Division of Health Service Regulation  OTATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION		(X3) DATE S	(X3) DATE SURVEY COMPLETED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL034084		A. BUILDING: (	01	1	R-C		
		B. WING			09/12/2017		
	ROVIDER OR SUPPLIER		DRESS, CITY, S	TATE, ZIP CODE		1	
		5100 LAN	SING DRIVE	27405			
FORSYT	H VILLAGE		SALEM, NC	PROVIDER'S PLAN OF COR	RECTION	(X5) COMPLETE	
(X4) ID PREFIX TAG	· · · · · · · · · · · · · · · · · · ·	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	DATE	
(C 000) Initial Comments			{C 000}			1	
Report of Complaint Follow Up Construction Survey by Dennis Harrell on 9-12-2017.							
	Deficiencies were Plan of Correction	cited that will require a new I.	[ ] ! !	İ			
C 110	Construction-Mee	t Sanitary Requirements	C 110	•		1	
	10A NCAC 13F.0 CONSTRUCTION (e) The sanitation disposal and diet the rules of the North Carolina D which are incorpe subsequent ame the Sanitation of Homes, Sanitarie Educational and 18A.1300 are an Department of E Resources, Divis 2728 Capital Bo Copies may be Health Services Center, Raleigh cost.	n, water supply, sewage ary facilities shall comply with ivision of Environmental Health orated by reference, including andments. The "Rules Governin Hospitals, Nursing and Restums, Sanatoriums, and Other Institutions", 15A NCAC vailable for inspection at the invironment and Natural sion of Environmental Health, ulevard, Raleigh, North Carolina obtained from Environmental Section, 1632 Mail Service, North Carolina 27699-1632 at	ng }				
	The facility was "Rules Governing Care Facilities" (a) [which required their presence	t met as evidenced by: not in compliance with The ng the Sanitation of Residential Specifically 15A NCAC 18A .13 ires that) Effective measures sh ap vermin out of and to prever e on the premises.	all i	tacility has with Go fou Pest Control. U	Cantrae v7th Uno Conu	t 11 1 17 8	
Division	of Health/Service Regul	not have effective measures in		A ATITLE		(X6) DATE	
LABORA	TORY DIRECTOR SOR P	ROVIDER/SUMPLIER REPRESENTATIVE	SONATURE	V Jule		109011	

4BM124

STATE FORM

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES DENTIFICATION NUMBER: A. BUILDING: 01 AND PLAN OF CORRECTION R-C 09/12/2017 B. WING HAL034084 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 5100 LANSING DRIVE WINSTON SALEM, NC 27105 FORSYTH VILLAGE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG C 110 C 110 Continued From page 1 place to prevent and/or remove bed bugs in the facility. Findings on 9-12-2017: Review of documentation showed the Pest Control company had provided the facility with documentation, dated 8-17-2017, of an inspection identifying the following bed bug alerts. a. Bedroom 2, Alert on bed, Bedroom 12, Live bugs found, Bedroom 19, Alert on bed by door, d. Bedroom 34, Alert on bed. inspection of the bedrooms listed above revealed Facility Cleaned Rm 11/20/17 the following; Bedbug carcasses and feces were found on the walls in bedroom 12. Staff was not sure how old the evidence was of bed bugs because this room had not been cleaned or repainted as had the other rooms. (C 164), Housekeeping and Furnishings-Clean, Repaired {C 164} 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, have no chronic unpleasant 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: 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 and

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED DENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 R-C 09/12/2017 B. WING HAL034084 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 5100 LANSING DRIVE FORSYTH VILLAGE WINSTON SALEM, NC 27105 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) (C 164) {C 164} Continued From page 2 9-12-2017: Facility fixed commode 1021/17 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 and 9-12-2017: The tank top is now missing. Finding on 5-2-2017 and 7-12-2017 and 9-12-2017: 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 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 operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. Fireta alarm is This Rule is not met as evidenced by: 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: a. The corridor smoke detector near bedroom 30 activated when tested with smoke but failed to sound the fire alarm system . Finding on 9-12-2017:

4BM124

PRINTED: 10/03/2017 FORM APPROVED

Division of Health Service Regulation (X3) DATE SURVE											
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		A. BUILDING: 01		COMPLETED							
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		B. WING		R-C 09/12/2017							
HAL034084											
			DEED OF C	TATE ZIP CODE							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
FORSYTH VILLAGE 5100 LANSING DRIVE WINSTON SALEM, NC 27105											
- OKO			ID.	PROVIDER'S PLAN OF CORRECTION	ON	(X5) COMPLETE					
(X4) ID	EFIX (EACH DEFICIENCY MOST BE PRECEDED IN TOTAL OF A SCHOOL OF A S			(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		DATE					
TAG											
			{C 189}		1						
{C 189}			1			i					
	b. The fire alarm system worked when tested but			Ti la	·						
	the display states it is "Disarmed" and also states the following need to be checked;			thre alarm syst	em !	احاسانه					
		to be checked,		le marchia	1,,	141417 [					
i. 023 Duct ii. 030 Duct, 2 Heat			}	Fire alarm syst is working		111					
	iii. 62 DS 3		]	ر	!						
	iv. 074 Duct				'	·					
	v. 112 Duct Alarm vi. 001 FCPS Supervision				ļ						
	Because the fire a	larm system was impaired, a				` \					
Plan of Protection was accepted in which the						ļ <b>[</b>					
facility agreed to begin a fire watch to continue until the fire alarm system is repaired and certified			4	!		!					
as working properly.			1			!					
	as working proper	•				1					
<b>\</b>	1		ł	Į.		1					
			}	]							
ļ											
			j								
			ļ i			1					
			1								
1	1		ĺ			İ					
1	į		1								
1						I					
1			1			į.					
	ļ.					1					
		ĺ									
	1			]		†					
			)								
1	!		[								
			Ì	i							
	1					İ					
	i			1		1					
1						i					
1	•		. l								