STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL034093	B. WING		06/	02/2017
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
DANBY H	HOUSE		RKE MILL ROA N 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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 000	Initial Comments		C 000			
		uction Biennial Survey by Dennis Harrell conducted on				
	were completed in protected. That point the 1977 Rules, the 2005 Rules for the Homes, and the 19 Building Code, Sec Occupancy. The F along with the Spect or submitted on 7-3 the facility must me applicable portions Licensing of Adult C North Carolina Stat Institutional Occupa	e Carolina and Salem Wings 1980 and are not sprinkler rtion of the facility must meet e applicable portions of the Licensing of Adult Care 78 North Carolina State tion 409, Institutional Piedmont and Winston Wings, cial Care Unit was first licensed 60-1998. Therefore that part of the 1996 Rules, the of the 2005 Rules for the Care Homes, and, the 1996 e Building Code, section 409, ancy. The facility is licensed vith 48 in a Special Care Unit.				
C 132	rooms are: (5) The bathrooms designed to provide rooms with two or n (commodes) shall h curtains for each wa shower shall have p This Rule is not me 1. Observations re	PHYSICAL PLANT 05 PHYSICAL nts for bathrooms and toilet and toilet rooms shall be privacy. Bathrooms and toilet nore water closets nave privacy partitions or ater closet. Each tub or privacy partitions or curtains;	C 132			

Division	of Health Service Re	equiation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (CONSTRUCTION		E SURVEY PLETED
		HAL034093	B. WING		06/02/20	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
DANBY	HOUSE		RKE MILL ROA N SALEM, NC			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECT	ION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)		COMPLETE DATE
C 132	Continued From pa	ge 1	C 132			
	Findings on June 2 a. AL Shower/Spa privacy curtain.	, 2017: - the toilet did not have a				
C 136	Bathrooms-Must Be	e Mechanically Ventilated	C 136			
	rooms are: (11) Toilets and bar mechanically ventila minute. The mecha does not apply to fa 1984, with natural v	05 PHYSICAL hts for bathrooms and toilet ths shall be well lighted and ated at two cubic feet per anical ventilation requirement acilities licensed before April 1, rentilation;				
		vealed that two of the e not working and could not				
		, 2017" exhaust fan was not working. - the exhaust fan was not				
C 143	Janitor's Closets-Lo	ocked	C 143			
	closets are: (B) There shall be storing cleaning age and other substanc	05 PHYSICAL ts for storage rooms and separate locked areas for ents, bleaches, pesticides, es which may be hazardous if r handled. Cleaning supplies				

Division of Health Service Regulation STATE FORM

DZUQ21

If continuation sheet 2 of 10

Division	of Health Service Re	egulation			FORM	APPROVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
			A. BUILDING:	01		
		HAL034093	B. WING		06/	02/2017
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DANBY I	HOUSE					
			N SALEM, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 143	Continued From pa	ge 2	C 143			
	keep the Janitor clo safety of the reside Findings on June 2	vealed that the facility did not osets locked. This affects the nts. , 2017: is survey, the janitor closet on				
C 153	Exit Door Locks-Sir	ngle Hand Motion	C 153			
	exits are: (3) All exit door loc					
	This Rule is not me 1. Observations re not operate by sing	vealed that one of the exits did				
	hardware that did n	, 2017: Room 128 had locking ot release using single hand was sticking and very difficult				
C 160	Outside Premises-0	Clean, Safe	C 160			
	SECTION .0300 - F 10A NCAC 13F .03 ENVIRONMENT (m) The requireme					
Division of H STATE FORI	ealth Service Regulation		6899 D	ZUQ21	If continua	tion sheet 3 of 1

C

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: C		COMPLETED	
		HAL034093	34093 B. WING 0		06/	02/2017
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
DANBY I	HOUSE		KE MILL RO			
			I SALEM, NC	PROVIDER'S PLAN OF C		(YE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
C 160	Continued From pa	ge 3	C 160			
		ounds of new and existing aintained in a clean and safe				
		et as evidenced by: vealed that the outside naintained in a safe condition.				
	exit that runs acros tripping hazard. b. Outside the AL v screens has fallen o ground. c. One of the wood	, 2017: age pipe outside the MCU hall s the path of egress creating a ving, one of the window out and is laying on the I benches outside the kitchen aged and not safe for seating.				
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture c	06 HOUSEKEEPING AND es shall: ings, and floors or floor n and in good repair;				
	This Rule is not me 1. Observations re maintained in good	vealed that the walls were not				
		, 2017: n - the wall finish above the tub led and beginning to flake.				

	of Health Service Re NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	E SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 0			PLETED
		HAL034093	B. WING		06/	02/2017
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
DANBY	HOUSE		RKE MILL ROA N SALEM, NC			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	WUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	COMPLET DATE
C 164	Continued From pa	ge 4	C 164			
	2. Observations re not maintained in g	vealed that the ceilings were ood repair.				
	was damaged. The	, 2017: e smoke doors on the MCU e finish had a 2' long crack and the smoke alarm.				
		Observations revealed that the floors were not naintained in good repair.				
	Findings on June 2 a. Room 119 - the door was missing.	, 2017: threshold at the bathroom				
	4. Observations re maintained free of u	vealed that the facility was not unpleasant odors.				
	strong unpleasant of	, 2017: - the soiled linen room had a odor. At the time of this no soiled linens in the room.				
C 166	Housekeeping-Mai	ntained Free of Hazards	C 166			
	orderly manner, fre hazards;	06 HOUSEKEEPING AND				
		et as evidenced by: vealed that the facility was not obstructions and hazards.				

