STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		E SURVEY PLETED	
		HAL034035	B. WING		07/	07/17/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, ST	ATE, ZIP CODE			
BROOKE	OALE REYNOLDA RO		NOLDA ROAD SALEM, NC				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 000	Initial Comments		C 000				
		tion Section Biennial Survey nd Ed Miller on 7-17-2019.					
	licensed on 7-2-199 information, the fact 1996 Minimum Stat Homes for the Age portions of the 2009 of Seven or More B	at this facility was first 26, for 72 beds. Based on this cility is required to meet the ndards and Regulations for d and Disabled; the applicable 5 Rules for Adult Care Homes Beds; and the 1996 North ding Code Section 409.1-					
C 111	Must Have Current	San. & Fire Safety Reports	C 111				
	fire and building sa	02 DESIGN AND					
	sprinkler system ins listed several defici	of documents, the most recent spection report dated 6-13-19, encies. No subsequent s available to indicate the					
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164				
		06 HOUSEKEEPING AND					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA NND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: ((X3) DATE SURVEY COMPLETED	
			A. BOILDING. VI			
		HAL034035	B. WING		07/	17/2019
AME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S ⁻	TATE, ZIP CODE		
ROOK	DALE REYNOLDA RO	ΔΠ	YNOLDA ROA			
(X4) ID		ATEMENT 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 ACTION CROSS-REFERENCED TO TH DEFICIENCY	HE APPROPRIATE	COMPLE DATE
C 164	Continued From pa	age 1	C 164			
	(3) have furniture (c unpleasant odors; clean and in good repair; apply to new and existing				
	Based on observat systems are not ke Findings on 7-17-2 The HVAC exhaust	t grill and radiation damper in ff the laundry had an				
C 166	Housekeeping-Mai	ntained Free of Hazards	C 166			
	FURNISHINGS (a) Adult care home (5) be maintained orderly manner, fre hazards;	HOUSEKEEPING AND				
	1. Based on obser maintained in a saf handling portable n could affect all resi cylinders fall, break cylinder and turning Findings on 7-17-2 Several (5 regular a	and 8 small) portable medical ere stored in unapproved	,			

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER:		egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION		E SURVEY PLETED
		HAL034035	B. WING		07/17/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
BROOKI	DALE REYNOLDA RO		YNOLDA ROAI N SALEM, NC			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
C 166	Continued From pa	age 2	C 166			
	maintained in a saf and/or fall hazards porches. Findings on 7-17-2 a. Items (cans, bo were left scattered steps causing a trip b. Foam seat cush steps from the dinin c. One of the step the dining room wa causing a trip haza d. The handrail on	ttles, trash can components) on the basement deck and o and fall hazard. hions (7) were left on the rear ng room causing a fall hazard. treads on the rear steps from is loose and warped upwards				
C 185	Fire Safety-Rehear	sals on Each Shift	C 185			
	quarterly on each s requirement of the Enforcement Offici (c) Records of reh and copies furnishe social services ann include the date an shift, staff member description of what	09 PLAN FOR rehearsals of the fire plan shift in accordance with the local Fire Prevention Code				
	1. Based on review rehearsals are not least one per shift of the second	et as evidenced by: v of documents, fire drill being done regularly with at each quarter. Failure to an could lead to confusion and	Ŀ			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			E SURVEY PLETED
		HAL034035	B. WING		07/17/2019	
IAME OF F	PROVIDER OR SUPPLIER	A	DDRESS, CITY, S	TATE, ZIP CODE	1	
ROOKD	ALE REYNOLDA RO	ΟΔD	YNOLDA ROA			
		WINSTO	N SALEM, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
C 185	Continued From pa	age 3	C 185			
	rehearsals done du b. In the 2nd quart rehearsals done du c. In the 4th quart rehearsal done du 2. Based on a revi	2019: er of this year, there were no uring the 1st and 3rd shifts. ter of this year, there were no uring the 1st and 3rd shifts. er of last year, there was no ring the 1st shift. iew of documents, the records cluded little to no description of				
C 188	10A NCAC 13F .03 All adult care home locations at sinks,	n Wet Locations PHYSICAL PLANT 310 ELECTRICAL OUTLETS e electrical outlets in wet bathrooms and outside of ground fault interrupters.	C 188			
	Based on observative would not reset. Genot work properly pelectrical shock or Findings on 7-17-2 a. The GFCI type near room 34 would operation. b. The GFCI type					
C 189		It Maintained Safe, Operating PHYSICAL PLANT 311 OTHER	C 189			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE	CONSTRUCTION	(X3) DAT	E SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL034035	B. WING		07/	17/2019
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE	•	
		2980 RE	YNOLDA ROAI	D		
SRUUNI	DALE REYNOLDA RO	WINSTO	N SALEM, NC	27106		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 189	Continued From pa	ige 4	C 189			
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	nd all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing aception of Paragraph (e) ly to existing facilities.				
	 Based on obser fire rated walls and in several locations are not sealed with one-hour fire rated possibility that a fire quickly spread to of Findings on 7-17-20 a. Hole in the ceilin foyer, Hole in the ceilin the ED office, Holes in the wal electrical room, Air transfer grill, the corridor wall ab Care Coordinator" 	ng at a smoke detector in the ng at a smoke detector near Is and the ceiling of the main 8 inches by 8 inches, through ove the door to the "Health office, theon not tightly fitted to the				
	prevented from close resist the passage doors that do not cl present the possibi one space can quic the remainder of th Findings on 7-17-20					

