by the AC unit leaking onto the carpet.					
	-The water stain under the AC unit in the 500					
	hallway was caused by rain water backing up to the building when heavy rains occurred, and					
	seeping under the do	or, not by the AC unit				
	leaking.	led to be repaired in				
	The roof was scheduled to be repaired in September.					
	Refer to interviews on 07/21/16 at 10:20 am and					
	11:20 am with the Ma	aintenance Coordinator.				
		07/22/16 at 3:15 pm with				
	Administrator reveale					
		ig the initial tour of the facility				
		00 am to 11:12 am revealed: nerous different sized water				
	stains on the slanted ceiling along most of the					
	ceiling. -The ceiling had dry-wall joint tape hanging down					
	from several joints of the ceiling boards and					
	cracked plaster along the bathroom wall and					
		g with brown water stains.				
		ts in the ceilings had stains				
	and cracked ceiling n					
	-	throom in Room #512 had a				
		olong stain located left of the				
	wall mounted light fix					1

	of Health Service Regu	Ilation				RM APPROVED
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
			A. BOILDING.			Б
		HAL034098	B. WING		07	R / /22/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
SALEM T	ERRACE		D SALISBURY RO			
-	1		ON SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 074}	Continued From page	e 3	{D 074}			
	peeled ceiling covering	ide of the oblong stain had ng. re observed on the ceilings.				
	Interview on 7/21/16 from Room #512 reve -He had been residin approximately 3 mon -The ceiling had look moved into the room. -The maintenance sta room but no repair ha -He had not seen wa from the ceiling in the Observation of the fa am revealed Room # separation gap along room where ceiling m ceiling boards togeth Interview on 07/22/15	at 11:05 am with a resident ealed: g in the room for ths. ed the same way since he aff had seen the ceiling in his ad been started. ter dripping into his room e room or bathroom. cility on 07/22/16 at 11:13 514 had a one inch the entire length of the holding board attached the er.				
	months. -He had not observed ceiling in the room. -Housekeeping and r his room routinely.	d water dripping from the naintenance staff came to staff about the crack in the				
	am revealed: -Room #508 had two seam of the slanted of residents' beds. -Below each tear, the	ere was a teardrop shaped he ceiling board and the				

Division of Health Service Regulation STATE FORM

PRINTED: 08/01/2016 FORM APPROVED

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL034098	B. WING		07	R 7/ 22/2016
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
SALEM TE	ERRACE		D SALISBURY ROA N SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
{D 074}	Continued From page	e 4	{D 074}			
	joint tape downward ceiling board (the tea lightly stained and ap pooling water). Interview on 07/22/16 in Room #508 reveal -She had resided in t -She had not observe room from the two st Observation of the fa am revealed: -The bathroom labele to Room #509 had a	the room several months. ed any water dripping into the ained spots. acility on 07/22/16 at 11:20 ed "handicapped " adjacent 14 inch long crack in the ne corner of the ceiling, to the				
	-The ceiling had crac and along-side the da Refer to interview on	ked ceiling plaster around				
	Refer to interview on Administrator reveale	07/22/16 at 3:15 pm with ed:				
	with the Maintenance - He had been remotion one at a time for sever -The facility roof was -The roof was budge 2016. -The roof had large b were leaking.	in need of replacement. eted for repairs in September plue tarps over the parts that d shredded in the wind, so he				
		arge tarp to help prevent the				

STATE FORM

				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		HAL034098	B. WING		07	R / 22/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE,	ZIP CODE		
SALEM TI		2609 OL	D SALISBURY ROA	ND		
		WINSTO	N SALEM, NC 2712	27		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETE DATE
{D 074}	Continued From page	e 5	{D 074}			
	done a few months a -The roof over the 50 tarp. -He had not worked o	0 Hall rooms did not have a on patching ceilings in the eaking roof just re-stained				
{D 077}	September 2016. -The maintenance star roof last year to help building. -She was not aware of in Room #104, #508, -She would have had had known about the -The water stains were in disrepair. -She had provided ess roof to the corporate -She was informed by that the facility's bank papaerwork for a loar and approval may co 10A NCAC 13F .0306 Furnishings (a) Adult care homess (4) have a North Caro Environmental Health	ed: budgeted to be repaired in aff had placed tarps on the prevent water damage in the of the stains on the ceilings #512, or #514. the stains repaired if she m. re a result of the roof being stimates for replacing the office a few months ago. y Corporate Management was processing the n to replace or repair the roof me prior to September 2016. 6(a)(4) Housekeeping And shall: blina Division of n approved sanitation nes in facilities with 12 beds	{D 077}			

