	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	(2) MULTIPLE CONSTRUCTION (X3) DATE SU COMPLE		
		HAL034093	B. WING		07/1	8/2019
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 07/1	0/2019
			KE MILL RC			
DANBY I	HOUSE	WINSTON	SALEM, NO	27103		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
		uction Section Biennial Survey ennis Harrell, conducted on				
	were completed in protected. That po the 1977 Rules, the 2005 Rules for the Homes, and the 19 Building Code, Sec Occupancy. The Falong with the Spec or submitted on 7-3 of the facility must applicable portions Licensing of Adult O North Carolina Stat Institutional Occupator 100 beds total with Deficiencies were of Correction.	re Carolina and Salem Wings 1980 and are not sprinkler rition of the facility must meet applicable portions of the Licensing of Adult Care 78 North Carolina State tion 409, Institutional Piedmont and Winston Wings, sal Care Unit was first licensed 80-1998. Therefore, that part meet the 1996 Rules, the of the 2005 Rules for the Care Homes, and, the 1996 e Building Code, section 409, ancy. The facility is licensed with 48 in a Special Care Unit.				
C 111		San. & Fire Safety Reports	C 111			
	fire and building sa shall be maintained review.  This Rule is not me	02 DESIGN AND have current sanitation and fety inspection reports which I in the home and available for				
	Executive Director the facility, current	the facility failed to maintain in (completed within the last nual inspection report(s)				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division	of Health Service Re	egulation			FURINI	APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMPI	SURVEY LETED	
		HAL034093	B. WING		07/1	8/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
DANBY	HOUSE		RKE MILL RO N SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETE DATE	
C 111		le.	C 111			
C 135	Bathrooms-Not to E	Be Utilized for Storage	C 135			

those indicated in Item (4) of this Rule; This Rule is not met as evidenced by:

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

(e) The requirements for bathrooms and toilet

(10) Resident toilet rooms and bathrooms shall not be utilized for storage or purposes other than

**ENVIRONMENT** 

rooms are:

- 1. Based on observation, the facility failed to ensure that resident toilet rooms and bathrooms are not utilized for storage or purposes other than those indicated in the Rule. This deficiency affects all residents and staff who would not have the fixtures and/or space for the services needed. Findings on July 18, 2019:
- a. MCU Spa this area is being utilized to store 36 cases of diapers. This is impeding the ability to bathe/shower residents.
- C 150 Corridors-Free of equipment and Obstructions

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

- (g) The requirements for corridors are:
- (4) Corridors shall be free of all equipment and other obstructions.

This Rule is not met as evidenced by:

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C 150

	of Health Service Re				ī	1
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01	CONFLETED	
		HAL034093	B. WING		07/1	8/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AND	DESS CITY S	TATE, ZIP CODE		
NAIVIE OF I	-ROVIDER OR SUPPLIER					
DANBY I	HOUSE		KE MILL RO			
			SALEM, NO			I
(X4) ID		TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
PREFIX TAG	,	SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
C 150	Continued From pa	ne 2	C 150			
0 100	·		0 100			
		rvation, corridors are not free				
		s would affect all residents,				
		y slowing or obstructing egress				
	during an emergen					
	Findings on July 18	•				
		exterior exit door is obstructed airs set up in front to this				
	marked exit.	ans set up in nont to this				
		he exterior exit door is				
		ow of chairs set up in front to				
	this marked exit.	an or original out up in mone to				
C 160	Outside Premises-0	Clean, Safe	C 160			
	SECTION .0300 - F					
	10A NCAC 13F .03	US PHYSICAL				
	ENVIRONMENT	ents for outside premises are:				
		ounds of new and existing				
		aintained in a clean and safe				
	condition;	anitaniea in a cican and saic				
	Jonainon,					
	This Rule is not me					
		rvation, the outside grounds				
		in a clean and safe condition.				
	Findings on July 18					
		terior Exit -on the patio there				
		e egress pathway, creating a				
	tripping hazard.					
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	CECTION 0200 F	DUVEICAL DI ANT				
	SECTION .0300 - F	06 HOUSEKEEPING AND				
	FURNISHINGS	00 HOUSEKEEPING AND				
		es shall:				
	(a) Adult care home	es shall:				

Division of Health Service Regulation

(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;

