		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: <b>0</b>	1	COMPLETED
		HAL034098	B. WING		08/23/2018
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE	
SALEM T	ERRACE		D SALISBURY N SALEM, NC		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE COMPLE THE APPROPRIATE DATE
C 000	Initial Comments		C 000		
		uction Section Biennial Survey nna Fay and Ed Miller on			
	July 15, 1986. The 142 Resident Beds Care Unit. Based of facility is required to Desired Standards for the Aged and In of the 2005 Rules for or More Beds; and	is facility was first licensed on facility is currently licensed for including a 62 bed Special in the above information, the o meet the 1984 Minimum and and Regulations for Homes firmed; the applicable portions or Adult Care Homes of Seven the 1978 North Carolina State 8) Section 409.1 (c) ancy.			
	Deficiencies were c Correction.	ited that require a Plan of			
C 101	SECTION .0300 - F 10A NCAC 13F .03 PHYSICAL PLANT The physical plant r care home shall be (2) Except where c licensed facilities on facilities shall meet requirements in effect change in service of renovation, or alterat the requirements for no addition or renovation than those requirements Regulations" for "He	01 APPLICATION OF REQUIREMENTS requirements for each adult applied as follows: otherwise specified, existing portions of existing licensed licensure and code ect at the time of construction, or bed count, addition, ation; however in no case shall or any licensed facility where vation has been made, be less nents found in the 1971 ired Standards and omes for the Aged and Infirm", available at the Division of			

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>0</b>	CONSTRUCTION		E SURVEY PLETED
		HAL034098	B. WING		08/	23/2018
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		20/2010
SALEM .	TERRACE		SALISBURY			
	I		N SALEM, NC			0.75
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 101	Continued From pa	ge 1	C 101			
	not meet the NCSB construction or rend Findings on August a. Review of DHSF this facility's license Care Unit [SCU] be SCU residents shar appears adequate t is only one exit from This is not in compl Building Code requi maximum occupant	vealed that the facility does C requirements at the time of ovation. 23, 2018: R licensing records indicate began to reflect 62 Special ds on 09/25/2006. All of the re one dining room that o seat all 62 residents. There in the SCU dining room. iance with the 2006 NC State irement that specifies the t load for an area with only one				
C 160	exit cannot exceed Outside Premises-0	·	C 160			
	(1) The outside gro					
		et as evidenced by: vealed that the outside maintained in a clean and safe				
	the exterior soffit is	23, 2018: outside 100 Hall - a section of falling out beside the fire wall. outside 100 Hall - there are				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		E SURVEY PLETED
		HAL034098	B. WING		08/	23/2018
IAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE	1	
	TERRACE		D SALISBURY			
		WINSTO	N SALEM, NC	27127		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
C 160	Continued From pa	ge 2	C 160			
	<ul> <li>c. 100 Wing courty the parking area ha creating tripping has uneven.</li> <li>d. 100 Wing courty some plywood shee not been removed t</li> <li>e. Outside of Laund leaking and the wal mildewed.</li> <li>f. Outside of Laund the exterior fixture i g. The 200 Hall bas building open at all</li> </ul>	dry - the window AC unit is I below is stained and Iry - the protective globe for s missing. ck exit did not latch leaving the				
C 164		Furnishings-Clean, Repaired	C 164			
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture c	06 HOUSEKEEPING AND es shall: ings, and floors or floor n and in good repair;				
	This Rule is not me 1. Observations re kept clean and in ge	vealed that the walls are not				
	Sections of the wall	23, 2018: walls are in a state of repair. base are missing. The has not been painted and the				

SIALEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DAT	E SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: C			PLETED
		HAL034098	B. WING		08/	23/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
SALEM	TERRACE		D SALISBURY			
			N SALEM, NC			1
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 164	Continued From pa	ge 3	C 164			
	loose. b. Room 115 - the of deep gouges along c. Room 115 Bath - damaged along the off. The walls behin stained. d. Room 107 - the secure along the bo door. e. 100 Hall - the wa the expansion joint f. Nurses' Station - are heavily scuffed. g. Dining - the corn off. h. SCU Family Roo wall behind the doo i. SCU Handicap B of the tub is damag j. SCU Dining - the running down the w k. SCU Dining - the exterior wall by the section of the finish the base to the right l. SCU Dining - the the right side of the cover plate for the e windows is broken. m. Riser Room - the wall to the left of the	- the wall behind the toilet is bottom and the base is falling ad the toilet are heavily sheetrock and base is not ottom of the wall behind the allpaper is torn and peeling at near the Nurses' Station. the walls behind the station her trim on the column is falling om - there is a large hole in the r. athroom - the wall to the right ed along the base of the wall. re are brown drip stains all at the electrical panel. ere is a 1" diameter hole in the windows and a large triangula has been pulled off the wall a t of the windows. window trim is missing along second window bay. The electrical outlet below these here is a large hole cut into the	rt			
	banged up.	e pod entrance toward 502 is m 505 - the trim piece on the sing.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 (X3) DATE SURVEY COMPLETED   HAL034098 B. WING 08/23/2018   NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SALEM TERRACE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	Division	of Health Service Re	egulation			FORM	APPROVED
NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS. CITY. STATE. ZP CODE       SALEM TERRACE     STREET ADDRESS. CITY. STATE. ZP CODE       (MAIL TERRACE     Description       (MAIL TERRACE     2609 OLD SALESURY ROAD WINSTON SALEM. NC 27127	STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	. ,			
NMLE OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       SALEM TERRACE     2699 OLD SALISURY ROAD WINSTON SALEM, NC 27127       IMAGE OF PROVIDER'S PLAN OF CORRECTIVE ACTION MOULD BE REACH DEPROPENTY MUST IN EPRICIDED BY FULL TAG     IPPOVIDER'S PLAN OF CORRECTIVE ACTION MOULD BE REACH DEPROPENTY MUST IN EPRICIDED BY FULL REACH DEPROPENTY MUST IN EPRICIDED BY FULL TAG     IPPOVIDER'S PLAN OF CORRECTIVE ACTION MOULD BE REACH DEPROPENTY MUST IN EPRICIDED BY FULL TAG     IPPOVIDER'S PLAN OF CORRECTIVE ACTION MOULD BE REACH DEPROPENTY MUST IN EPRICIDED BY FULL TAG     IPPOVIDER'S PLAN OF CORRECTIVE ACTION MOULD BE REACH DEPROPENTY MUST IN EPRICIDED BY FULL TAG     IPPOVIDER'S PLAN OF CORRECTIVE ACTION MOULD BE REACH DEPROPENTY TAG     IPPOVIDER'S PLAN OF CORRECTIVE ACTION MOULD BE REACH DEPROPENTY TAG     IPPOVIDER'S PLAN OF CORRECTION (COMPLIE'S DEPUTIENT ACTION MOUND BE REACH DEPROPENTY AUST IN EPRICED DEPOVIDER'S PLAN OF CORRECTION (COMPLIE'S DEPUTIENT ACTION MOUND AT TAG     IPPOVIDER'S PLAN OF CORRECTION (COMPLIE'S DEPUTIENT ACTION ACTION THE ACTION (COMPLIE'S DEPUTIENT ACTION ACTION ACTION (COMPLIE'S DEPUTIENT ACTION ACTION ACTION (COMPLIE'S DEPUTIENT ACTION ACTION ACTION (COMPLIE'S DEPUTIENT ACTION (COMPLIE'S DEPUTIENT ACTION ACTION (COMPLIE'S DEPUTIENT ACT						00/0	0/0040
SALEM TERACE         2899 OLD SALESURY PODD UNISTON SALEM, NC 2112"           (X)10 PRETIN TAG         SUMMARY STATEMENT OF DEFICIENCE (EACH DEFICIENCY MUST BE PRECEDED BY PLU), TAG         D (PACH CORRECTLY AND SALED ATTIFING INFORMATION)         PERTIN PRETIN TAG         PROVIDER'S PLAN OF CORRECTLY (EACH DEFICIENCY)         CORRECTLY (DEC)         CORREC						08/2	3/2018
SALEM TERNACE         WINSTON SALEM, NC 27127           (xi) 0 PREFIX TAG         SUMARY STATEMENT OF DEFICIENCIES (EXCH DEFICIENCY MUST BE PRECIEED BIT FILM) REGULTION OF CORRECTION REGULTION OF CONSECTION REGULTION OF CONSECTION REGULTION OF CONSECTION REGULTION OF CONSECTION REGULTION OF CONSECTION DEFICIENCY)         0 CONSECTION CONSECTION REGULTION OF CONSECTION DEFICIENCY)         0 CONSECTION CONSECTION REGULTION OF CONSECTION DEFICIENCY)         0 CONSECTION CONSECTION REGULTION DEFICIENCY)         0 CONSECTION CONSECTION DEFICIENCY)         0 CONSECTION CONSECTION CONSECTION CONSECTION DEFICIENCY)         0 CONSECTION CONSECTION CONSECTION CONSECTION DEFICIENCY)         0 CONSECTION CONSECTION CONSECTION DEFICIENCY)         0 CONSECTION CONSEC							
