

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b> B. WING: _____	(X3) DATE SURVEY COMPLETED <b>12/06/2018</b>
--	--	--	--	---

NAME OF PROVIDER OR SUPPLIER <b>TRANQUILITY CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 LANSING DRIVE WINSTON SALEM, NC 27105</b>		
(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	C 000		
C 132	Bathrooms-Must Provide Privacy	C 132		

Report of a Construction Section Biennial Survey by Ed Miller, conducted on December 6, 2018. Records indicate that this 60-bed facility was first licensed on December 1, 1989. Based on this information, we are requiring the facility to meet the 1978 NC State Building Code, with revisions, the 1987 Minimum Standards and Regulations for Homes for the Aged and Disabled and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds. Deficiencies were cited that require a Plan of Correction.

SECTION .0300 - PHYSICAL PLANT  
10A NCAC 13F .0305 PHYSICAL ENVIRONMENT  
(e) The requirements for bathrooms and toilet rooms are:  
(5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by:  
1. Based on observation, the facility failed to ensure that all Bathrooms and Toilet Rooms are designed to provide privacy when there is more than one commode, the facility failed to ensure that each shower has a privacy partitions or curtain.  
Findings on December 6, 2018:  
a. Bedroom 19 Bathroom - there was no privacy curtain for tub.

Resident does not use shower in room. Admin placed shower curtain in bathroom.  
12/20/18



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	A. BUILDING: <b>01</b>	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED <b>12/06/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>TRANQUILITY CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 LANSING DRIVE WINSTON SALEM, NC 27105</b>		

(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)
--------------------	--	---------------	---

C 143	Continued From page 2	C 143	
C 143	Janitor's Closets-Locked	C 143	
C 164	Housekeeping and Furnishings-Clean, Repaired	C 164	

SECTION .0300 - PHYSICAL PLANT  
10A NCAC 13F .0305 PHYSICAL ENVIRONMENT

(f) The requirements for storage rooms and closets are:  
(B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use;

This Rule is not met as evidenced by:  
1. Based on observation, the building was not maintained in a safe manner by not having separate locked areas for substances that may be hazardous if ingested, inhaled or handled. This deficiency affects all residents, who may accidentally use or come in contact with one of these hazardous substances.  
Findings on December 6, 2018:  
a. Housekeeping Closet near Bedroom 15 - the corridor door to this room is not locked and there is cleaning agents, bleaches, pesticides, and other hazardous substances in this room.

SECTION .0300 - PHYSICAL PLANT  
10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS

(a) Adult care homes shall:  
(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;  
(2) have no chronic unpleasant odors;  
(3) have furniture clean and in good repair;  
(e) This Rule shall apply to new and existing facilities.

New lock placed on Housekeeping door.

12/6/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED <b>12/06/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>TRANQUILITY CARE</b>				
STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 LANSING DRIVE WINSTON SALEM, NC 27105</b>				

(X4) ID PREFIX TAG <b>C 164</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) <b>Continued From page 3</b>	ID PREFIX TAG <b>C 164</b>	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
------------------------------------	--	-------------------------------	---	--------------------

<p>12/6/18 12/6/18 11/6/19</p>	<p>Handwritten notes:                  All doors and locks have been taken down and replaced                  Caulking has been replaced.                  Floor is now clean</p>	<p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>Based on observation, the building walls are not kept in good repair. Findings on December 6, 2018: a. Bedroom 5 - the corridor side Closet door handle is very loose and does not function properly every time. b. Bedroom 7 - the window side Closet door handle is broken, hanging there and hard to use. c. Bedroom 7 - the corridor side Closet door handle is very loose and may fall out of door. d. Bedroom 7 - the Bathroom Door hits the frame and will not close. e. Bedroom 7 - the gypsum wall outside of Bathroom door is torn up. f. Main Lobby - the front door has a 3/8 inch gap between the threshold and the bottom of the door sweep. g. Housekeeping near Bedroom 15 - the floor and walls are very dirty. h. Smoker Porch - the exterior door's door closer arm is detached.</li> <li>Based on Observation, the facility failed to keep plumbing system devices clean and in good repair. Findings on December 6, 2018: a. Bedroom 7 Bathroom - part of the tub surround caulking has been pulled out of its joint rough and cannot be cleaned easily. b. Bedroom 20 Bathroom - the tub surround caulking is rough and cannot be cleaned easily.</li> <li>Based on observation, the building floors are not kept clean and in good repair. Findings on December 6, 2018: c. Bedroom 9 - the floor is dirty and there is an</li> </ol>
--	---	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b> B. WING: _____	(X3) DATE SURVEY COMPLETED <b>12/06/2018</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  
**TRANQUILITY CARE**  
STREET ADDRESS, CITY, STATE, ZIP CODE  
**5100 LANSING DRIVE  
WINSTON SALEM, NC 27105**

