	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>(</b>			E SURVEY PLETED
			B. WING		R	
		HAL034104			03/	12/2019
			SING DRIVE	IATE, ZIP CODE		
RANQU	ILITY CARE	WINSTON	SALEM, NC	27105		
(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 DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{C 000}	Initial Comments		{C 000}			
		al Follow Up Construction r, conducted on March 12,				
	Deficiencies were of Plan of Correction.	cited that will require a new				
{C 132}	Bathrooms-Must P	rovide Privacy	{C 132}			
	rooms are: (5) The bathrooms designed to provide rooms with two or r (commodes) shall I curtains for each w shower shall have	05 PHYSICAL nts for bathrooms and toilet and toilet rooms shall be privacy. Bathrooms and toilet				
	1. Based on obse ensure that all Bath designed to provide than one commode	ervation, the facility failed to prooms and Toilet Rooms are privacy when there is more the facility failed to ensure as a privacy partitions or				
	Contractor, Bedroo undergoing a cosm	12 2019: and interview of Provider's om 35 and its Bathroom is netic renovation and the be installed prior to completion				
{C 133}	Bathrooms-Hand G	Grips	{C 133}			

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		E SURVEY
	I OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 0			PLETED
		HAL034104	B. WING			R <b>12/2019</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	IATE, ZIP CODE		
TRANQI	JILITY CARE		NSING DRIVE N SALEM, NC	27105		
(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 133}	Continued From pa	ge 1	{C 133}			
JC 143	rooms are: (6) Hand grips sha commodes, tubs ar accessible to reside This Rule is not me 1. Based on obser- provide all commod accessible to reside deficiency affects a fixtures by not provi- controlled against in maneuverability at the Findings on March a. Bathroom near- did not have a hance c. Bedroom 19 Bar a hand grip (grab bar e. Bedroom 32 Bar grip at the commod the shower is too far of the commode.	05 PHYSICAL hts for bathrooms and toilet II be installed at all hd showers used by or ents; et as evidenced by: rvation, the facility failed to les, tubs, and showers ents with hand grips. This II residents who use these iding increased safety, hstability/balance, and the fixtures. 12 2019: Bedroom 5 - the commode d grip (grab bar). athroom - the tub did not have ar). athroom - there is not a hand le. The hand grip (grab bar) at ar, 23 inches, from the center				
{C 143}	Janitor's Closets-Lo		{C 143}			
	closets are: (B) There shall be storing cleaning age and other substanc	05 PHYSICAL ts for storage rooms and separate locked areas for ents, bleaches, pesticides, es which may be hazardous if r handled. Cleaning supplies				

Division of Health Service Regulation STATE FORM

Division	of Health Service Re	egulation				APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Multiple A. Building: <b>(</b>	CONSTRUCTION D1		E SURVEY PLETED
	HAL034104 B. WING		B. WING	B. WING		R <b>12/2019</b>
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
TRANQU	IILITY CARE		NSING DRIVE N SALEM, NC	27105		
(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 143}	Continued From pa	ge 2	{C 143}			
	<ul> <li>This Rule is not met as evidenced by: <ol> <li>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 my accidently use or come in contact with one of these hazardous substances.</li> <li>Finding on March 12 2019: <ul> <li>aa. Housekeeping Closet near Bedroom 15 - the corridor door to this room now has a lock now, but the door is wide open and cleaning agents, bleaches, and other hazardous substances are accessible to residents. In addition, at the time of observation, no staff were in or around the room.</li> </ul> </li> <li>164} Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS <ul> <li>(a) Adult care homes shall:</li> <li>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</li> <li>(2) have no chronic unpleasant odors;</li> <li>(3) have furniture clean and in good repair;</li> <li>(e) This Rule shall apply to new and existing facilities.</li> </ul> </li> <li>This Rule is not met as evidenced by: <ul> <li>Based on observation, the building walls are not kept in good repair.</li> <li>Findings on March 12 2019:</li> <li>Bedroom 7 - the corridor side Closet door</li> </ul> </li> </ol></li></ul>					
{C 164}			{C 164}			

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
	0. 00		a. Building: <b>C</b>	1		
		HAL034104	B. WING			R 12/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE		
TRANQL	JILITY CARE		NSING DRIVE	27105		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETI DATE
{C 164}	Continued From pa	ge 3	{C 164}			
	<ul> <li>gap between the th door sweep.</li> <li>New Findings on M aa. Bedroom 7 - th cracked and very d</li> <li>2. Based on Obse keep plumbing syst repair.</li> <li>Findings on March a. Bedroom 7 Bat surround caulking h between wall and tu rough and cannot b b. Bedroom 20 Bat</li> </ul>	te front door has a 3/8 inch reshold and the bottom of the arch 12 2019: e window side Closet door is ifficult to lock. ervation, the facility failed to em devices clean and in good 12 2019: hroom - part of the tub has been pulled out of its joint ub. The remaining caulk is				
{C 188}	SECTION .0300 - F 10A NCAC 13F .03 All adult care home locations at sinks, t		{C 188}			
	provide electrical ou and bathrooms with This would affect re- not providing groun devices. Findings on March b. Main Lobby Wo power receptacle d	ervation, the facility failed to utlets in wet locations at sinks, a ground fault interrupters. esidents, staff, and visitors by d fault protection to these				