if active       (EACH DEPRICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       comments DEFICIENCY)         C 164       Continued From page 4       C 164       C 164         Deside the exit across from oxygen storage.       C 164       C 164         2. Observations revealed that the furnishings are not kept in good repair.       C 164         Findings on August 23, 2018: a. Room 109 Bath - the toilet paper dispenser is broken.       C Room 200 - the door drags on the floor making it difficult to open and close.         6. Room 207 Dath - both towel bars were broken.       C Room 207 Bath - both towel bars and the toilet paper dispenser are broken.         7. Room 303 Bath - both towel bars and the toilet paper dispenser are broken.       N. Room 303 Bath - both towel bars and the toilet paper dispenser are broken.         8. Room 400 - the door drags and is difficult to close.       J. Scott Family Room - the door drags and is difficult to close.         9. SCU Handicap Bathroom - the toilet paper dispenser is broken.       N. Room 400 - the drawer face on the wardrobe unit is broken.         10. Room 400 - the drawer face on the wardrobe unit is broken.       S. Observations revealed that the floors are not maintained clean and in good repair.         7. Findings on August 23, 2018; a. Room 115 - the threshold is missing and the vinyf floor tile has large yellow stains throughout the room. The floors appear ditry.         8. R	SALEM	TERRACE					
<ul> <li>beside the exit across from oxygen storage.</li> <li>2. Observations revealed that the furnishings are not kept in good repair.</li> <li>Findings on August 23, 2018: <ul> <li>a. Room 115 Bath - one of the towel bars is broken.</li> <li>b. Room 109 Bath - the toilet paper dispenser is broken.</li> <li>c. Room 200 - the door drags on the floor making it difficult to open and close.</li> <li>d. Room 207 Bath - both towel bars were broken.</li> <li>e. Room 207 Bath - but howel bars were broken.</li> <li>e. Room 207 Bath - but howel bars were broken.</li> <li>e. Room 205 - the veneer on the side of the door is loose and drags on the frame.</li> <li>g. Room 303 Bath - both towel bars and the toilet paper dispenser are broken.</li> <li>h. Room 307 - the door drags and is difficult to open and close.</li> <li>i. SCU Family Room - the toilet paper dispenser is broken.</li> <li>k. Room 404 - the drawer face on the wardrobe unit is broken and talling off. One of the door knobs on the wardrobe unit has broken off.</li> <li>k. Room 404 - the drawer face on the wardrobe unit is broken and falling off. One of the door knobs on the wardrobe unit has broken off.</li> <li>k. Room 400 - the arrochair has a broken seat.</li> <li>m. H. C Bath no 500 Hall - the towel bar at the shower was broken.</li> </ul> </li> <li>3. Observations revealed that the floors are not maintained clean and in good repair.</li> <li>Findings on August 23, 2018: <ul> <li>a. Room 115 bath - the floor has brown stains</li> </ul> </li> </ul>	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
<ol> <li>Observations revealed that the furnishings are not kept in good repair.</li> <li>Findings on August 23, 2018:         <ol> <li>Room 115 Bath - one of the towel bars is broken.</li> <li>Room 109 Bath - the toilet paper dispenser is broken.</li> <li>Room 200 - the door drags on the floor making it difficult to open and close.</li> <li>Room 200 - the door drags on the floor making it difficult to open and close.</li> <li>Room 207 Bath - both towel bars were broken.</li> <li>Room 207 Bath - the light over the sink is loose.</li> <li>Room 205 - the veneer on the side of the door is loose and drags on the frame.</li> <li>Room 303 Bath - both towel bars and the toilet paper dispenser are broken.</li> <li>Room 307 - the door is difficult to open and close.</li> <li>SCU Family Room - the door drags and is difficult to close.</li> <li>SCU Family Room - the toilet paper dispenser is broken.</li> <li>Room 404 - the drawer face on the wardrobe unit is broken and falling off. One of the door knobs on the wardrobe unit has a broken seat.</li> <li>HC Bath on 500 Hall - the towel bar at the shower was broken.</li> </ol> </li> <li>S. Observations revealed that the floors are not maintained clean and in good repair.</li> <li>Findings on August 23, 2018:         <ol> <li>Room 115 - the threshold is missing and the vinyt floor tile has large yellow stains throughout the room. The floors appear dity.</li> <li>Room 115 - the floor has brown stains</li> </ol> </li> </ol>	C 164	Continued From pa	ige 4	C 164			
