03/05 PAGE

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Division of Health Service Regulation						1 0111111	***************************************	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	COMPL		
		HAL034100		B. WING		11/19	9/2015	
NAME OF E	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE					
SOMERSET COURT AT UNIVERSITY PLACE			1635 EAST 6TH STREET WINSTON SALEM, NC 27101					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY .SC IDENTIFYING INFORM	FULL	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL GROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(XA) COMPLETE DATE	
C 000	Initial Comments			C 000				
	Report of Biennial Harrell on 11-19-20	Construction Survey 015.	by Dennis				,	
	12-7-1999, for 60 r information we are the 1996 Rules for Homes, the applica for Adult Care Hom- and the 1996 North	nis facility was first lic esidents. Based on the requiring the facility the Licensing of Aduable portions of the 2 nes of Seven or More of Carolina State Build tional Occupancy - G	his to meet It Care 005 Rules Beds, ling Code;	,			,	
C 111	Must Have Current	t San. & Fire Safety F	Reports	Ç 111				
	fire and building sa	02 DESIĞN AND	ts which		Fire i Safety Report ARE IN Note book in Administrator office Report WAS FAXED DHHS OFFICE ON 1	4-5 J Ta 1-20-15	/[-19-15 5.	
	Based on review or reports for the built	et as evidenced by: f documents, current ding and kitchen and inspection report we me for review.	the fire					
Q 189	Building Equipmen	t Maintained Safe, O	perating	C 189			1	
	mechanical, and pl care home shall be operating condition (k) This Rule shall	ond all fire safety, elec- lumbing equipment in maintained in a safe to apply to new and ex	an adult and					
NVISION OF H	ealth Service Regulation Y DIRECTOR'S OR PROVI	DENVSUPFCYER REPRESEN	TATIVE'S)SIG	NATURE	Executive Director		ETAG (8X)	
TATE FOR	м		٥	0020	K0G821	# continue	tion sheet 1 of 3	

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	of Health Service Re						
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/8UPPLIE IDENTIFICATION NU		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL034100		B. WING		11/19/2015	
NAME OF F	PROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, 1	STATE, ZIP CODE		
ecamine	WT COLUET AT LINUX	THE TYPE ACT	1635 EAS	T 5TH STRE	ET		
	ET COURT AT UNIVE	IRSHY PLACE	WINSTON	SALEM, NO	27101		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIA Y MUST BE PRECEDED BY SO IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REPERENCED TO THE APPRODEFICIENCY)	D BE COMPLETE	
C 189	Continued From pa	ige 1		C 189		'	
		ception of Paragraph by to existing facilities			1		
	 Based on obser- are not closing well passage of fire and do not close compli- possibility that a fire quickly spread to the of the facility. Findings include; 	et as evidenced by: vation, many corridor I and/or latching to re I smoke. Corridor do etely and latch prese that begins in one s ne corridor and the re rated door to the laur	sist the ors that nt the pace can mainder		All abstacles were	Removed 11-19-15	
	propped open with b. The door to the equipped with a me open, c. The doors to roo 128, 129, 213, 215,	was to hold it 5, 127, ed open.		All abstacles well a from doors including Kick down from Admi office to excuse sate all desirants and standard will make majestavance will make	raff. Liter		
	2. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 15 inot below the sprinkler head could negate the abi of the fire sprinkler system to extinguish a fire				close are closed in All residents rooms	clading	
	Findings include; Storage had been a the ceiling in the pa	ches of		from top shift in the partry AND Dis	REMINED		
	maintained in a saf handling portable m could affect all resis cylinders fall, break cylinder and turning Findings include: Several portable m	rvation, the building via manner by not proteinedical oxygen cylind dents, staff and visito ting their valves, propartime a dangerous edical oxygen cylinderoved beverage crate	perly lers. This ors if celling the projectile.		SAFTY OF THE BEPT Suilding. All expens to the A Now placed in Appropria	T' AWO	

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Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIÉR/GLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL034100 11/19/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1636 EAST 6TH STREET SOMERSET COURT AT UNIVERSITY PLACE WINSTON SALEM, NC 27101 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REQULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) WERE REMOVED IMMEDIATELY by Lincome the oxygen Con 11-19-15 C 189 C 189 Continued From page 2 117. C 191 Unvented & Portable Elec. Heaters Prohibited C 191 SECTION ,0300 - PHYSICAL PLANT The portable heater that was brought in by the Activity Director was removed immediately.)1-19-1S 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heater's and All Deficiencies WERE portable electric heaters are prohibited. immediately fixed by maintenance AND ARENOW (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) menitored by Administrator to ensure safety of All of the residents and staff which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation the facility failed to adhere to the prohibition of portable electric heaters. At Somewest Court at University. Portable electric heaters are a potential fire hazard and as such could effect all occupants of the facility Finding includes: A portable electric heater was found in the Activity Office. ivision of Health Service Regulation

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