IT OF DEFICIENCIES OF CORRECTION	egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		A. BUILDING. U	1		R	
	HAL034104	B. WING			12/29/2017	
PROVIDER OR SUPPLIER			ATE, ZIP CODE			
			27105			
(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
Initial Comments	itial Comments					
Building Equipment Maintained Safe, Operating		{C 189}				
REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	d all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e)					
3. Based on observ fire rated walls and in several locations are not sealed with one-hour fire rated possibility that a fire	vation the required one-hour for ceilings were compromised . Holes and penetrations that materials approved for use in construction present the that begins in one space can					
7-12-2017 and 9-12 c. Hole in the ceilin the maintenance ro New finding on 12-2 The ceiling had bee about 18 inches by with tin. Tin cannot	2-2017 and 11-21-2017: Ig in the outside AC room near om. 29-2017: In repaired, but an area of 18 inches had been covered provide the required one-hour					
	PROVIDER OR SUPPLIER ILITY CARE SUMMARY STA (EACH DEFICIENCY REGULATORY OR LA Initial Comments Report of Biennial F by Dennis Harrell of Some deficiencies of Further action is rea Building Equipment SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and pluc care home shall be operating condition (k) This Rule shall facilities with the ex- which shall not app This Rule is not me 3. Based on obser- fire rated walls and/ in several locations are not sealed with one-hour fire rated possibility that a fire quickly spread to of Findings on 1-4-207 7-12-2017 and 9-12 c. Hole in the ceiling the maintenance ro New finding on 12-2 The ceiling had bee about 18 inches by with tin. Tin cannot	HAL034104 STREET AD 5100 LAN WINSTON ILITY CARE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments Report of Biennial Follow Up Construction Survey by Dennis Harrell on 12-29-2017. Some deficiencies were still not corrected. Further action is required. 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. This Rule is not met as evidenced by: 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 and 11-21-2017: c. Hole in the ceiling in the outside AC room near the maintenance room. New finding on 12-29-2017: The ceiling had been repaired, but an area of about 18 inches by 18 inches had been covered <td>A BUILDING U HAL034104 BUTY CARE STREET ADDRESS, CITY, ST STREET ADDRESS, CITY, ST SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID ID ID REPORT of Biennial Follow Up Construction Survey by Dennis Harrell on 12-29-2017. Some deficiencies were still not corrected. Further action is required. Building Equipment Maintained Safe, Operating {C 189} 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 189) (k) This Rule is not met as evidenced by: 3. 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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

BUFK26

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034104		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
		IDENTIFICATION NUMBER:	A. BUILDING: 01 B. WING			COMPLETED R 12/29/2017	
		HAL034104					
IAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE			
RANQU	ILITY CARE		NSING DRIVE N SALEM, NC	27105			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	ON SHOULD BE COMPLET HE APPROPRIATE DATE		
{C 189}	Continued From pa	ge 1	{C 189}				
	7-12-2017 and 9-12 d. New high efficient installed in all 4 out later. The furnace that extend up throu- ceilings. None of the listed fire collar as more New finding on 12-2 Metal flue collars has inch PVC furnace flue						

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