FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING _ HAL034084 05/02/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5100 LANSING DRIVE FORSYTH VILLAGE** WINSTON SALEM, NC 27105 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 000} Initial Comments {C 000} Report of Biennial Follow Up Construction Survey by Dennis Harrell and Ed Miller on 5-2-2017. Many deficiencies were not corrected. Further action is required. {C 133} Bathrooms-Hand Grips {C 133} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: Finding on 1-4-2017 and 5-2-2017: Maint has installed new handrails Based on observation, there was no hand grip 6-30-17 provided at the tub in the community bathroom on C Hall. C 165 Housekeeping and Furnishings-Sanitation Grade C 165 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (4) have a North Carolina Division of Environmental Health approved sanitation classification at all times in facilities with 12 beds or less and North Carolina Division of

Division of Health Service Regulation

facilities.

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

(e) This Rule shall apply to new and existing

Environmental Health sanitation scores of 85 or above at all times in facilities with 13 beds or

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING _ HAL034084 05/02/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5100 LANSING DRIVE FORSYTH VILLAGE** WINSTON SALEM, NC 27105 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) C 165 Continued From page 1 C 165 This Rule is not met as evidenced by: Maint, have made repairs to improve the grade above 85 and have hire additional Based on a review of documents, the most recent Sanitation inspection is dated 2-27-2017. The housekeeping grade of 72 is far below the minimum on all shifts Aic will monitor all sanitation requirement.. grades to ensure they stay above 85 6-30-17 {C 166} {C 166} Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards: (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, new inspection tags had been placed on the fire extinguishers in Maint has updated all tags and are monitor March, 2017. However, the required monthly inspections were not being done. extinguishers monthly aic will monitor Finding on 5-2-2017: monthly A monthly inspection had not been done in April. to ensure compliance 3. Based on observation, a new inspection tag Maint has updated all tags and are monitor had been attached on the range hood fire suppression system by a vendor in March, 2017. However, the required monthly inspections were extinguishers monthly aic will monitor not being done. monthly Finding on 5-2-2017: to ensure compliance A monthly inspection had not been done in April. 5. Based on observation, the ice machine drain line extended into the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required

Division of Health Service Regulation

STATE FORM 6899 BUFK22 If continuation sheet 2 of 6

Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
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{C 166}	Continued From pa	ge 2	{C 166}				
	contaminated. Finding on 5-2-201	se the ice to become 7: ain was laying directly on the		Maint has move the drain off the required 2in	the floor		
{C 185}	Fire Safety-Rehear	sals on Each Shift	{C 185}				
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities.						
		7 and 5-2-2017: of documents, the only nsite included no description		Maint. will conduct quartly dri shift and document the date time a aic will monitor monthly			
{C 189}	Building Equipment	Maintained Safe, Operating	{C 189}				
	mechanical, and plu						

Division of Health Service Regulation

operating condition.

STATE FORM BUFK22 If continuation sheet 3 of 6

Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES (X1) PRO		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
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{C 189}	Continued From pa	_	{C 189}				
	facilities with the ex	apply to new and existing ception of Paragraph (e) y to existing facilities.					
	alarm system had be based on observation to being maintained condition. Fire alar properly endanger a Finding on 1-4-201 a. The corridor smestill failed to activate tested with smoke. Finding on 5-2-201 b. The fire alarm system of the statement of the smoke of the statement of the smoke of the statement of the	ew, the staff stated the fire been repaired. However, on, the fire alarm system was ad in a safe and operating m systems that do not work all residents and staff. 7 and 5-2-2017: oke detector near bedroom 30 to the fire alarm system when 7: //stem worked when tested but is "Disarmed" and also states		Carolina alarm company did a of all devices and are now mo system to ensure all the troubcare of promptly	onitoring the		
	fire rated walls and/ in several locations are not sealed with one-hour fire rated possibility that a fire quickly spread to of Findings on 1-4-20° c. Hole in the ceilin the maintenance ro d. New high efficien	g in the outside AC room near		Maint has fire caulked the hole-30-17	e		

Division of Health Service Regulation STATE FORM

later. The furnace flues are 3 inch PVC pipes

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
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{C 189}	Continued From pa	ge 4	{C 189}	Maint will install fire collars		
		ugh the one-hour fire protected ne flues were protected with a required.		6-30-17		
	will not close and/or fire and smoke. Co completely and late fire that begins in or to the corridor and frindings include the and 5-2-2017: a. The door to bed closed. b. The door to bed opening properly to smoke. Finding on 5-2-2017. The door to the corrections and the corrections are the corrections and the corrections and the corrections are the corrections.	vation, some corridor doors r latch to resist the passage of pridor doors that do not close h present the possibility that a ne space can quickly spread the remainder of the facility. The following doors on 1-4-2017 The following doors on 1-4-2017 The following doors on the facility of the facility. The following doors on 1-4-2017 The following doo		Maint. has adjusted the door closes Maint. has adjusted the door	6-3 to fit the	0-17
{C 199}	Exhaust Ventilation		{C 199}			
	provided with exhautwo cubic feet per narequirement does no before April 1, 1984 these specified spat (1) soiled linen stor (2) soil utility rooms (3) bathrooms and (4) housekeeping (5) laundry area.	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;				

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105 (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH COPPRIATE DAYE) (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (C 199) Continued From page 5 facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings on 1-4-2017 and 5-2-2017; a. The exhaust system was not working in the bathroom off bedroom 34. b. The exhaust system was not working in the corridor bathroom near room 14. Maint has installed a new exhaust fan motor 6-30-17	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
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Division of Health Service Regulation STATE FORM

BUFK22 If continuation sheet 6 of 6