OF CORRECTION	IDENTIFICATION NUMBER:					
			A. BUILDING: 01		PLETED	
	HAL034098	B. WING			R 10/31/2018	
ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE			
ERRACE						
(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
Initial Comments		{C 000}				
Deficiencies were c Plan of Correction.	ited that will require a new					
Existing Licensed F	ac- No less than '71 Rules	{C 101}				
10A NCAC 13F .03 PHYSICAL PLANT The physical plant r care home shall be (2) Except where of licensed facilities on facilities shall meet requirements in effect change in service of renovation, or alterat the requirements for no addition or renove than those requirem "Minimum and Dess Regulations" for "He copies of which are	01 APPLICATION OF REQUIREMENTS equirements for each adult applied as follows: therwise specified, existing portions of existing licensed licensure and code ect at the time of construction, r bed count, addition, ation; however in no case shall r any licensed facility where vation has been made, be less nents found in the 1971 red Standards and omes for the Aged and Infirm", available at the Division of					
 Observations renot meet the NCSB construction or renot Findings on Octobera. Review of DHSF interview with Adminimum 	vealed that the facility does C requirements at the time of ovation. r 31, 2018: R licensing records and nistrator indicate this facility's					
	ERRACE SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Initial Comments Report of a Biennia Survey by Ed Miller 2018. Deficiencies were c Plan of Correction. Existing Licensed F SECTION .0300 - F 10A NCAC 13F .030 PHYSICAL PLANT The physical plant r care home shall be (2) Except where o licensed facilities or facilities shall meet requirements in effect change in service o renovation, or alterat the requirements for no addition or renov than those requirem "Minimum and Desi Regulations" for "He copies of which are Health Service Reg This Rule is not meet 1. Observations remove not meet the NCSB construction or renove Findings on October a. Review of DHSF	ROVIDER OR SUPPLIER 2609 OLE 2609 MINISTOR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments Report of a Biennial Follow Up Construction Survey by Ed Miller, conducted on October 31, 2018. Deficiencies were cited that will require a new Plan of Correction. Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition,	ROVIDER OR SUPPLIER STREET ADDRESS, CITY, S' ERRACE 2609 OLD SALISBURY WINSTON SALEM, NC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Initial Comments {C 000} Report of a Biennial Follow Up Construction Survey by Ed Miller, conducted on October 31, 2018. 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Observations revealed that the facility does not meet the NCSBC requirements at the time of construction or renovation. Findings on October 31, 2018: a. Review of DHSR licensing records and interview with Administrator indicate this facility's license began to reflect a 62 bed Special Care	ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ERRACE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127 SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OR (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC Initial Comments {C 000} Report of a Biennial Follow Up Construction Survey by Ed Miller, conducted on October 31, 2018. C 101} Deficiencies were cited that will require a new Plan of Correction. {C 101} Existing Licensed Fac- No less than '71 Rules {C 101} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Observations revealed that the facility does not meet the NCSBC requirements at the time of construction or renovation. 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Division	of Health Service Re	egulation			1 Ora	APPROVED
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			E SURVEY PLETED
			A. BUILDING: C	A. BOILDING. UT		
		HAL034098	B. WING			R 31/2018
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
SALEM .	TERRACE		D SALISBURY			
	SUMMADY STA	WINS I O	N SALEM, NC	27127 PROVIDER'S PLAN OF C		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{C 101}	Continued From pa	ge 1	{C 101}			
	to seat all 62 reside from the SCU dinin This is not in compl Building Code requ maximum occupan exit cannot exceed Administrator stated	iance with the 2006 NC State irement that specifies the t load for an area with only one	e			
{C 160}	Outside Premises-	Clean, Safe	{C 160}			
	(1) The outside gro					
		et as evidenced by: vealed that the outside maintained in a clean and safe	9			
	the exterior soffit is c. 100 Wing courty the parking area ha creating tripping ha uneven. d. 100 Wing courty some plywood shee not been removed t e. Outside of Laun	outside 100 Hall - a section of falling out beside the fire wall. vard - the sidewalk leading to is dislodged at the joints zards where the pavement is vard - there is a broken table, ets and old chairs that have				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			E SURVEY PLETED	
	OF CONRECTION	IDENTIFICATION NOWDER.	A. BUILDING: (01			
		HAL034098	B. WING			R 10/31/2018	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
SALEM T	ERRACE) SALISBURY N SALEM, NC				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET	
{C 160}	Continued From pa	ge 2	{C 160}				
	the exterior fixture i	dry - the protective globe for s missing. a section of the aluminum soffit					
{C 164}	Housekeeping and	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; c unpleasant odors; clean and in good repair; apply to new and existing					
	This Rule is not me 1. Observations re kept clean and in g	vealed that the walls are not					
	Sections of the wall patched sheetrock tape is pulling off ne loose. b. Room 115 - the deep gouges along d. Room 107 - the secure along the bo door. e. 100 Hall - the wa	walls are in a state of repair. I base are missing. The has not been painted and the ear the door. The cable box is door is heavily scuffed with					