not kept in good repair.         Findings on August 23, 2018:         a. Room 115 Bath - one of the towel bars is broken.         b. Room 109 Bath - the toilet paper dispenser is broken.         c. Room 200 - the door drags on the floor making it difficult to open and close.         d. Room 207 Bath - both towel bars were broken.         e. Room 207 Bath - both towel bars were broken.         e. Room 207 Bath - both towel bars and the door is loose and drags on the frame.         g. Room 303 Bath - both towel bars and the toilet paper dispenser are broken.         h. Room 307 - the door is difficult to open and close.         i. SCU Family Room - the door drags and is difficult to close.         j. SCU Hamily Room - the door drags and is difficult to close.         j. SCU Hamily Room - the door drags and is difficult to close.         j. SCU Hamily Room - the door drags and is difficult to close.         j. SCU Hamily Room - the toilet paper dispenser is broken.         k. Room 404 - the drawer face on the wardrobe unit is broken and falling off. One of the door knobs on the wardrobe unit has broken seat.         m. HC Bath on 500 Hall - the towel bar at the shower was broken.         3. Observations revealed that the floors are not maintained clean and in good repair.         Findings on August 23, 2018:         a. Room 115 - the threshold is missing and the viny floor tile has large yellow stains throughout the room. The floors appear dity.         b. Room 115 Bath - t		beside the exit acro	oss from oxygen storage.				
<ul> <li>a. Room 115 Bath - one of the towel bars is broken.</li> <li>b. Room 109 Bath - the toilet paper dispenser is broken.</li> <li>c. Room 200 - the door drags on the floor making it difficult to open and close.</li> <li>d. Room 207 Bath - both towel bars were broken.</li> <li>e. Room 207 Bath - the light over the sink is loose.</li> <li>f. Room 205 - the veneer on the side of the door is loose and drags on the frame.</li> <li>g. Room 303 Bath - both towel bars and the toilet paper dispenser are broken.</li> <li>h. Room 307 - the door is difficult to open and close.</li> <li>i. SCU Family Room - the door drags and is difficult to close.</li> <li>j. SCU Handicap Bathroom - the toilet paper dispenser is broken.</li> <li>k. Room 404 - the drawer face on the wardrobe unit is broken and falling off. One of the door knobs on the wardrobe unit has broken off.</li> <li>l. Room 400 - the armchair has a broken seat.</li> <li>m. HC Bath on 500 Hall - the towel bar at the shower was broken.</li> <li>3. Observations revealed that the floors are not maintained clean and in good repair.</li> <li>Findings on August 23, 2018:</li> <li>a. Room 115 - the threshold is missing and the viny floor tile has large yellow stains throughout the room. The floors appear dity.</li> <li>b. Room 115 Bath - the floor has brown stains</li> </ul>							
Findings on August 23, 2018: a. Room 115 - the threshold is missing and the vinyl floor tile has large yellow stains throughout the room. The floors appear dirty. b. Room 115 Bath - the floor has brown stains		<ul> <li>a. Room 115 Bath broken.</li> <li>b. Room 109 Bath broken.</li> <li>c. Room 200 - the making it difficult to d. Room 207 Bath</li> <li>e. Room 207 Bath loose.</li> <li>f. Room 205 - the is loose and drags g. Room 303 Bath paper dispenser are h. Room 307 - the close.</li> <li>i. SCU Family Roo difficult to close.</li> <li>j. SCU Handicap B dispenser is broker k. Room 404 - the unit is broken and f knobs on the wardr I. Room 400 - the a m. HC Bath on 500 shower was broken</li> </ul>	<ul> <li>one of the towel bars is</li> <li>the toilet paper dispenser is</li> <li>door drags on the floor</li> <li>open and close.</li> <li>both towel bars were broken.</li> <li>the light over the sink is</li> <li>veneer on the side of the door</li> <li>on the frame.</li> <li>both towel bars and the toilet</li> <li>broken.</li> <li>door is difficult to open and</li> <li>m - the door drags and is</li> <li>athroom - the toilet paper</li> <li>drawer face on the wardrobe</li> <li>alling off. One of the door</li> <li>obe unit has broken off.</li> <li>armchair has a broken seat.</li> <li>D Hall - the towel bar at the</li> <li>vealed that the floors are not</li> </ul>				
		Findings on August a. Room 115 - the vinyl floor tile has la the room. The floo	23, 2018: threshold is missing and the arge yellow stains throughout rs appear dirty.				
	Division of H			ļ			