(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)
--------------------	--	---------------	---

C 164	Continued From page 4 unidentified liquid on the floor.	C 164	
C 166	Housekeeping-Maintained Free of Hazards 4. Based on Observation, the facility failed to prevent chronic unpleasant odors. This would affect residents, staff, and visitors by exposing them to an unpleasant environment. Findings on December 6, 2018: a. Hopper Room near Bedroom 17 - the utility sink's plumbing trap is dried-up, allowing sewer gases to enter the Building. b. Based on Observation, the facility failed to maintain the facility in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.	C 166	Hopper room has been fixed 1/5/19
C 175	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS This Rule is not met as evidenced by: 1. Based on observation, the Building Plumbing fixtures are not free of all obstructions and hazards. Findings on December 6, 2018: a. Bedroom 35 Bathroom - the commode seat is missing. b. Bedroom 35 Bathroom - the sink is stopped up. Bedroom Furnishings-Clean Towel, Towel Bar	C 175	Replaced commode seat 12/6/18 unlogged sink

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>HAL034104</b>	
(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		B. WING _____	
(X3) DATE SURVEY COMPLETED <b>12/06/2018</b>			

NAME OF PROVIDER OR SUPPLIER <b>TRANQUILITY CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 LANSING DRIVE WINSTON SALEM, NC 27105</b>	
(X4) ID PREFIX TAG <b>C 175</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG <b>C 175</b>	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

<p>C 175</p> <p>Continued From page 5</p> <p>(b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide residents areas, with the required individual towels and/or towel bars for each resident. Findings on December 6, 2018: a. Bedroom 15 - this double occupancy bedroom has one of its two towel bars missing.</p>	<p>C 185</p> <p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director, fire safety rehearsals are not being performed regularly with at least one per</p>	<p>C 175</p> <p>C 185</p>	<p>C 175</p> <p>Continued From page 5</p> <p>(b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide residents areas, with the required individual towels and/or towel bars for each resident. Findings on December 6, 2018: a. Bedroom 15 - this double occupancy bedroom has one of its two towel bars missing.</p> <p>C 185</p> <p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director, fire safety rehearsals are not being performed regularly with at least one per</p>
--	---	---------------------------	--

*Towel bar has been replaced 1/5/19*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b> B. WING: _____	(X3) DATE SURVEY COMPLETED <b>12/06/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>TRANQUILITY CARE</b>				
STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 LANSING DRIVE WINSTON SALEM, NC 27105</b>				

(X4) ID PREFIX TAG C 185	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG C 185	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
-----------------------------	--	------------------------	---	--------------------

