

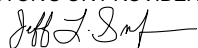
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/12/2017
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NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105
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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 Complaint Follow Up Construction Survey by Dennis Harrell on 7-12-2017. Deficiencies were cited that will require a new Plan of Correction.	{C 000}		
{C 164}	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasent odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on 5-2-2017 and 7-12-2007: e. Bedroom 35 Bathroom - the connection of the commode to the floor was loose, and water was leaking out. New finding on 7-12-2017: The tank top is now missing. Finding on 5-2-2017 and 7-12-2017: ab. Tub Room near Bedroom 24 - the tub platform, which is covered with FRP, is missing some of the corner moldings that protect occupant from sharp edges and prevents tub water from entering the platform.	{C 164}	RMD will refasten the commode to the floor and replace the tank lid 8-30-17 RMD will replace the molding and ensure there are no sharp edges 8-30-17	
{C 189}	Building Equipment Maintained Safe, Operating	{C 189}		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

8-11-17

(X6) DATE

Division of Health Service Regulation

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{C 189}	<p>Continued From page 1</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 observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect residents, staff and visitors by not providing early detection and activating the fire alarm system.</p> <p>Findings on May 2, 2017:</p> <p>a. Corridor near Old Nurse Station - the fire alarm panel is still showing several trouble signals.</p> <p>Finding on 7-12-2017: 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>	{C 189}	<p>RMD will call in Carolina alarm to address all the issues with the system and ensure it is returned to proper working order. facility will remain on firewatch until the local fire marshal comes for inspection and approves</p>	8-30-17