STATE FORM

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Division	of Health Service Re	egulation				APPROVED
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>(</b>	CONSTRUCTION		E SURVEY PLETED
		HAL034098	B. WING		08/	23/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
SALEM	TERRACE		D SALISBURY N SALEM, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
C 164	Continued From pa	ge 5	C 164			
	around the toilet, be perimeter of the roo c. Room 109 - the floor and the floor h the middle of the flo d. 100 Hall - the ca Room 106. e. Room 104 - ther floor in front of the o f. Room 104 - ther floor by the window overflowing and spi g. Room 103 - two the corridor wall. T marks. h. Nurses' Station - worn through under i. Room 205 Bath - stained. j. Room 303 Bath - was observed on th k. Room 405 - ther insects on the floor I. 500 Pod HC Bath m. The carpet in th n. The carpet is fra the 500 and 100 Ha 4. Observations re kept free of unpleas Findings on August a. Room 115 Bath in the room. b. Room 104 - has room.	ehind the toilet and around the om. bed posts are marking up the as long black scuff marks in oor. rpet has dark stains outside of re is a 12" long tear in the vinyl chests of drawers. e is a large wet stain on the bed. The trash can is lling out on the floor. of the floor tiles are broken at he floors have a lot of scuff - the floor finish is completely the chairs. the floor around the toilet is e at the time of survey, feces the floor and on the toilet. e were numerous dead of the toilet. n - the floor is heavily stained. e 500 Hall is very stained. n is unraveling at the entrance and Room 502. ying at the fire doors between alls. vealed that the facility is not sant odors. 23, 2018: - there is an unpleasant odor an unpleasant odor in the th the women's and the men's				

STATE FORM

C

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		HAL034098	B. WING		08/	23/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
SALEM 1	TERRACE		D SALISBURY N SALEM, NC	-		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
C 164	Continued From pa	ige 6	C 164			
	d. The HC bath ne unpleasant odor.	ar Room 500 has a strong,				
	5. Observations re kept clean and in g	vealed that the ceilings are not od repair.	t			
	in sections but the b. Room 207 - the c. Room 303 - the ceiling line. d. SCU Dining - the water stains on the The popcorn finish stains. e. HC Bath in 500 pulling away from the leaving a gap at the shower is spalling. f. Rooms 511 and	corn finish has been removed ceiling is not painted.				
	windows were not r Findings on August a. Room 312 - one	vealed that the bedroom maintained in good repair. 23, 2018: of the windows was broken yood had been installed				
C 166	Housekeeping-Mai	ntained Free of Hazards	C 166			
	FURNISHINGS (a) Adult care home (5) be maintained	06 HOUSEKEEPING AND				