C 185	Continued From page 6	C 185	<p>The facility assures all fire drills are done quarterly. The inspection was done 12/6/18, the 3rd shift fire drill was completed at the end of december.</p> <p>12/23/18</p>	<p>shift for each quarter. This deficiency affects all by not having trained staff and trained/cooperative residents when there is a need to evacuate the building.</p> <p>Findings on December 6, 2018:</p> <p>a. In the 1st quarter for the last 12 months, no rehearsal was performed during 3rd shift.</p> <p>b. In the 2nd quarter for the last 12 months, no rehearsal was performed during 1st shift.</p> <p>c. In the 3rd quarter for the last 12 months, no rehearsals were performed during 1st, 2nd and 3rd shifts.</p> <p>2. Based on Record review and interview with Executive Director the Facility failed to document the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. This deficiency affects all by not finding weakness or opportunities for improving evacuation responses.</p> <p>Findings on December 6, 2018:</p> <p>a. The rehearsal records had little to no description of what the rehearsal involved like location of simulated fire, how staff directed/moved residents, or the duration.</p>
C 188	<p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS</p> <p>All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, the facility failed to provide electrical outlets in wet locations at sinks, and bathrooms with ground fault interrupters.</p>	C 188		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>HAL034104</b>	B. WING _____
(X3) DATE SURVEY COMPLETED <b>12/06/2018</b>		A. BUILDING: <b>01</b>	

NAME OF PROVIDER OR SUPPLIER <b>TRANQUILITY CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 LANSING DRIVE WINSTON SALEM, NC 27105</b>	
(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)

C 188	Continued From page 7	C 188	<p>This would affect residents, staff, and visitors by not providing ground fault protection to these devices.</p> <p>Findings on December 6, 2018:</p> <p>a. Bedroom 9 Bathroom - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault.</p> <p>b. Main Lobby Women Restroom - the electrical power receptacle did not have electrical power and could not be tested for ground fault.</p> <p>c. Bedroom 15 Bathroom - the electrical power receptacle did not have electrical power and could not be tested for ground fault.</p> <p>d. Restroom near Bedroom 15 - the electrical power receptacle did not have electrical power and could not be tested for ground fault.</p> <p>e. Employee Locker Room/Restroom - the electrical power receptacle did not have electrical power and could not be tested for ground fault.</p> <p>f. Shower Room near Bedroom 15 - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault.</p> <p>g. Hopper Room near Bedroom 17 - the electrical power receptacle did not have electrical power and could not be tested for ground fault.</p> <p>h. Bedroom 26 Bathroom - the electrical power receptacle did not have electrical power and could not be tested for ground fault.</p> <p>i. Bedroom 35 Bathroom - when testing the GFCI with a circuit tester the readout displayed HOT/GRD/REV.</p>
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p>	C 189	<p><i>All electrical issues have been resolved. GFI have and will be fixed where needed.</i></p>



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/06/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>TRANQUILITY CARE</b>			
STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 LANSING DRIVE WINSTON SALEM, NC 27105</b>			

(X4) ID PREFIX TAG  C 189	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG  C 189	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
---------------------------------	--	----------------------------	---

<p>Heat detector placed properly 1/5/19</p> <p>duct detectors sample tubes have been cleaned 1/5/19</p> <p>Gap between leaks have been corrected 1/5/19</p>	<p>Continued From page 8</p> <p>C 189</p>	<p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing early detection and activating the fire alarm system.</p> <p>Findings on December 6, 2018: a. Nurse Station - the fire alarm heat detector is dangling from the ceiling by its power/operational wires. b. Laundry Water Heater Room - the HVAC units have duct mounted smoke detectors with no access doors to inspect and clean the duct detector's sample tubes. Dirty sampling tube may become obstructed and my not detect the existence of smoke in the air stream. c. Exterior Mech Room near Kitchen - the sample tubes for the HVAC duct mounted smoke detectors are dirty.</p> <p>2. Based on observation, the Building is not maintained in a safe and operating condition, because the doors protecting the opening in the Firewall has an excessive gap between leafs that cannot restrict fire and smoke. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin.</p> <p>Findings on December 6, 2018: a. Firewall near Bedroom Nurse Station - the cross-corridor double-egress doors when closed have an excessive gap between leafs.</p>	<p>C 189</p>
---	---	---	--------------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/06/2018</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  TRANQUILITY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 LANSING DRIVE WINSTON SALEM, NC 27105</b>		
--	--	--	--