STATEMEN	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	HAL034093		B. WING		06/02/2017	
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE	00/	02/2017
			RKE MILL RO			
DANBY	HOUSE	WINSTO	N SALEM, NC	27103		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y 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 THE APPROPRIATE	(X5) COMPLETI DATE
C 166	Continued From pa	age 5	C 166			
	This affects the saf visitors.	ety of the residents, staff and				
	on the handrails on outside the nurses' sitting on the floor u b. Oxygen Storage were found unsecu c. Room 120 - one in the bedroom. d. MCU - the carpe of the hall exit crea e. Room 219 - one	 Room - 12 oxygen tanks red. oxygen tank was unsecured et is pulled up at the threshold ting a tripping hazard. of the towel bars on the door was broken off leaving 				
C 185	Fire Safety-Rehear	sals on Each Shift	C 185			
	quarterly on each s requirement of the Enforcement Officia (c) Records of rehe and copies furnishe social services ann include the date an shift, staff members description of what	09 PLAN FOR rehearsals of the fire plan hift in accordance with the local Fire Prevention Code				
	1. Review of record	et as evidenced by: ds revealed that the facility ccurate fire rehearsal records.				

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (CONSTRUCTION		E SURVEY PLETED
		HAL034093	B. WING		06/02/20 [/]	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE		
DANBY H	IOUSE		RKE MILL ROA N SALEM, NC			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	TION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)		COMPLETE DATE
C 185	Continued From pa	ge 6	C 185			
		, 2017: ords did not provide a short the rehearsal involved.				
C 189	Building Equipment	t Maintained Safe, Operating	C 189			
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex which shall not app This Rule is not me	11 OTHER ad all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing tception of Paragraph (e) ly to existing facilities.				
	not maintained in a penetrations in fire would allow the pas	vealed that the building was safe condition by allowing protected assemblies. This ssage of fire and smoke and f the residents, staff and				
	3" conduits by the f caulk at the opening b. Corridor outside attic access hatche hanging out at the e does not allow the f c. Sprinkler Room was damaged. Lar the outer panel at th	m by front entry - one of two ire alarm did not have fire g. of visitors' baths - one of the s had insulation and wire edges of the opening which hatch to close tightly. - the fire rated access hatch ge holes had been made in				

Division	of Health Service Re	equlation			FURM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			E SURVEY PLETED
			A. BUILDING: (J1		
		HAL034093	B. WING		06/	02/2017
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
DANBY	HOUSE		RKE MILL RO			
			N SALEM, NC	PROVIDER'S PLAN OF	CORRECTION	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLETE DATE
C 189	Continued From pa	age 7	C 189			
	was damaged. Lar the outer panel at t	rge holes had been made in he knobs.				
		evealed that the life safety maintained in a safe and				
	residents' kitchen v b. The emergency doors on the right v working. c. The battery for t dead at the AL side d. The alarm for th	light (H8) outside the vas not working. light at the cross corridor ving of the AL unit was not he override switch alarm was				
	3. Observations re not maintained in o	vealed that the fire doors were perating condition.				
	by the nurses' station door difficult to ope	bar on the cross corridor doors on was sticking making the n. dor doors at the left wing of the				
	were not maintaine condition. Propping	evealed that the bedroom doors of in a safe and operating g doors open or doors that do allows for the passage of				
	propped open: Ro and Room 128. b. Room 126 - the	, 2017: oms were found with doors om 109, Room 116, Room 118 door was dragging on the				
ivision of H TATE FOR	ealth Service Regulation		⁶⁸⁹⁹ D2	ZUQ21	lf continua	tion sheet 8 of

	of Health Service Re					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION 1		E SURVEY PLETED
		HAL034093	B. WING		06/	02/2017
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, ST	TATE, ZIP CODE		
DANBY H	HOUSE		RKE MILL ROA N SALEM, NC			
(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 T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
C 189	Continued From pa	ige 8	C 189			
		icult to operate. corridor door did not latch. door is dragging on the frame.				
		5. Observations revealed that the doors were not maintained in operating condition.Findings on June 2, 2017:a. Room 102 - the door hardware on the bathroom door was loose.				
	a. Room 102 - the					
	6. Observations re fixtures were not m	vealed that the plumbing aintained safe.				
	the caulking was be	sink in the bath was loose and eginning to separate. all) - the toilet seat was broken				
		vealed that the mechanical s not maintained in operating				
		ust ducts in the attic at the 100 the exhaust is currently				
		vealed that the exterior of the aintained in good condition.				
	MCU was rotted an b. The exterior fast rotting and damage wing.	at the dining room exit in the d heavily damaged. cia trim at both corners was ed at the back side of the AL				
vision of H	MCU was rotted an b. The exterior fast rotting and damage wing. c. Two of the wood	d heavily damaged. cia trim at both corners was				

STATE FORM

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	OF CORRECTION	DENTITICATION NOMBER.	A. BUILDING: 0	1	CON	
		HAL034093	B. WING		06/	02/2017
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
DANBY H	HOUSE		IRKE MILL ROA N 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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 189	Continued From pa	ge 9	C 189			
	loose leaving a sma	exterior soffit was pulling all gap in the soffit at the AL U (near the 2nd window from				