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: C	CONSTRUCTION		E SURVEY PLETED
		HAL034035	B. WING		07/17/2019	
				TATE, ZIP CODE	077	17/2019
		2980 RF	YNOLDA ROA			
BROOKL	DALE REYNOLDA RO	WINSTO	N SALEM, NC	27106		1
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 189	Continued From pa	ige 5	C 189			
	to automatically lat b. The 3/4 hour fire to the dining room c. The door to the	broper hardware to allow them tch when closed. e rated door from the kitchen will not latch when closed. pantry, which is larger than as tied open with a bungee				
	3. Based on observation, the combination battery powered emergency light and exit sign in the kitchen would not work on battery when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.		,			
	corridor near the pu on battery when test	vation, the exit sign in the ublic restroom would not work sted. Exit signs that will not t least 90 minutes could ents and staff.				
	documentation of the monthly inspections on the fire extinguise must be inspected	vation, there was no he required in house/owner's s for May and June of this year shers. Fire extinguishers monthly and the inspections ed somewhere such as on the e extinguisher.				
	maintained in a saf improper storage d panel in the kitche	vation, the facility was not ie condition because of irectly in front of an electrical n. Storage in front of electric access to the panel to kill cal fire.				
C 191	Unvented & Portab	le Elec. Heaters Prohibited	C 191			
	SECTION .0300 - F	PHYSICAL PLANT				
ision of He	ealth Service Regulation		μ			1

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL034035	B. WING		07/	17/2019
AME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		11/2010
BROOK	DALE REYNOLDA RO	ΔΠ	YNOLDA ROAI			
		WINSIC	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 ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
C 191	Continued From pa	ge 6	C 191			
	maintain 75 degree winter design condi following shall apply appliances. (2) Unvented fuel to portable electric he (k) This Rule shall facilities with the ex- which shall not app This Rule is not mo Based on observati to the prohibition of Portable electric he hazard and as such the facility. Findings on 7-17-20 a. There was a por the "Business Offic	a heating system sufficient to as F (24 degrees C) under tions. In addition, the y to heaters and cooking burning room heaters and aters are prohibited. apply to new and existing acception of Paragraph (e) ly to existing facilities. et as evidenced by: ion the facility failed to adhere portable electric heaters. aters are a potential fire n could affect all occupants of 019: table electric heater found in e Coordinator". table electric heater found in				