	of Health Service Re IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 0	1	COM	PLETED	
		HAL034098	B. WING			R 10/31/2018	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE			
	TERRACE	2609 OLI	SALISBURY	ROAD			
		WINSTO	N SALEM, NC	27127			
(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) COMPLETI DATE	
{C 164}	Continued From pa	ge 3	{C 164}				
	off. h. SCU Family Roc wall behind the doo i. SCU Handicap B of the tub is damag k. SCU Dining - the exterior wall by the section of the finish the base to the righ I. 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 n. Riser Room - the sealed at the triang o. The corner at th banged up.	athroom - the wall to the right ed along the base of the wall. ere is a 1" diameter hole in the windows and a large triangular has been pulled off the wall at 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 e sprinkler riser. e sheetrock seam is not ular intersection. e pod entrance toward 502 is m 505 - the trim piece on the					
	 Observations rendering the servation of the	vealed that the furnishings are pair.					
	broken.	er 31, 2018: - one of the towel bars is - the toilet paper dispenser is					
	e. Room 207 Bath loose.	 both towel bars were broken. the light over the sink is veneer on the side of the door on the frame. 					
	g. Room 303 Bath paper dispenser are	- both towel bars and the toilet					

STATE FORM

	NT OF DEFICIENCIES	egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED	
and plan	OF CORRECTION	IDENTIFICATION NUMBER.	a. Building: 0)1			
		HAL034098	B. WING			R 10/31/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
SALEM -	TERRACE		D SALISBURY N SALEM, NC				
(X4) ID			ID	PROVIDER'S PLAN OF (EACH CORRECTIVE AC		(X5) COMPLET	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE	
{C 164}	Continued From pa	ge 4	{C 164}				
	 difficult to close. j. SCU Handicap B dispenser is broker k. Room 404 - the unit is broken and f knobs on the wardr l. Room 400 - the a m. HC Bath on 500 shower was broken 3. Observations re maintained clean a Findings on Octobe 	drawer face on the wardrobe alling off. One of the door obe unit has broken off. armchair has a broken seat. D Hall - the towel bar at the N. vealed that the floors are not nd in good repair.					
	vinyl floor tile has la the room. The floo c. Room 109 - the floor and the floor h the middle of the flo e. Room 104 - ther floor in front of the flo h. Nurses' Station worn through under i. Room 205 Bath - stained. I. 500 Pod HC Bath n. The carpet sean to the 500 pod towa	arge yellow stains throughout rs appear dirty. bed posts are marking up the has long black scuff marks in bor. re is a 12" long tear in the vinyl chests of drawers. - the floor finish is completely r the chairs. - the floor around the toilet is n - the floor is heavily stained. n is unraveling at the entrance ard Room 502. aying at the fire doors between					
	kept clean and in g Findings on Octobe a. Dining - the pop	er 31, 2018: corn finish has been removed ceiling is not painted.	t				