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If continuation sheet 6 of 10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
			A. BUILDING:			R
		HAL034098	B. WING		07	//22/2016
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
SALEM TE	ERRACE		D SALISBURY ROA N SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
{D 077}	Continued From page	9 6	{D 077}			
	above at all times in facilities with 13 beds or more; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain a sanitation score of 85 or higher at all times.					
	The findings are:					
	Observation on 07/21/16 at 9:00 am upon entrance to the facility revealed the sanitation score was 84 based on a local Environmental Health inspection completed 06/09/15.					
	Health inspection rep the inspection include furniture,walls, floors, control, proper disinfe	s current Environmental ort dated 06/09/15 revealed ed demerits related to lighting, toilet, vermin ectant use, removal of solid reakers missing on shower				
	Health office revealed	ne local Environmental				
	-The current score wa -The facility was due time".	for an inspection "at any				
	see if the score would -The facility could have	equested a re-inspection to d increase. ve requested a re-inspection en completed within 30 days,				
	but the facility had no					
	Interview on 07/21/16	at 10:20 am with the				

Division o	f Health Service Regu	lation				RM APPROVEI	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN C	FCORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COM	LETED	
		HAL034098	B. WING		07	R / 22/2016	
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE	1 .		
		2609 OL	D SALISBURY ROA	AD			
SALEM TE	RRACE		ON SALEM, NC 271				
(X4) ID			ID	PROVIDER'S PLAN		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	O THE APPROPRIATE	COMPLETE DATE	
{D 077}	Continued From page	e 7	{D 077}				
	Maintenance Coordir	nator revealed:					
	-He was aware the sa	anitation score was 84.					
	-He was aware the ex	xisting score of 84 was not in					
	compliance with regu	llations.					
	-The last inspection of	completed by Environmental					
	Health was complete						
	-	a representative from the					
		n office several months ago					
	and was advised that	•					
	-	d be conducted within 30					
	days of the request. -He had not called Environmental Health for a						
	re-inspection of the building.						
	-He was aware of the need for a re-inspection.						
	-He had not had time to complete everything he						
	needed to finish for th						
	-"I felt like I needed n	nore time on the					
	re-inspection".						
		lot of the things that were					
	found during that insp Health".	pection from Environmental					
	Interview on 08/22/16	6 at 8:05 am with the					
	Administrator reveale						
		sanitation score was 84.					
	office and requested	ed the Environmental Health					
		en made by the Maintenance					
	Coordinator.						
	-She was unsure exactly when the request had						
	been made.						
	-The Environmental Health office was backlogged on inspections, and the facility had no control on						
		would actually take place.					
	-The facility was read						
	Interview on 07/22/16	6 with a representative from					
	the Environmental He	-					
	-The facility had calle	ed and requested a					
	re-inspection this mo						
ision of Hea	Ith Service Regulation		1			1	

Division of Health Service Regulation STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:	BUILDING:		
		HAL034098	B. WING		07	R 7/ 22/2016
NAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
SALEM TE	RRACE		D SALISBURY ROA N SALEM, NC 271			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN C	DF CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	D THE APPROPRIATE	COMPLET
{D 077}	Continued From page	e 8	{D 077}			
	route to the facility to inspection when the o	call was received. equested a re-inspection				
D 105	10A NCAC 13F .0311	(a) Other Requirements	D 105			
	(a) The building and mechanical, and plun	Other Requirements all fire safety, electrical, nbing equipment in an adult naintained in a safe and				
	failed to maintain air of safe and operating co	ns and interviews, the facility conditioning (AC) covers in ondition as evidenced by 2 ne in a resident room (Room				
	The findings are:					
		I/16 at 9:48 am revealed: 00 hallway was missing the C unit was exposed.				
		I/16 at 10:01 am revealed: C unit cover was on the				
	Interview on 07/21/16	at 10:02 am with a resident ed the cover had been				
	Interview on 07/21/16	at 12:26 pm with the				

STATE FORM

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			R
		HAL034098	B. WING		07	//22/2016
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
SALEM TE	ERRACE		D SALISBURY ROA N SALEM, NC 2712			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETE DATE
D 105	Continued From page	e 9	D 105			
	AC unit on a daily bas -Maintenance staff re- constantly. -He was unaware the -He depended on not his department when -He may be able to s- prevent the resident f frequently. Interview on 07/21/16 Personal Care Aide (m #312 took the cover off the sis. eplaced the AC cover e cover was off at this time. tifications from staff to alert repairs needed to be made. ecure the cover to the unit to from removing the cover so				
	Resident Care Coord -The resident of Roor facility for almost 4 ye -The resident took the time it was put back of -She did not know wh AC unit.	e cover off the AC unit every on. ny he took the cover off the ident to leave the cover on				
	unit in Room #312 ev -Every day the reside cover again. -The Maintenance Co	aled: out the cover back on the AC yery day. ent in that room removed the pordinator had not ermanent way to keep the				