Division of Health Service Regulation STATE FORM

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE	SURVEY LETED
	OF CORRECTION	IDENTIFICATION NONIDER.	A. BUILDING: C	)1		
		HAL034104	B. WING		F 03/1	< 2/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
TRANQU			NSING DRIVE N SALEM, NC	27105		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5) COMPLETI
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE
{C 188}	Continued From pa	ige 4	{C 188}			
		athroom - the electrical power have electrical power and for ground fault.				
{C 189}	Building Equipment	t Maintained Safe, Operating	{C 189}			
	10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	<ul> <li>a) The building and all fire safety, electrical, nechanical, and plumbing equipment in an adult care home shall be maintained in a safe and</li> </ul>				
	was not maintained condition. This woule arly detection and system. Findings on March b. Laundry Water units have duct mo access doors to inside detector's sample to become obstructed existence of smoke c. Exterior Mech I sample tubes for the	rvation, the Fire Álarm system I in a safe and operating Id affect all by not providing activating the fire alarm 12 2019: Heater Room - the HVAC unted smoke detectors with no spect and clean the duct ubes. Dirty sampling tube may I and my not detect the	)			
	maintained in a saf	rvation, the Building is not e and operating condition, protecting the opening in the				

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	or contraction	BERNI IO/TION NOWBER.	A. BUILDING: (	)1		
		HAL034104	B. WING			R 12/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
RANQU	JILITY CARE		SING DRIVE			
			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 189}	Continued From pa	ge 5	{C 189}			
	cannot restrict fire a all residents, staff a smoke/fire in the fir Findings on March a. Firewall near B cross-corridor dout have an excessive 4. Based on obse maintained in a saff because some corr passage of smoke doors. This could a visitors if the doors the room of origin. Findings on March a. Snack Room - diameter holes through the door handle. d. Bedroom 10 - th hole through the co- handle. h. Bedroom 27 - t the door stop and th 6. Based on obse safety was not main condition. This coul not contained in roo Findings on March a. Bedroom 5 - th firestopped as it pe fire-resistance-rate c. Main Lobby - th mount, not firestopp fire-resistance-rate f. Supply Closet r	edroom Nurse Station - the ble-egress doors when closed gap between leafs. rvation, the Building was not e and operating condition, idor doors did not resist the due to holes in the leaf of the ffect all residents, staff and did not contain smoke/fire in 12 2019: there are two 1/4 inch ugh the corridor door around here is one 1/4 inch diameter rridor door around the door here is a large gap between he door leaf on the strike side. rvations, the Building fire ntained in a safe and operating d expose all to fire/smoke if om of origin. 12 2019: e ceiling is cracked, not netrates the d ceiling assembly. here is a hole, near camera bed as it penetrates the				

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	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 0			PLETED
		HAL034104	B. WING			R <b>12/2019</b>
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
TRANOL	JILITY CARE	5100 LAN	ISING DRIVE			
		WINSTO	N SALEM, NC	27105		
(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 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{C 189}	Continued From pa	ge 6	{C 189}			
	not completely cover fire-resistance-rated i. Exit near Bedro does not completely the fire-resistance-r j. Exterior Mech F two hole not firestop fire-resistance-rated k. Bedroom 32 Ba base does not com penetrating the fire- assembly. I. RCC Office Clo cable not firestoppe fire-resistance-rated m. C Hall Activities	he heat detector base does er the hole penetrating the d ceiling assembly. bom 27 - the exit sign base y cover the hole penetrating rated ceiling assembly. Room near Kitchen - there are oped as they penetrate the d ceiling assembly. athroom - the exhaust fan pletely cover the hole resistance-rated ceiling uset - there is a gap around a ed as it penetrates the d ceiling assembly. a there are two gaps around bed as they penetrate the				
	maintained in a safe because of holes at fire-resistance-rate its integrity. This co and visitors if smok or Compartment of Findings on March a. Shower Room hole in the wall beh	12 2019: near Bedroom 15- there is a ind the door not firestopped.				
	maintained in a safe failing to ensure that done without the us knowledge or effort and visitors if some Findings on March	rvation, the Building was not e and operating condition, by at egress from all areas can be se of keys, tools or, special . This could affect some staff one becomes trapped inside. 12 2019: e window side closet can be				

Division	of Health Service Re	equiation			FURIM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Multiple A. Building: <b>(</b>	CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
		HAL034104	B. WING		F 03/1	₹ 2/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
TRANQU	ILITY CARE		NSING DRIVE N SALEM, NC	27105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{C 189}	Continued From pa	ge 7	{C 189}			
	locking system doe: device allowing exit b. Bedroom 32 - the the outside with a h	side with a hasp device. This s not provide an override ing from inside the closet. he closet can be locked from asp device. This locking ovide an override device n inside the closet.				
{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 of (5) laundry area. (k) This Rule shall facilities with the ex which shall not appl This Rule is not me 1. Based on Obse plastic sheet, the fa ventilation system in could affect all resid preventing the exha Findings on March a. Bedroom 15 Ba ventilation system is instead of removing	11 OTHER ed in this Paragraph shall be ust ventilation at the rate of hinute per square foot. This ot apply to facilities licensed , with natural ventilation in ces: rage; toilet rooms; closets; and apply to new and existing ception of Paragraph (e) ly to existing facilities. et as evidenced by: ervation and testing with a thin cility failed to maintain the n proper working order. This dents, staff, and visitors by susting of odors. 12 2019: throom -the exhaust s blowing air into the room				

Division of Health Service Regulation STATE FORM

TATEMENT OF DEFICIENCIES(X1) PROVIDER/SUPPLIER/CLIAND PLAN OF CORRECTIONIDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE	(X3) DATE SURVEY COMPLETED	
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: <b>0</b>	1	COMPLETED		
		HAL034104	B. WING			R 12/2019	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE			
RANQU			NSING DRIVE	27105			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (		(X5)	
PRÉFIX TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE	
C 199}	Continued From pa	ge 8	{C 199}				
	exhaust ventilation there is odor.	system did not work, and					