STATE FORM

	of Health Service Re IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: C			PLETED
		HAL034098	B. WING			R 31/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE	•	
SALEM 1	FERRACE		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) COMPLETE DATE
{C 164}	Continued From pa	ige 5	{C 164}			
	ceiling line. e. HC Bath in 500 pulling away from the leaving a gap at the shower is spalling. f. Rooms 511 and	drywall is cracking along the Hall - the sheetrock tape is he ceiling over the toilet e seam. The ceiling of the 512 - there are large cracks in both of these rooms.				
{C 166}	Housekeeping-Main	ntained Free of Hazards	{C 166}			
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards;	06 HOUSEKEEPING AND				
	This Rule is not me 1. Observations re maintained free of I	vealed that the facility was not	t			
	bottom. The rust h	er 31, 2018: the door is rusting at the as eaten a hole in the frame. ges could inflict injury to the				
{C 189}	Building Equipment	t Maintained Safe, Operating	{C 189}			

Division	of Health Service Re	equiation			FORM	IAPPROVED
STATEMEN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (E CONSTRUCTION 01		E SURVEY PLETED
		HAL034098	B. WING			R 31/2018
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
SALEM	TERRACE					
			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 ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE	(X5) COMPLETE DATE
{C 189}	Continued From pa	ge 6	{C 189}			
	operating condition (k) This Rule shall facilities with the ex	maintained in a safe and apply to new and existing ception of Paragraph (e) ly to existing facilities.				
	failure to maintain t alarm system devic operating condition	ration and testing there is he facility's emergency fire es and equipment in a safe . All the occupants of the ected if the equipment failed to	,			
	Findings on Octobe c. The wall magnet by Room 100 is loo	t on the cross corridor doors				
	maintain the buildin safe condition. Hole through fire resistar	vation there is a failure to g's fire safety systems in a es or gaps at penetrations nt rated ceilings could allow pread beyond the area of				
	in the ceiling above c. 100 Hall - there stop button wire wh d. Nurses' Station desk. The ceiling is moisture droplets a area. The ceiling a There is a 3/4" hole Evidence of patchir The patching has n	Room - there is a small hole the TV. is a hole at the emergency ere it penetrates the ceiling. - there is a leak in front of the s falling in and there are t the center of the damaged round the leak is stained. to the right of the leak. ng is around the leaking area. ot been completed. there is a small hole at the				

Division of Health Service Regulation STATE FORM

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			E SURVEY PLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: 01	01	COM	PLETED	
		HAL034098	B. WING			R 10/31/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
SALEM 1	TERRACE		D SALISBURY N SALEM, NC				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG	G REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE	
{C 189}	Continued From pa	age 7	{C 189}				
	4"x4" hole at one of coming loose at the equipment. g. General - the far exit signs with new The base plate is s leaving a small gap h. Laundry Room - replaced and the pe have not been seal i. Clean Linen - the replaced and the pe have not been seal unsealed penetration j. Room 302 - the of the sprinkler head. I. Room 406 - one escutcheon plates of ceiling. m. Riser Room - the at the sprinkler head not have a flange w n. Front Canopy - the loose at the first sp 3. Observations re equipment is not m operating condition Findings on Octobe a. Room 103 Bath and does not flush. stains around the b	- the light fixtures have been enetrations for the old fixtures led. e light fixtures have been enetrations for the old fixtures led. There are three small ons in the ceiling over the door escutcheon plate is missing at of the sprinkler head was loose leaving a gap in the ne escutcheon plate is missing ad and the sprinkler pipe does where it penetrates the ceiling. two of the sprinkler heads are n plates. escutcheon plate is coming rinkler head.					
vision of H	c. SCU Men's Bath missing for the sink ealth Service Regulation						

OTATES	of Health Service Re					
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0		(X3) DATE SURVE COMPLETED	
					R	
		HAL034098	B. WING		10/31/201	18
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
SALEM T	ERRACE		D SALISBURY			
			N SALEM, NC	PROVIDER'S PLAN OF		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COM	X5) IPLET ATE
{C 189}	Continued From pa	ge 8	{C 189}			
	 4. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on October 31, 2018: a. Med Room - the emergency light did not illuminate on test. 		I			
	maintain the buildin a safe operating co device used to keep impediment to quict	vation there is a failure to gs'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 d. Dining - the dinir using wedges.	om - there is a cabinet	1			
	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 I door and frame.	r 31, 2018: ed Utility is damaged below eaving a gap between the Room - there is a hole at the				

