

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>09/12/2017</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 9-12-2017.  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: 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}		
{C 189}	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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.	{C 189}		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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{C 189}	<p>Continued From page 1</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 being maintained in a safe and operating condition. Fire alarm systems that do not work properly endanger all residents and staff. Finding on 7-12-2017 and 9-12-2017:</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 9-12-2017:</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. 023 Duct ii. 030 Duct, 2 Heat iii. 62 DS 3 iv. 074 Duct v. 112 Duct Alarm vi. 001 FCPS Supervision</p> <p>Because the fire alarm system was impaired, 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 and 9-12-2017:</p> <p>c. Hole in the ceiling in the outside AC room near</p>	{C 189}		

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{C 189}	Continued From page 2  the maintenance room. 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.  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 and 9-12-2017: b. The door to bedroom 14 does not fit the opening properly to be resistant to the passage of smoke.	{C 189}		