

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 06/19/2015
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NAME OF PROVIDER OR SUPPLIER DANBY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3150 BURKE MILL ROAD WINSTON SALEM, NC 27103
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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}	<p>Initial Comments</p> <p>Report of a Follow-Up Construction Survey by Ed on June 18, 2015.</p> <p>The following deficiencies cited during the April 9, 2015, Biennial Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction.</p>	{C 000}		
{C 189}	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>2. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction and inoperable or missing ceiling radiation dampers present the possibility that a fire that begins in one space can quickly spread to other areas of the facility.</p> <p>Findings include:</p> <p>c. Hole in the attic smoke barrier wall separating the kitchen wing from the rest of the facility.</p> <p>d. Unsealed penetrations through the attic smoke barrier wall above Salem Wing.</p> <p>e. Unsealed penetrations through the attic fire wall separating the old and new portions of the facility.</p>	{C 189}		

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

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{C 189}	Continued From page 1 f. Unsealed penetrations through the attic smoke barrier wall above Piedmont Wing.	{C 189}		
{C 199}	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:</p> <ol style="list-style-type: none"> (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include; The exhaust fans were not working in the bathrooms off rooms 112 and 123.</p>	{C 199}		