

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL0344104	A. BUILDING: 01 (X2) MULTIPLE CONSTRUCTION B. WING	(X3) DATE SURVEY COMPLETED R 12/29/2017
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NAME OF PROVIDER OR SUPPLIER TRANQUILITY CARE STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX AND TAG) (X4) ID PREFIX TAG {C 000} Initial Comments {C 189} Building Equipment Maintained Safe, Operating
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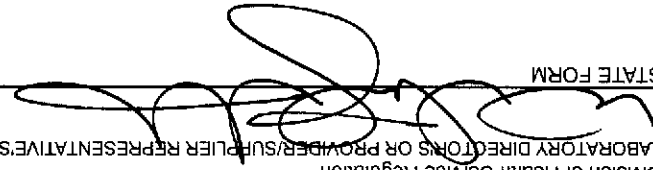
Report of Biennial Follow Up Construction Survey by Dennis Harrell on 12-29-2017.
Some deficiencies were still not corrected. Further action is required.

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 with tin. Tin cannot provide the required one-hour fire resistance. It could not be determined if the gypsum board was intact above the tin.

<p>All holes & penetrations 1/24/18 were fixed.</p> <p>Tin has been replaced 1/24/18 with Stratco.</p>	<p>(C 000) Initial Comments</p> <p>(C 189) Building Equipment Maintained Safe, Operating</p>
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(X6) DATE 1/24/18	TITLE Admin	LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034104	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 12/29/2017
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NAME OF PROVIDER OR SUPPLIER
TRANQUILITY CARE
5100 LANSING DRIVE
WINSTON SALEM, NC 27105
STREET ADDRESS, CITY, STATE, ZIP CODE

(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
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{C 189}	Continued From page 1 Findings on 1-4-2017 and 5-2-2017 and 7-12-2017 and 9-12-2017 and 11-21-2017: 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. New finding on 12-29-2017: Metal fire collars had been installed around the 3 inch PVC furnace flues. Fire collars do not provide the required one-hour fire resistance.	{C 189}	Fire collars were placed or fixed. 1/24/18	
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