STATE FORM

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		E SURVEY PLETED	
and plan	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 0	1	COM	PLETED	
		HAL034098	B. WING			R 10/31/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE			
SALEM	TERRACE		D SALISBURY N SALEM, NC				
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE	
{C 189}	Continued From pa	ge 9	{C 189}				
		s - the door has been cut to r. There is a 1/2" gap betweer	ו				
	has not been inspe maintained in a saf Occupants of the fa safety equipment in	vation fire safety equipment cted to assure it has been e and operable condition. acility could be effected if fire the smoke compartment did eeded to provide fire					
	last inspected in Au	od suppression system was					
		vealed that the electrical aintained in a safe and					
	of the wall and the b. Room 207 - the outlet built into the plugged to prevent d. SCU Courtyard smoke doors does e. SCU handwash the sink is not a GF	ectrical panel box is pulling out door does not latch. light fixture has a non-GFCI fixture. The outlet was not using the outlet. - the exterior outlet near the not have power. bath - the outlet across from CI outlet.					
	tested. g. The exterior GF 400 did not trip whe h. Room 403 - the	- the GFCI did not trip when CI outlet at the exit near Room en tested. cover plates for the electrical t switch were not replaced	h				

Division	of Health Service Re	egulation				APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION 1		E SURVEY PLETED
		HAL034098	B. WING			R 31/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE		
SALEM	TERRACE		D SALISBURY N SALEM, NC			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	IE APPROPRIATE	COMPLETE DATE
{C 189}	Continued From pa	ge 10	{C 189}			
	 did not trip when te j. Main entry - the e of the door did not f k. The exterior GFd did not trip when te is missing. l. Exit near Room E did not trip when te is missing. m. Exit near Room covered in spider we extension cord plug 9. Based on obsermaintain the facility safe operating cond compartment could doors do not compl limit the spread of so origin. Findings on Octobe b. Room 311 - the closed. 	exterior GFCI outlet to the left trip when tested. CI outside of the 500 Hall exit sted and the protective cover 504 - the exterior GFCI outlet sted and the protective cover 0 505 - the exterior outlet is yebs. There is a permanent ged into the outlet. vation there is a failure to 's fire safety equipment in a dition. Occupants in the smoke be exposed to smoke or fire it etely close and latch to help smoke or fire to the area of er 31, 2018: door does not latch when	F			
{C 191}	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (b) There shall be maintain 75 degree winter design condi following shall apply appliances. (2) Unvented fuel to portable electric he		{C 191}			

	of Health Service Re	egulation (X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		E SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: (PLETED	
		HAL034098	B. WING			R 10/31/2018	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
SALEM 1	TERRACE		D SALISBURY	-			
			N SALEM, NC				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETE DATE	
{C 191}	Continued From pa	ge 11	{C 191}				
		ception of Paragraph (e) ly to existing facilities.					
		et as evidenced by: vealed that the facility had electric heaters in the building.					
	Findings on Octobe a. Director of Resid space heater was fe	dential Care Office - a portable	•				
{C 199}	Exhaust Ventilation		{C 199}				
	provided with exhau two cubic feet per n requirement does n before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping o (5) laundry area. (k) This Rule shall facilities with the ex	11 OTHER ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This tot apply to facilities licensed with natural ventilation in ces: rage; toilet rooms;					
		et as evidenced by: vealed that the facility does st ventilation in required areas					
	working.	er 31, 2018: - the exhaust fan is not the exhaust fan has a heavy					

Division of Health STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING: 01			COMPLETED	
		B. WING			R 10/31/2018		
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
ALEM T	ERRACE		D SALISBURY				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OF COL		CORRECTION	RRECTION (X5)	
PRÉFIX TAG		EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLET	
{C 199}	Continued From page 12		{C 199}				
	have a heavy accurd. Kitchen - the exarcas have a heavy	ist. d Laundry - the exhaust fans mulation of dust and lint. haust fans in the supporting y accumulation of dust. h - the exhaust fan is not					