(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 189	Continued From page 9  3. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on December 6, 2018: a. West Side Porch - the ground-fault circuit-interrupter (GFCI) electrical power receptacle is missing most of its weather resistant cover. b. Executive Director Office - behind the TV there is an electrical receptacle with energized components missing its cover plate. c. RCC Office Closet - there are electrical power tap running from the RCC Office, under the door, powering equipment in this closet.  4. Based on observation, the Building was not maintained in a safe and operating condition, because some corridor doors did not resist the passage of smoke due to holes in the leaf of the doors. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on December 6, 2018: a. Snack Room - there are two 1/4 inch diameter holes through the corridor door around the door handle. b. Bathroom near Bedroom 5 - the corridor door is missing. c. Bedroom 9 - there is one 1/4 inch diameter hole through the corridor door around the door handle. d. Bedroom 10 - there is one 1/4 inch diameter hole through the corridor door around the door handle. e. Main Lobby Women Restroom - the door is falling of its hinges. f. Beauty Shop - there are two 1/4 inch diameter holes through the corridor door around the door handle.	C 189	Weather resistant cover have been placed Cover plate placed Electrical power tap fixed All doors have been fixed along with door handles.	1/5/19 1/5/19 1/5/19 1/10/19
-------	--	-------	--	---------------------------------------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>HAL034104</b> (X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b> B. WING: _____ (X3) DATE SURVEY COMPLETED <b>12/06/2018</b>	NAME OF PROVIDER OR SUPPLIER <b>TRANQUILITY CARE</b> STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 LANSING DRIVE WINSTON SALEM, NC 27105</b>
---	---

(X4) ID TAG PREFIX C 189	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL IDENTIFYING INFORMATION) TAG ID PREFIX C 189	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE (X5)
-----------------------------	--	---

C 189 Continued From page 10	g. Beauty Shop - the door leaf is cracked around the door handle and may not function properly. h. Bedroom 27 - there is a large gap between the door stop and the door leaf on the strike side. i. Bedroom 30 the corridor door handle is very loose and may not function properly in an emergency. j. Bedroom 29 - there is a large gap between the door stop and the door leaf on the strike side. 5. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on December 6, 2018: a. Bedroom 17 - the corridor door does not latch into its frame when closed. 6. Based on observations, 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 December 6, 2018: a. Bedroom 5 - the ceiling is cracked, not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Storage Closet near Bedroom 6 - 2 wiring bundles had its firestopped sealant pulled out of the penetration of the fire-resistance-rated ceiling, leaving unprotected openings. c. Main Lobby - there is a hole, near camera mount, not firestopped as it penetrates the fire-resistance-rated ceiling assembly. d. Executive Directors Office - there is a 3/4 inch hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. e. Supply Closet near Nurse Station - a cable had its firestopped sealant pulled out of the penetration of the fire-resistance-rated ceiling, leaving unprotected openings.	Admin contacted company 12/19 to fix ceiling. Fire caulk has been placed where needed 1/10/19
---------------------------------	---	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/06/2018</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  
STREET ADDRESS, CITY, STATE, ZIP CODE  
**TRANQUILITY CARE**  
**5100 LANSING DRIVE**  
**WINSTON SALEM, NC 27105**

(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 189	Continued From page 11 f. Supply Closet near Nurse Station - there is a gap around a flexible conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly and is open on the end. g. Laundry Water Heater Room - there is a gap around a pipe not firestopped as it penetrates the fire-resistance-rated ceiling assembly and a cable had its firestopped sealant pulled out of the penetration of the fire-resistance-rated ceiling, leaving unprotected openings h. Bedroom 25 - the heat detector base does not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. i. Exit near Bedroom 27 - the exit sign base does not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. j. Exterior Mech Room near Kitchen - there are two hole not firestopped as they penetrate the fire-resistance-rated ceiling assembly. k. Bedroom 32 Bathroom - the exhaust fan base does not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. l. RCC Office Closet - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. m. C Hall Activities - there are two gaps around cables not firestopped as they penetrate the fire-resistance-rated ceiling assembly. 7. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps through the fire-resistance-rated wall construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or Compartment of origin. Findings on December 6, 2018: a. Shower Room near Bedroom 15- there is a hole in the wall behind the door not firestopped.	C 189	See page 11  <b>Hole has been fixed</b>	1/5/19
-------	--	-------	---	--------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b> B. WING: _____	(X3) DATE SURVEY COMPLETED <b>12/06/2018</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  
STREET ADDRESS, CITY, STATE, ZIP CODE