STATE FORM

If continuation sheet 7 of 17

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			E SURVEY PLETED
			A. BUILDING:	01		
		HAL034098	B. WING		08/	23/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
SALEM 1	FERRACE		D SALISBURY N SALEM, NC			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETE DATE
C 166	Continued From pa	ige 7	C 166			
	hazards; (e) This Rule shall facilities.	apply to new and existing				
	This Rule is not me 1. Observations re maintained free of h	vealed that the facility was not				
	unsecured across t b. 300 Hall Bath - t bottom. The rust ha The sharp rusty edg residents.	23, 2018: e oxygen bottle was laying he bars of a walker. the door is rusting at the as eaten a hole in the frame. ges could inflict injury to the re was one unsecured oxygen				
C 185	Fire Safety-Rehear	sals on Each Shift	C 185			
	quarterly on each s requirement of the Enforcement Officia (c) Records of rehe and copies furnishe social services ann include the date and shift, staff members description of what	09 PLAN FOR rehearsals of the fire plan hift in accordance with the local Fire Prevention Code				
		et as evidenced by: ds revealed that the facility is rehearsal logs according to				

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: (	J1		
		HAL034098	B. WING		08/	23/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S <sup>-</sup>	TATE, ZIP CODE		
SALEM 1	ERRACE		SALISBURY			
(X4) ID	SUMMARY STA		I SALEM, NC	PROVIDER'S PLAN OF COF	RECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETE DATE
C 185	Continued From pa	ige 8	C 185			
	the licensure rules.					
	Findings on August a. The records did of what the rehears	not provide a short description				
C 189	Building Equipment	t Maintained Safe, Operating	C 189			
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER ad all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	failure to maintain t alarm system devic operating condition facility could be effe alert the occupants Findings on August a. The fire alarm p trouble was shown	vation and testing there is the facility's emergency fire ces and equipment in a safe . All the occupants of the ected if the equipment failed to in case of a fire.				
Nivision of H	was having trouble b. Fire doors betwee wall magnet on the Hall is not secure to	een 100 and 500 Halls - the door swinging into the 500 o the wall. t on the cross corridor doors				

STATEMENT OF DEFICIENCI AND PLAN OF CORRECTION	ES (X1) PROVIDER/SUPPLIER/CLI		CONSTRUCTION	(X3) DATE	E SURVEY
					PLETED
	HAL034098	B. WING		08/	23/2018
NAME OF PROVIDER OR SU	PPLIER STR	EET ADDRESS, CITY, ST	TATE, ZIP CODE		
SALEM TERRACE		9 OLD SALISBURY ISTON SALEM, NC			
(X4) ID SUMM	ARY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX (EACH DEF	ICIENCY MUST BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION;	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	HE APPROPRIATE	COMPLET DATE
C 189 Continued Fr	om page 9	C 189			
maintain the safe conditio through fire r	observation there is a failure to building's fire safety systems in n. Holes or gaps at penetrations esistant rated ceilings could allo ke to spread beyond the area of	a ; w			
a. 100 Hall A in the ceiling b. 100 Hall - plates outside c. 100 Hall - stop button w d. Nurses' S desk. The ce moisture dro area. The ce There is a 3/4 Evidence of p The patching e. Hopper R sprinkler hea f. Mechanica 4"x4" hole at coming loose equipment. g. General - exit signs wit The base pla leaving a sma h. Laundry F	August 23, 2018: Activity Room - there is a small h above the TV. there are holes around the cover e of Rooms 112 and 115. there is a hole at the emergence vire where it penetrates the ceilin tation - there is a leak in front of eiling is falling in and there are olets at the center of the damag eiling around the leak is stained. 4" hole to the right of the leak. boatching is around the leaking a has not been completed. boom - there is a small hole at the d escutcheon plate. Al Room off of Laundry - there is one of the hangers and the cau e at the cables over the data the facility has replaced most o h new exit signs/emergency light te is smaller on the new fixtures all gap at the ceiling. Room - the light fixtures have be the penetrations for the old fixt	er y ng. f the ed rea. e a ik is f the nts. s en			

