

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034084</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/12/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FORSYTH VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 LANSING DRIVE WINSTON SALEM, NC 27105</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments  Report of Biennial Follow Up Construction Survey by Dennis Harrell on 7-12-2017.  Many deficiencies were still not corrected. Further action is required.	{C 000}		
{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: 3. Based on observation, a new inspection tag had been attached on the range hood fire suppression system by a vendor in March, 2017. However, the required monthly inspections were not being done. Findings on 5-2-2017 and 7-12-2017: Monthly inspections had not been done since 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 by Code, could cause the ice to become contaminated. Finding on 5-2-2017 and 7-12-2017: The ice machine drain was laying directly on the floor drain.	{C 166}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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{C 189}	Continued From page 1	{C 189}		
{C 189}	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on interview, the staff stated the fire alarm system had been repaired. However, based on observation, the fire alarm system was not being maintained in a safe and operating condition. Fire alarm systems that do not work properly endanger all residents and staff.</p> <p>Finding on 1-4-2017 and 5-2-2017:</p> <p>a. The corridor smoke detector near bedroom 30 still failed to activate the fire alarm system when tested with smoke.</p> <p>Finding on 7-12-2017:</p> <p>a. The corridor smoke detector near bedroom 30 activated when tested with smoke but failed to sound the fire alarm system .</p> <p>Finding on 5-2-2017:</p> <p>b. The fire alarm system worked when tested but the display states it is "Disarmed" and also states the following need to be checked;</p> <p>i. 32 SD 1</p> <p>ii. 53 SD 2</p> <p>iii. 62 DS 3</p> <p>iv. 76 SD 4</p> <p>v. 77 SD 5</p> <p>vi. 975 Dialer 2</p> <p>Finding on 7-12-2017:</p>	{C 189}		

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{C 189}	<p>Continued From page 2</p> <p>A fire alarm professional was onsite working. He stated he had personally cleared all the faults listed above several days ago. However, the day of the survey, several new faults were showing, the result of ongoing heat treatments for bedbugs. The heat treating is expected to continue to at least 7-17-2017. A Plan of Protection was accepted in which the facility agreed to begin a fire watch to continue until the fire alarm system is repaired and certified as working properly.</p> <p>3. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings on 1-4-2017 and 5-2-2017 and 7-12-2017:</p> <p>c. Hole in the ceiling in the outside AC room near the maintenance room.</p> <p>d. New high efficiency gas furnaces were installed in all 4 outside AC rooms in 2008 or later. The furnace flues are 3 inch PVC pipes that extend up through the one-hour fire protected ceilings. None of the flues were protected with a listed fire collar as required.</p> <p>4. Based on observation, some corridor doors will not close and/or latch to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include the following doors on 1-4-2017 and 5-2-2017 and 7-12-2017:</p> <p>a. The door to bedroom 33 would not latch when closed.</p>	{C 189}		
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{C 189}	Continued From page 3  b. The door to bedroom 14 does not fit the opening properly to be resistant to the passage of smoke.	{C 189}		