STATE FORM 6899 M72Y21 If continuation sheet 3 of 11

	IT OF DEFICIENCIES		(V2) MULTIPL	F CONSTRUCTION	(V2) DATE	CLIDVEV
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. DUILDING:	VI		
		HAL034093	B. WING		07/1	8/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
D 4 1 1 D 1 / 1		3150 BUR	KE MILL RO	)AD		
DANBY I	HOUSE	WINSTON	SALEM, NO	27103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
C 164	Continued From pa	ge 3	C 164			
		c unpleasant odors; clean and in good repair; apply to new and existing				
	good repair. Findings on July 18 a. AL Spa - the ve	rvation, the building s are not kept clean and in				
	are not kept clean a Findings on July 18 a. Salem Hall Batl	, 2019: hroom near Smoke Barrier - is detaching from the ceiling				
	not kept clean and i Findings on July 18 a. MCU Storage n					
C 166	Housekeeping-Mair	ntained Free of Hazards	C 166			
	orderly manner, free hazards;	06 HOUSEKEEPING AND				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION <b>01</b>	(X3) DATE COMPI	
		HAL034093	B. WING		07/1	8/2019
NAME OF F	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE	<u>  0771</u>	0/2013
			KE MILL RO	,		
DANBY I	1003E	WINSTON	SALEM, NO	27103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
C 166	Continued From pa	ge 4	C 166			
	maintained free of hall, breaking their wand turning it into a Findings on July 18 a. Salem Hall Bedoxygen cylinder is lasecured in a rack, structure.  b. Carolina Hall Bedoxygen cylifloor not physically chained to the structure.  c. Bedroom 216 - cylinder is standing secured in a rack, structure.  2. Based on Obsermaintained free of hall maintenance was not completed. This control of the structure.	ervation, the Building was not nazards, if oxygen cylinders valves, propelling the cylinder, dangerous projectile. , 2019: Iroom 104- a portable medical aying on its not physically stand or chained to the edroom 115 - a portable inder is standing up on the secured in a rack, stand or				
	removed and left w Findings on July 18 a. NCU Bedroom for the towel bars re These brackets are which provides pote	here they could injure all.				
		narp and jagged edges.				
C 175	Bedroom Furnishin	gs-Clean Towel, Towel Bar	C 175			
	SECTION .0300 - F 10A NCAC 13F .03	PHYSICAL PLANT 06 HOUSEKEEPING AND				

6899

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M72Y21 If continuation sheet 5 of 11

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION <b>01</b>	(X3) DATE SURVEY COMPLETED	
		HAL034093	B. WING		07/4	9/2040
NAME OF I					1 07/1	8/2019
	PROVIDER OR SUPPLIER		KE MILL RC	STATE, ZIP CODE		
DANBY I	HOUSE		SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 175	Continued From pa	ge 5	C 175			
	furnishings in good resident: (7) individual clean bar in the bedroom (e) This Rule shall facilities.  This Rule is not me 1. Based on obse provide residents a individual towels an resident. Findings on July 18 a. MCU Bedroom	rvation, the facility failed to reas, with the required d/or towel bars for each , 2019: Bathrooms - many of these any means for hanging a				
C 183	Fire Extinguishers		C 183			
	(a) At least one five A-B-C type fire extin 2,500 square feet of (b) One five pound	08 FIRE EXTINGUISHERS e pound or larger (net charge) nguisher is required for each of floor area or fraction thereof. or larger (net charge) A-B-C uired in the kitchen and, where				
	properly maintain the associated equipmer ability to extinguish grow larger. This wand visitors by not i	rvation, the facility failed to ne fire extinguishers and ent. This could hamper staff's a small fire and permit it to ould affect all residents, staff, dentifying emergency oper working order.				

Division of Health Service Regulation

STATE FORM 6899 M72Y21 If continuation sheet 6 of 11

Division of Health Service Regulation							
	DLAN OF CODDECTION IDENTIFICATION NUMBED:		(X2) MULTIPLI A. BUILDING:	` ' <i>'</i>		X3) DATE SURVEY COMPLETED	
		HAL034093	B. WING		07/1	8/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
DANBY I	HOUSE		KE MILL RO I SALEM, NO				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETE DATE	
C 183	a. MCU Corridor r extinguisher is miss tag. Staff did contin	ge 6 near Bedroom 206 - the fire sing its annual maintenance ue recording monthly in-house ruary 2018 on a piece of	C 183				
C 185	quarterly on each s requirement of the Enforcement Officia (c) Records of rehe and copies furnishes social services ann include the date and shift, staff members description of what (f) This Rule shall a facilities.  This Rule is not me	PHYSICAL PLANT 09 PLAN FOR  rehearsals of the fire plan hift in accordance with the local Fire Prevention Code al. earsals shall be maintained ed to the county department of ually. The records shall d time of the rehearsals, the s present, and a short the rehearsal involved. apply to new and existing et as evidenced by:	C 185				
C 188	months of rehearsa Executive Director of document the staff rehearsal involved. Findings on July 18 a. The fire plan re provide a list of staff the 3rd and 4th quar	hearsal records did not find members participating for inters.	C 188				
C 188	(f) This Rule shall a facilities.  This Rule is not med 1. Based on Recomment the staff rehearsal involved. Findings on July 18 a. The fire plan reprovide a list of staff	et as evidenced by: ord review of the last 12 als, and interview with the Facility failed to fully members present, of what the , 2019: hearsal records did not ff members participating for urters.	C 188				

SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		HAL034093	B. WING	B. WING		8/2019
NAME OF I	PROVIDER OR SUPPLIER		DESS CITY S	STATE, ZIP CODE	1 0771	0/2013
			KE MILL RC			
DANBY HOUSE WINSTOI			SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 188	Continued From pa	ge 7	C 188			
	locations at sinks, b	electrical outlets in wet pathrooms and outside of ground fault interrupters.				
	This Rule is not met as evidenced by:  1. Based on Observation, the facility failed to provide electrical outlets in wet locations at sinks, bathrooms and outside of building with ground fault interrupters. This would affect residents, staff, and visitors by not providing ground fault protection to these devices.  Findings on July 18, 2019:  a. AL Nurse Wash Station - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault.					
C 189	SECTION .0300 - F 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 which shall not apple	d all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e) by to existing facilities.	C 189			
	emergency equipmesafe and operating	rvation, the building's ent was not maintained in a condition. This would affect all imptly find their way to an exit cy.				

