

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 R-C 07/18/2018
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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}	Initial Comments Report of a Complaint Follow Up Construction Survey by Ed Miller, conducted on July 18, 2018. Deficiencies were cited that will require a new Plan of Correction.	{C 000}		
{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. This Rule is not met as evidenced by: 1. Based on observations and review of Documentation , 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 of origin. Findings on July 18, 2018: a. Kitchen - the two holes were sealed with a material not approved, or listed as a firestopped system. This orange foam is not approved for penetrations through fire-resistance-rated construction.	{C 189}		

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