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 B. WING HAL034100 09/14/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1635 EAST 5TH STREET SOMERSET COURT AT UNIVERSITY PLACE WINSTON SALEM, NC 27101 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Construction Section Biennial Survey by Ed Miller conducted on September 14, 2017. Records indicate this facility was first licensed on 12-7-1999, for 60 residents. Based on this information we are requiring the facility to meet the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 North Carolina State Building Code; Section 409 Institutional Occupancy - Group I. Deficiencies were cited that require a Plan of Correction. C 111 C 111 Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, and interview with Executive Director, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on September 14, 2017: a. A current Annual Sprinkler System Inspection and Testing and Maintenance Report in accordance with NFPA 25, was not available for Surveyor's review.

Division of Health Service Regulation

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

TITLE (X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(3) DATE SURVEY COMPLETED	
HAI 034100		HAL034100	B. WING		09/14/2017		
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00/1		
SOMERSET COURT AT UNIVERSITY PLACE SOMERSET COURT AT UNIVERSITY PLACE 1635 EAST 5TH STREET WINSTON SALEM, NC 27101							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 164	Continued From page 1		C 164				
C 164	Housekeeping and Furnishings-Clean, Repaired		C 164				
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of (e) This Rule shall facilities. This Rule is not me 1. Based on Obset keep floors clean a Findings on Septenta. Bedroom 218 Earound the common b. Resident Laund vinyl floor tiles were	es shall: ings, and floors or floor n and in good repair; c unpleasant odors; clean and in good repair; apply to new and existing et as evidenced by: ervation, the facility failed to nd in good repair. ber 14, 2017: Bathroom - the vinyl floor tiles de are stained yellow. dry near Bedroom 208 - the e excessively dirty in front of ncy corrected before					
	 Based on Obsekeep plumbing devironments on Septenta. Bedroom 204 grip (grab bar).in that o side. Bedroom 105 Egrip (grab bar).in that to side. Bedroom 105 Egrip (grab bar).in that o side. Based on obsekeep plumbing devironments. 	ervation, the facility failed to ices clean and in good repair. her 14, 2017: Bathroom- the vertical hand e shower moves a ¼ inch side sathroom - the vertical hand e shower moves a ¼ inch side e shower moves a ¼ inch side					
	good repair. Findings on Septen a. Bulk Laundry -	s are not kept clean and in the result of the second seco					

Division of Health Service Regulation

STATE FORM 6899 V08B21 If continuation sheet 2 of 8

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL034100 09/14/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1635 EAST 5TH STREET SOMERSET COURT AT UNIVERSITY PLACE WINSTON SALEM, NC 27101 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 164 Continued From page 2 C 164 of dust/lint. b. Bulk Laundry - the required exhaust ventilation system did not work, and there was Hopper Room - the required exhaust ventilation system did not work, and there was odor. C 166 Housekeeping-Maintained Free of Hazards C 166 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, the Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder. and turning it into a dangerous projectile. Findings on September 14, 2017: Bedroom 230 - one portable medical oxygen cylinder is stored standing up not secured to the structure. Deficiency corrected before Construction Surveyors departed site. b. Executive Directors Office - three portable medical oxygen cylinders are stored standing under her desk not secured to the structure. Deficiency corrected before Construction Surveyors departed site. 100 Hall Storage - seven portable medical oxygen cylinders are stored standing up in a beverage crate not secured to the structure. Deficiency corrected before Construction

Division of Health Service Regulation

STATE FORM 6899 V08B21 If continuation sheet 3 of 8

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL034100 09/14/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1635 EAST 5TH STREET SOMERSET COURT AT UNIVERSITY PLACE WINSTON SALEM, NC 27101 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 166 Continued From page 3 C 166 Surveyors departed site. C 185 Fire Safety-Rehearsals 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. This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director/Administrator/Maintenance Director/Technician/Manager, fire drill rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on September 14, 2017: a. In the 2nd guarter of the last 12 months, no rehearsals are documented for the 1st and 3rd shifts. C 189 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

