

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 05/15/2018
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NAME OF PROVIDER OR SUPPLIER SALEM TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127
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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	<p>Initial Comments</p> <p>Report of a Construction Section Complaint Survey by Ed Miller, conducted on May 15, 2018 and May 17, 2018.</p> <p>The Complaint alleged that due to a ceiling leak, the kitchen was unsanitary for preparing and serving food.</p> <p>Records indicate this facility was first licensed on 7-15-1986, for 142 Resident Beds including 62 Special Care beds. Based on the above information, the facility is required to meet the 1984 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1978 North Carolina State Building Code (Rev 8) Section 409.1 (c) Institutional Occupancy.</p> <p>The complaint was substantiated.</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000		
C 110	<p>Construction-Meet Sanitary Requirements</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION</p> <p>(e) The sanitation, water supply, sewage disposal and dietary facilities shall comply with the rules of the North Carolina Division of Environmental Health, which are incorporated by reference, including all subsequent amendments. The "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions", 15A NCAC 18A .1300 are available for inspection at the</p>	C 110		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 110	<p>Continued From page 1</p> <p>Department of Environment and Natural Resources, Division of Environmental Health, 2728 Capital Boulevard, Raleigh, North Carolina. Copies may be obtained from Environmental Health Services Section, 1632 Mail Service Center, Raleigh, North Carolina 27699-1632 at no cost.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Based on observation, interview with Administrator, Maintenance Director, Kitchen Staff and Forsyth County Environmental Health Specialist the facility failed to provide sanitary conditions to prepare and serve food. <p>Findings on May 15, 2018:</p> <ol style="list-style-type: none"> a. Kitchen - Due to roof leaks, holes developed in the ceiling. One hole is located above a prep table and in close proximity with the steam table (within the splatter zone of dripping water). As this is the meal prep/assembly area, the countertops, tableware, trays and food are subject to dripping, splatting water and falling dust/insulation particles. b. A telephone interview with Forsyth County Environmental Health Specialist revealed that the hole and leak was observed on March 21, 2018 during a food service inspection. The leak was splatting onto the prep table. She indicated that the Health Department would suspend there permit until repaired, for this type of violation. c. The Maintenance Director and Kitchen Staff were interviewed to determine if the kitchen could be, rearranged so hot meals could continue to be served. The consensus was, the changes involved relocation of equipment with electrical power needs, and the roof repaired would possible be completed by the time the rearrangement could be completed. d. Direct observations reveled; the roof mounted 	C 110		

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C 110	<p>Continued From page 2</p> <p>HVAC unit serving the kitchen had a leaking condensation line.</p> <p>e. Direct observations reveled; the roof deck, supporting the HVAC unit, had deteriorated and was falling down. In addition, the wood trusses supporting the decking shows signs of deterioration.</p> <p>f. After interview with Administrator the facility instituted a Plan of Protection, to repairing the leak, ceiling and the Kitchen will implement the facility's Emergency Food Plan (serving a cold menu,base on their diet cards, and single use tableware).</p> <p>Findings on May 17, 2018:</p> <p>a. Direct observations reveled; several leaks in the sheet metal curb cover were sealed</p> <p>b. Direct observations reveled; the gypsum ceiling was repaired, with finishing to follow.</p> <p>c. A telephone interview with Forsyth County Environmental Health Specialist indicated the kitchen is ready to serve their normal menu.</p>	C 110		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</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 observations, the Building fire</p>	C 189		

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C 189	Continued From page 3 safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room of origin. Findings on May 15, 2018: a. Kitchen - there are two holds not firestopped as they penetrate the fire-resistance-rated ceiling assembly. Findings on May 17, 2018: a. Kitchen - Based on direct observation and photograph sent by Maintenance Director, the two holds have been rough patched.	C 189		