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			E SURVEY PLETED
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING	: 01	COM	FLLILD
		HAL034098	B. WING		08/	23/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
SALEM .	TERRACE		SALISBUR			
			N SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
C 189	Continued From pa	age 10	C 189			
	the edge of the exh I. Room 406 - one escutcheon plates ceiling. m. Riser Room - th at the sprinkler hea not have a flange w n. Front Canopy - f missing escutcheor o. 500 Pod HC Bai above the door to th p. Room 502 - the loose at the first sp q. 100 Hall - there detector outside of 3. Observations re equipment is not m operating condition Findings on August a. Room 103 Bath and does not flush. stains around the b b. 100 Hall Showe loose. c. SCU Men's Bath missing for the sink 4. Based on obser maintain electrical of equipment in safe of exits were not illum Findings on August	of the sprinkler head was loose leaving a gap in the me escutcheon plate is missing d and the sprinkler pipe does where it penetrates the ceiling. two of the sprinkler heads are n plates. th - there is a hole at the plate he bathroom. escutcheon plate is coming rinkler head. is a small gap at the smoke the Activity Room. • • • vealed that the plumbing aintained in a safe and • • • 23, 2018: - the toilet is missing a flapper The toilet has dark brown owl from lack of use. r Room - the toilet seat is n in Dining - the knob is a faucet. • vation the facility did not emergency/safety lighting operating condition. This could the facility if egress paths and inated during a power outage.				
Division of H	ealth Service Regulation		1			
STATE FOR	-		6899	1PY321	If continuat	on sheet 11 of 1

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		E SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: C			PLETED
		HAL034098	B. WING		08/	23/2018
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
SALEM 1	TERRACE		D SALISBURY N SALEM, NC			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
C 189	Continued From pa	ge 11	C 189			
	maintain the buildin a safe operating co device used to kee impediment to quic	vation there is a failure to ogs's fire safety components in ndition. Any unapproved o a door open is an kly closing the door so as to smoke and/or fire to the area				
	preventing the door b. The door betwee was propped open c. The door into the propped open. d. Dining - the dinin using wedges. e. Room 409 - the using furniture. f. Room 405 - the o	om - there is a cabinet				
	maintain the facility safe condition. In or smoke resident roo	vation there is a failure to 's fire safety equipment in a rder to resist the passage of m doors must not have holes e door and the door frame.				
	the door hardware door and frame. b. 200 Hall Activity door hardware.	ed Utility is damaged below leaving a gap between the Room - there is a hole at the				
	create a Dutch doo the panels.	s - the door has been cut to r. There is a 1/2" gap betweer or to the 500 Hall courtyard has				

Division of Health Service Regulation           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: <b>01</b>		COMPLETED		
		HAL034098	B. WING		08/	23/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
SALEM <sup>-</sup>	TERRACE		D SALISBURY N SALEM, NC				
0(0)15		TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	()(5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 189	Continued From pa	ge 12	C 189				
	dropped and there top right corner of t	is a substantial gap along the he door.					
	7. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be effected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection.						
	last inspected in Au suppression systen six months. b. Kitchen - the ho	od suppression system was					
		vealed that the electrical aintained in a safe and					
	of the wall and the ob. Room 207 - the outlet built into the fiplugged to prevent c. Room 314 - the electrical outlet by t d. SCU Courtyard smoke doors does e. SCU handwash the sink is not a GF f. Room 406 Bath stested.	ectrical panel box is pulling out door does not latch. light fixture has a non-GFCI fixture. The outlet was not using the outlet. cover plate is missing for the he first bed. - the exterior outlet near the not have power. bath - the outlet across from CI outlet. - the GFCI did not trip when CI outlet at the exit near Room					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		HAI 034098	B. WING		08/23/2018	
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		20/2010
SALEM 1	ERRACE		D SALISBURY			
			N SALEM, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
C 189	Continued From pa	age 13	C 189			
	<ul> <li>h. Room 403 - the cover plates for the electrical outlets and the light switch were not replaced after painting.</li> <li>i. SCU Men's Toilet in Dining - the GFCI outlet did not trip when tested.</li> <li>j. Main entry - the exterior GFCI outlet to the left of the door did not trip when tested.</li> <li>k. The exterior GFCI outside of the 500 Hall exit did not trip when tested and the protective cover is missing.</li> <li>l. Exit near Room 504 - the exterior GFCI outlet did not trip when tested and the protective cover is missing.</li> <li>m. Exit near Room 505 - the exterior outlet is covered in spider webs. There is a permanent extension cord plugged into the outlet.</li> <li>9. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.</li> </ul>					
	latch. b. Room 311 - the closed. c. SCU Handicap is missing a cylinde d. Room 507 - the open.	t 23, 2018: 00 Hall - the door is difficult to door does not latch when Bathroom - the right hand door er and does not latch. door was extremely hard to door does not latch when				
C 191	Unvented & Portab	le Elec. Heaters Prohibited	C 191			
vision of He	ealth Service Regulation					