Division of Health Service Regulation

STATE FORM 6899 V08B21 If continuation sheet 4 of 8

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE			SURVEY	
		IDENTIFICATION NUMBER:	A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		HAL034100	B. WING		09/1	4/2017	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
COMED	SOMERSET COURT AT UNIVERSITY PLACE 1635 EAST 5TH STREET						
SUMERS	SEI COURT AT UNIVE	WINSTON	SALEM, NO	27101			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 189	Continued From pa	ige 4	C 189				
	operating condition (k) This Rule shall facilities with the ex	_					
	maintained in a saf because the door(s smoke barrier did n to restrict smoke. T staff, and visitors by the fire in the comp Findings on Septena. Smoke Barrier leaf, of the double-not latch when the doors. Deficiency c Surveyors departed b. Smoke Barrier cross-corridor double an astragal to provi	rvation, the Building was not be and operating condition, by protecting the opening in the not close completely and latch this could affect all residents, by not containing the smoke of partment of origin. The smoke of the smoke of partment of origin. The smoke of the back begress cross-corridor door, did fire alarm system released the orrected before Construction of site. The smoke tight seal between of the doors when the fire					
	emergency equipm safe and operating if they could not produring an emergen Findings on Septema. Exit near Bedro both chevron direct removed, indicating right to exit, but the b. Left Side Exit noth chevron direct	nber 14, 2017: bom 219 - the exit sign has cional indicators punch-outs g that you should turn left and way out is straight. lear Dining - the exit sign has cional indicators punch-outs g that you should turn left and					

Division of Health Service Regulation

STATE FORM 6899 V08B21 If continuation sheet 5 of 8

Division of Health Service Regulation

Division of Health Service Regulation						,
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	: 01	COMPLETED		
		HAL034100	B. WING		00/4	4/2017
		HAL034100			09/1	4/2017
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY,	STATE, ZIP CODE		
		1635 E	AST 5TH STRE	ET		
SOMERS	SET COURT AT UNIVE	ERSITY PLACE WINST	ON SALEM, NO	C 27101		
0/4) ID	CLIMMA DV CTA				ON.	0/5)
(X4) ID PREFIX		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	`	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
C 400	Cantinual Francis		C 400			
C 189	Continued From pa	ige 5	C 189			
	c. Smoke Barrier	on the Beauty Shop - the ex	t			
		evron directional indicator				
		ed, indicating that you should				
		the way out is straight.				
	tarrior to car, but	the way out is straight.				
	3. Based on obse	rvation, the Facility failed to				
		cal system in a safe and				
	operating condition					
	Findings on Septen					
		two extension cords with				
		were being used to power				
	multiple items. Extension cords cannot substitute					
	for permanent wiring.					
	b. Men Public Restroom - the ground-fault circuit-interrupter (GFCI) electrical power					
		eset after the test button was	>			
	pushed.	Dootroom the ground foult				
		Restroom - the ground-fault				
		GFCI) electrical power				
	receptacle did not have electrical power and					
	could not be tested for ground fault. d. Employee Lounge Restroom - the					
	ground-fault circuit-interrupter (GFCI) electrical					
	power receptacle did not have electrical power					
	and could not be tested for ground fault.					
e. Dining - a light fixture near the front door is						
	falling down from th	ne ceiling.				
	4 Decedes:	months of the Dellation of				
		rvation, the Building was not				
		e and operating condition,				
		ercial kitchen hood's fire				
		n lacked the inspections,				
		documentation required to				
		vorking system. This could				
		aff, and visitors if the				
		hood's suppression system				
	fails to operate prop	perly when needed.				
	Findings on Septen	nber 14, 2017:				
		e attached maintenance tag	,			

Division of Health Service Regulation

STATE FORM 6899 V08B21 If continuation sheet 6 of 8

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL034100 09/14/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1635 EAST 5TH STREET SOMERSET COURT AT UNIVERSITY PLACE WINSTON SALEM, NC 27101 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 189 Continued From page 6 C 189 the commercial kitchen hood's fire suppression system had its last semi-annual maintenance performed in January of 2017. 5. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room or compartment of origin. Findings on September 14, 2017: a. Storage/Maintenance Office - there was an open-ended sleeve with a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. C 199 Exhaust Ventilation C 199 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage: (2) soil utility room: (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide ventilation in areas where odors are generated or required. This could affect all residents, staff and visitors by subjecting them to

Division of Health Service Regulation

STATE FORM 6899 V08B21 If continuation sheet 7 of 8

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION : 01	(X3) DATE SURVEY COMPLETED		
HAL034100		B. WING		09/1	09/14/2017		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
SOMERSET COURT AT UNIVERSITY PLACE 1635 EAST 5TH STREET WINSTON SALEM, NC 27101							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREG (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
C 199	odors. Findings on Septer a. Storage Room		C 199				

6899

Division of Health Service Regulation STATE FORM