

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 07/29/2015
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NAME OF PROVIDER OR SUPPLIER DANBY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3160 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
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(C 000)	Initial Comments Report of a Follow-Up Construction Survey by Ed Miller and Frank Strickland on July 29, 2015. The following deficiencies cited during the June 19, 2015, Biennial Construction Follow-up Survey, have not been satisfactorily corrected and will require a new Plan of Correction.	(C 000)	CONSTRUCTION SECTION SEP 08 2015 RECEIVED	
(C 189)	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 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. Findings include: e. Unsealed penetrations through the attic fire wall separating the old and new portions of the facility. Findings on July 29, 2015: This penetration is a 1 inch or larger CSST gas line through a Firewall. Provide documents that repair is listed for this type of construction and	(C 189)		Fire caulking was removed. The space was packed with fire retardant insulation. Outer surface was resented with fire caulk. (Insulation is 4-hour retardant)

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Juan C. Castwood</i>	TITLE EXECUTIVE DIRECTOR	(X8) DATE 9/3/2015
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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			
(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 189)	Continued From page 1 duration. f. Unsealed penetrations through the attic smoke barrier wall above Piedmont Wing. Findings on July 29, 2015: Unable to access attic.	(C 189)	Area in attic has been assessed and all penetrations sealed. It was re inspected with no penetrations found by the BMS Supervisor	8/31/15	