STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084			(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
						R-C
		B. WING		07/	07/12/2017	
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST	TATE, ZIP CODE		
FORSYT	H VILLAGE		ISING DRIVE	27105		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES CH DEFICIENCY MUST BE PRECEDED BY FULL GULATORY OR LSC IDENTIFYING INFORMATION)		(EACH CORRECTIVE AC CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
{C 000}	Initial Comments		{C 000}			
	Report of Complaint Follow Up Construction Survey by Dennis Harrell on 7-12-2017.					
	Deficiencies were cited that will require a new Plan of Correction.					
{C 164}	Housekeeping and Furnishings-Clean, Repaired		{C 164}			
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chroni (3) have furniture of	06 HOUSEKEEPING AND				
	1. Based on Obse keep walls, ceilings furniture clean and Findings on 5-2-20 e. Bedroom 35 Ba commode to the flo	17 and 7-12-2007: athroom - the connection of the oor was loose, and water was nding on 7-12-2017:				
	platform, which is c some of the corner	r Bedroom 24 - the tub covered with FRP, is missing moldings that protect rp edges and prevents tub				
{C 189}	Building Equipment	t Maintained Safe, Operating	{C 189}			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		BERTH TO/THOM NOW BERT				
		HAL034084	B. WING			R-C 07/12/2017
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
ORSYT	H VILLAGE		NSING DRIVE N SALEM, NC	27105		
(X4) ID			ID PROVIDER'S PLAN OF		()	
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE
{C 189}	Continued From page 1		{C 189}			
	mechanical, and plu care home shall be operating condition. (k) This Rule shall facilities with the ex which shall not appl This Rule is not me 1. Based on obset was not maintained condition. This wou visitors by not provia activating the fire al Findings on May 2, a. Corridor near C alarm panel is still s signals. Finding on 7-12-20 A fire alarm profess stated he had perso listed above severa of the survey, sever the result of ongoing bedbugs. The heat continue to at least Protection was acce agreed to begin a fi	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e) ly to existing facilities. et as evidenced by: rvation, the Fire Alarm system in a safe and operating ld affect residents, staff and ding early detection and arm system. 2017: DId Nurse Station - the fire showing several trouble				

4BM123