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Division	<u>of Health Service Re</u>	egulation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01	COMP	LETED
		HAL034093	B. WING	B. WING		8/2019
						0/2010
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
DANBY H	HOUSE		KE MILL RO			
2,	.000_	WINSTON	SALEM, NO	<b>27103</b>		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF		COMPLETE DATE
TAG	REGULATORTORE	SCIDENTII TING INI ONWATION)	TAG	DEFICIENCY)	TINALL	D/ ( L
C 189	Continued From pa	ge 8	C 189			
	a. AL Nurse Statio	on - the exit sign is not				
	illuminating on norn					
		vity - the self-contained				
		the corridor wall does not				
		p power when the test button				
	is pushed.	, p				
	•					
	2. Based on obse	rvations, the Building fire				
	safety was not mair	ntained in a safe and operating				
	condition. This coul	d expose all to fire/smoke if				
	not contained in roc					
	Findings on July 18					
		Office - there is a cable not				
	firestopped as it pe					
	fire-resistance-rate					
		nere is a cable not firestopped				
		fire-resistance-rated ceiling				
		trator Office - there is a cable				
	not firestopped as i					
	fire-resistance-rate					
		ere is a cable not firestopped				
		fire-resistance-rated ceiling				
	assembly. d. Staff Lounge - t	there is a cable not firestopped				
		fire-resistance-rated ceiling				
	assembly.	o . oolota loo rated ooliilig				
	•	- the gypsum/plywood attic				
		edges. This leaves gaps not				
	firestopped as they					
	fire-resistance-rate					
		ross from Front Entrance -				
		firestopped as it penetrates				
		rated ceiling assembly.				
		ross from Front Entrance -				
		ater, a hole with its firestopped				
		t of the fire-resistance-rated				
		inprotected opening.				
		- there is a cable not				
	firestopped as it pe					
	fire-resistance-rated	d ceiling assembly.				

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Division of Health Service Regulation						
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION <b>01</b>	(X3) DATE SURVEY COMPLETED	
		HAL034093	B. WING 07/18		8/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DANBY I	HOUSE		KE MILL RO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
	cable not firestoppe fire-resistance-rate j. MCU Nurse Sta not firestopped as t fire-resistance-rate 3. Based on obse	ation - there are three cables hey penetrate the discilling assembly.  In the call the call the call the call system in a safe and				
	Findings on July 18 a. Can Wash Area circuit-interrupter (Confident of the circuit of the circui	, 2019: a - the ground-fault GFCI) electrical power ng its weather resistant cover.  rvation, the smoke tight not maintained in a safe and . , 2019: Janitorial - the corridor door's lece of card board covering venting the door from latching the corridor door does not				
	latch into its frame c. Bedroom 212 - latch into its frame d. Bedroom 214 - between the face of doorframe near the e. MCU therapy corridor door aroun 5. Based on obse maintained in a safe because exit doors degrees for egress	when closed. the corridor door does not when closed. there is a 5/8-inch gap f the door and the stop on the door handle. there is a hole through the d the door handle. rvation, the Building is not e and operating condition, do not open a minimum of 90				
		, 2019: terior Exit - there are sand or limiting the door swing to				

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Division of Health Service Regulation						
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		HAL034093	B. WING		07/1	8/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
DANBY I	HOUSE		KE MILL RO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From parabout 70 degrees.  6. Based on obse System was not may operating condition residents, staff, and contained in the rook Findings on July 18 a. MCU Front Porthe fire sprinkler do hole through the fire allows the spread ob. MCU Front Pormissing its escutch opening through the that allows the spread of the facility could be closed or closed rapproved devices the facility could	ge 10  rvation, the Building Sprinkler sintained in a safe and. This could affect all divisitors if smoke/fire is not om or compartment of origin., 2019: ch - the escutcheon plate on es not cover the complete e-resistance-rated ceiling that if smoke and heat. ch - the fire sprinkler head is eon plate, exposing an efire-resistance-rated ceiling and of smoke and heat.  ervation, corridor doors are not e and operating condition. open or held open by sor methods. All occupants in affected if doors cannot be pidly with a light push or pull of spread of smoke and fire to  , 2019: the corridor door has a wedge en. the corridor door has a wedge en and the bottom hinge is the corridor door has a trash or open. the corridor door has a stuffed door open. the corridor door has a trash or open.	C 189			
		the corridor door has a chair				

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