	of Health Service Re	egulation (X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		E SURVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			A. BUILDING: C		COMPLETED	
		HAL034098	B. WING		08/	23/2018
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
SALEM <sup>-</sup>	TERRACE		D SALISBURY N SALEM, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 191	Continued From pa	ge 14	C 191			
	maintain 75 degree winter design condi following shall apply appliances. (2) Unvented fuel k portable electric her (k) This Rule shall facilities with the ex which shall not app This Rule is not me 1. Observations re unvented portable of Findings on August a. Director of Resid space heater was for	11 OTHER a heating system sufficient to s F (24 degrees C) under tions. In addition, the y to heaters and cooking ourning room heaters and aters are prohibited. apply to new and existing ception of Paragraph (e) ly to existing facilities. et as evidenced by: vealed that the facility had electric heaters in the building. 23, 2018: dential Care Office - a portable	9			
C 199	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (g) The spaces list provided with exhau two cubic feet per m requirement does m before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping of (5) laundry area.	11 OTHER ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed with natural ventilation in ces: rage; toilet rooms;	C 199			

Division	of Health Service R		•		FORM APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
		HAL034098	B. WING		08/23/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
SALEM -	TERRACE		D SALISBUR			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BECOMPLETETHE APPROPRIATEDATE	
C 199	Continued From pa	age 15	C 199			
		cception of Paragraph (e) bly to existing facilities.				
	1. Observations re	et as evidenced by: evealed that the facility does ist ventilation in required areas				
	working. b. Hopper Room - accumulation of du c. Soiled Linen an- have a heavy accu d. Kitchen - the ex areas have a heav e. 200 Hall House fan is not working.	- the exhaust fan is not the exhaust fan has a heavy				
C 202	SECTION .0300 - 1 10A NCAC 13F .03 REQUIREMENTS (j) Except where of facilities housing pr without staff assist residents with hand devices. (k) This Rule shall facilities with the ex which shall not app This Rule is not m 1. Observations re	ing Non-ambs-Hand Bells PHYSICAL PLANT 311 OTHER therwise specified, existing ersons unable to evacuate ance shall provide those d bells or other signaling apply to new and existing exception of Paragraph (e) oly to existing facilities. et as evidenced by: evealed that the call system perating condition for one	C 202			
vision of H	ealth Service Regulation					
TATE FOR	M		<sup>6899</sup> 1	PY321	If continuation sheet 16 of 1	

Division of Health Service Regulation           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           AND PLAN OF CORRECTION         IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY COMPLETED	
	UI UURREUTIUN	IDENTIFICATION NUMBER.	A. BUILDING: <b>01</b>		COMPLETED		
		HAL034098	B. WING		08/2	23/2018	
AME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST				
ALEM T	ERRACE		SALISBURY				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
C 202	Continued From pa	ige 16	C 202				
	worn on the resider	facility uses a push button call hts who need it. When ident in room 109, the alarm					
	ealth Service Regulation						