	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0			E SURVEY PLETED
			A. BUILDING. UI		C	
		HAL034084	B. WING	B. WING		02/2017
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
FORSYT	H VILLAGE		NSING DRIVE N SALEM, NC	27105		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 000	Initial Comments		C 000			
		uction Section Complaint , conducted on February 1, 2, 2017.				
	The complaint alleged the facility was dirty and had a 75.5 sanitation score.					
	licensed on Decem information, we are the 1978 NC State the 1987 Minimum Homes for the Age	at this 60 bed facility was first ber 1, 1989. Based on this requiring the facility to meet Building Code, with revisions, Standards and Regulations fo d and Disabled and the of the current Rules for Adult ven or More Beds.				
	The complaint was	substantiated.				
	Deficiencies were of Correction.	ited that require a Plan of				
C 110	Construction-Meet	Sanitary Requirements	C 110			
	disposal and dietar the rules of the North Carolina Division which are incorporate subsequent amend the Sanitation of Ho Homes, Sanitarium Educational and Ot 18A.1300 are avail Department of Envir Resources, Division					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

	of Health Service Re			CONCEPTION		
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (CONSTRUCTION		E SURVEY PLETED
		HAL034084	B. WING			C 02/2017
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
FORSYT	H VILLAGE		SING DRIVE	27105		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE
C 110	Continued From pa	ge 1	C 110			
	Health Services Se	ained from Environmental ction, 1632 Mail Service orth Carolina 27699-1632 at no				
	"Rules Governing the Care Facilities" Special (a) [which requires for the content of the content	a not in compliance with The he Sanitation of Residential ecifically 15A NCAC 18A .1317 that] Effective measures shall vermin out of and to prevent				
		nave effective measures in d bugs from coming into the				
	Regional Maintenar staff about bug bite on February 1, 201 two residents.	view with the Administrator and nce Director, Residents told s on a resident in Bedroom 5 7. The room was occupied by				
	Regional Maintenar were removed from their clothes change	view with the Administrator and nce Director, the Residents a their room, cleaned, and had ed before moving to other vere moved to bedrooms 30				
	Administrator and F Director, the resider	rvation and interview with the Regional Maintenance nt's belongings and linens are ic trash bag and will be taken				
	to a laundry mat wh heat before being w d. Based on obse	here they are dried on high vashed and returned. rvation and interview with Pest				
	the Resident's bed	bedroom 5 was inspected. In next to the corridor, four live and along with a few eggs in a				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		E SURVEY PLETED
					с	
		HAL034084	B. WING			02/2017
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ORSYT	H VILLAGE		NSING DRIVE	27405		
	SUMMARY STA	TEMENT OF DEFICIENCIES	N SALEM, NC	PROVIDER'S PLAN OF		(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	COMPLET DATE
C 110	Continued From pa	ge 2	C 110			
	same Resident that inspected and a one shoe. Farther inspe exoskeleton on the Findings on Februa a. Review of docu Control company ha documentation of an bugs in bedroom 5. b. Based on interv	mentation showed the Pest ad provided the facility with n inspection identifying bed view with the Administrator and nee Director, Bedroom 5 will	ł			
C 132	Bathrooms-Must Pr	ovide Privacy	C 132			
	rooms are: (5) The bathrooms designed to provide rooms with two or n (commodes) shall h curtains for each wa	05 PHYSICAL nts for bathrooms and toilet and toilet rooms shall be privacy. Bathrooms and toile	t			
	ensure that all Bath designed to provide than one commode Findings on Februa a. Tub Room near	rvation, the facility failed to rooms and Toilet Rooms are privacy when there is more , and at each tub or shower. ry 1, 2017: Bedroom 24 - there were not und the plumbing fixtures to				