**TRANQUILITY CARE**  
**5100 LANSING DRIVE**  
**WINSTON SALEM, NC 27105**

(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 REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) DATE COMPLETE
--------------------	--	---------------	---	--------------------

C 189	Continued From page 12	C 189		
	<p>8. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance, and documentation required to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on December 6, 2018:</p> <p>a. Kitchen - since the last semi-annual maintenance of the commercial kitchen hood's fire suppression system, performed in September 2018, there has been no documentation of the monthly in-house/owner inspections.</p> <p>b. Kitchen - the commercial kitchen hood's suppression system does not have the nozzles correctly aimed at the cook top because of a shelf above the cook top. This shelf would block about 50 percent of the nozzles spray.</p> <p>9. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on December 6, 2018:</p> <p>a. Bedroom 5 - the window side closet can be locked from the outside with a hasp device. This locking system does not provide an override device allowing exiting from inside the closet.</p> <p>b. Bedroom 32 - the closet can be locked from the outside with a hasp device. This locking system does not provide an override device allowing exiting from inside the closet.</p> <p>c. Exterior Exit near Bedroom 37 - this exterior door is difficult to open taking a lot of extra force to open.</p>			
			All documentation for hood has been updated 1/5/19	1/5/19
			Nozzles fixed	1/5/19
			Hasp device taken down	1/5/19
			Exit door fixed	1/5/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b> B. WING: _____	(X3) DATE SURVEY COMPLETED <b>12/06/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>TRANQUILITY CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 LANSING DRIVE WINSTON SALEM, NC 27105</b>		

(X4) ID PREFIX TAG <b>C 189</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG <b>C 189</b>	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
------------------------------------	--	-------------------------------	---

C 189	Continued From page 13	C 189	<p>10. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff, and visitors by not identifying emergency equipment not in proper working order. Findings on December 6, 2018:</p> <p>a. Entire Building - the last annual maintenance check of these portable fire extinguishers was last performed in November 2017.</p> <p>b. Laundry Water Heater Room - the portable fire extinguisher is sitting on the floor, not mounted as required by NFPA 10.</p> <p>c. Firewall near kitchen - the portable fire extinguisher's annual maintenance was last performed on January 2017.</p>
C 197	General Lighting	C 197	<p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(f) In addition to the required emergency lighting, minimum lighting shall be as follows: (1) 30 foot-candle power for reading; (2) 10 foot-candle power for general lighting; and (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: 1. Based on observation, the facility failed to maintain in a properly operating manner the general illumination of the building.</p> <p>a. Employee Locker Room/Restroom - the light in this room did not work and there was no other</p>

*Fire extinguisher replaced and hanging on wall 1/5/19*

*All lights have been replaced 1/5/19*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b> B. WING: _____	(X3) DATE SURVEY COMPLETED <b>12/06/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>TRANQUILITY CARE</b>				
STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 LANSING DRIVE WINSTON SALEM, NC 27105</b>				

(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)
--------------------	--	---------------	---

C 197	Continued From page 14 light in this room. b. Bedroom 26 - the ceiling light in this room did not work.	C 197	
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; and (4) housekeeping closets; and (5) laundry area. (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 Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on December 6, 2018: a. Bedroom 15 Bathroom -the exhaust ventilation system is blowing air into the room instead of removing it. b. Bedroom 26 Shared Bathroom - the required exhaust ventilation system did not work, and there is odor.	C 199	Exhaust Ventilation in Bathrooms System replaced 11/5/19