STATEMEN	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /			E SURVEY PLETED
	or connection	DENTIFICATION NOMBER.	A. BUILDING: 01 B. WING			
		HAL034084				C 02/2017
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
FORSYTI	H VILLAGE		NSING DRIVE N SALEM, NC	27105		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	HE APPROPRIATE	COMPLET DATE
C 133	Continued From pa	ge 3	C 133			
C 133	Bathrooms-Hand G	irips	C 133			
	rooms are: (6) Hand grips sha commodes, tubs ar accessible to reside This Rule is not me 1. Based on obse provide commodes to residents with ha affects all residents not providing increa instability/balance, a fixtures. Findings on Februa	05 PHYSICAL hts for bathrooms and toilet II be installed at all hd showers used by or ents; et as evidenced by: rvation, the facility failed to , tubs and showers accessible ind grips. This deficiency who use theses fixtures by ased safety, controlled against and maneuverability at the				
C 164	unattached grab ba		C 164			
	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture c	PHYSICAL PLANT 06 HOUSEKEEPING AND es shall: ings, and floors or floor n and in good repair;				
		et as evidenced by: ervation, the facility failed to , floors or floor coverings and				

Division	of Health Service Re	equilation			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY PLETED
		HAL034084	B. WING		02/0	C 02/2017
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
FORSYT	H VILLAGE		SING DRIVE 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 CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 164	Continued From pa	ge 4	C 164			
		in good repair. An untidy fying new bed bug activity				
	Additional trash sta consisted of bags of and a washing mac b. Bedroom 35 Ba onto floor were the c. Bedroom 35 Ba wall and shower su d. Bedroom 35 Ba growing on it. e. Bedroom 35 Ba growing on it. e. Bedroom 35 Ba commode to the flo f. Corridors and p marred up and dirty g. Corridors - the and the paint was c h. Corridor Door F chipped and scratcl i. Tub Room near door was missing it j. Tub Room near fan was very dirty. k. Corridor Exit Do door is bowed allow I. Corridor Exit Do glass in the door wa Findings on Februa m. Corridor Bathro faucets were loose leak onto the floor. n. Restroom near	Available to the second state of the second st				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (CONSTRUCTION		E SURVEY PLETED
		HAL034084	B. WING			C 02/2017
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
ORSYT	H VILLAGE		ISING DRIVE I SALEM, NC	27105		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLE DATE
C 165	Continued From pa	ge 5	C 165			
C 165	Housekeeping and	Furnishings-Sanitation Grade	C 165			
	FURNISHINGS (a) Adult care home (4) have a North C Environmental Hea classification at all f or less and North C Environmental Hea above at all times in more; (e) This Rule shall facilities. This Rule is not me 1. Based on Reco Administrator and F Director, the facility approved North Ca Environmental Hea above. Findings on Februa a. A Sanitation rej Environmental Hea inspection of the fa	 HOUSEKEEPING AND es shall: arolina Division of lth approved sanitation times in facilities with 12 beds arolina Division of lth sanitation scores of 85 or apply to new and existing et as evidenced by: ord review and interview with Regional Maintenance failed to maintain an rolina Division of lth sanitation scores of 85 or 				
C 189	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and	C 189			

STATE FORM

4BM121

If continuation sheet 6 of 8

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
		HAL034084	B. WING		02/0	; 2/2017
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
FORSYT	H VILLAGE		SING DRIVE I SALEM, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 6	C 189			
	facilities with the ex	apply to new and existing ception of Paragraph (e) ly to existing facilities.				
	was not maintained condition. This wou visitors by not provi activating the fire al Findings on Februa a. Corridor near C	rvation, the Fire Alarm system in a safe and operating Id affect residents, staff and ding early detection and arm system.				
C 199	Exhaust Ventilation		C 199			
Division of H	provided with exhaut two cubic feet per n requirement does n before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall facilities with the ex- which shall not apple This Rule is not me 1. Based on Obse- plastic sheet, the fa	11 OTHER ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This ot apply to facilities licensed , with natural ventilation in ces: rage; toilet rooms; closets; and apply to new and existing ception of Paragraph (e) ly to existing facilities.				

STATEMEN	of Health Service Re IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 0)1		PLETED
		HAL034084	B. WING			C 02/2017
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ORSYT	H VILLAGE		NSING DRIVE N SALEM, NC	27105		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
C 199	Continued From pa	ige 7	C 199			
	preventing the exha Findings on Februa a. Bedroom 35 Ba					