

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034098 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____ | (X3) DATE SURVEY COMPLETED R 08/06/2019 |
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| NAME OF PROVIDER OR SUPPLIER SALEM TERRACE | STREET ADDRESS, CITY, STATE, ZIP CODE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127 |
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| {C 000} | Initial Comments Report of a Biennial Follow Up Construction Survey by Ed Miller, conducted on August 6, 2019. Deficiencies were cited that will require a new Plan of Correction. | {C 000} | | |
| {C 101} | 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, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those 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. Previous findings: Review of DHSR licensing records and interview with Administrator indicate this facility's license began to reflect a 62 bed Special Care Unit [SCU] on 09/25/2006. All SCU residents share one | {C 101} | | |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



ADMINISTRATOR

8/15/19

Division of Health Service Regulation

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| {C 101} | Continued From page 1 dining room that is adequate to seat all 62 residents. The dining room had only 1 exit and Building Code requires 2. New Findings on August 6, 2019: The new exit door does not have all the required features of an exit. aaa. The new exit door is only equipped with a double cylinder dead bolt requiring a key to open the exit. An interview with the Administrator revealed that until they obtain a working and approved special locking system, they will have a staff member with key stationed at the door while the room is occupied. The Administrator was informed that All staff who are responsible for evacuation of the unit must always have keys on them and have training and knowledge of what to do in an emergency. bbb. The new exit is not marked with an exit sign. ccc. The new exit does not have a fire alarm pull within 5 feet of the exit. | {C 101} | EXIT SIGN HAS BEEN INSTALLED AND IS WORKING PROPERLY. ALL SCU STAFF HAS A KEY TO THE EXIT DOOR ON THEIR KEY RING THAT THEY CARRY AT ALL TIMES THROUGH OUT THE DAY. ALL STAFF IS AWARE THAT IN THE CASE OF AN EMERGENCY A DESIGNATED STAFF MEMBER IS ASSIGNED TO THE DOOR AS IT IS TO BE UNLOCKED AND SUPERVISED. THIS IS THE SAME PROTOCOL DURING FIRE DRILLS, AND MEAL TIMES. | 8/14/19 11/30/19 |
| {C 160} | Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition. | {C 160} | MODERN SYSTEMS HAS BEEN CALLED OUT TO DO A QUOTE FOR THE FIRE PULL ALARM. | |

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| {C 160} | Continued From page 2 Findings on August 6, 2019: h. Front canopy - a section of the aluminum soffit has fallen out. Per interview with Maintenance Director the facility is considering removing the canopy. | {C 160} | FACILITY WILL PURCHASE A SCAFFOLD AND BUY THE VINYL AND J TRACK THAT IS NEEDED TO REPAIR THE CANOPY | 11/30/19 |
| {C 164} | Housekeeping and Furnishings-Clean, Repaired 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. This Rule is not met as evidenced by: 1. Observations revealed that the walls are not kept clean and in good repair. Findings on August 6, 2019: e. 100 Hall - the wallpaper is torn and peeling at the expansion joint near the Nurses' Station. l. SCU Dining - the window trim is missing along the right side of the second window bay. m. Riser Room - there is a large hole cut into the wall to the left of the sprinkler riser. n. Riser Room - the sheetrock seam is not sealed at the triangular intersection. Per interview with the Maintenance Director he was unaware of the second Riser Room. 2. Observations revealed that the furnishings are not kept in good repair. | {C 164} | E. WALL PAPER HAS BEEN PEELED OFF AND WALLS ARE BEING REPAIRED AND SANDED TO GET READY FOR PAINT I COMPLETED. M. COMPLETED. N. COMPLETED. | 8/16/19 8/13/19 |

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| {C 164} | <p>Continued From page 3</p> <p>New Findings on August 6, 2019: iii SCU Family Room - the door now moves freely but it hit its frame and does not close and latch.</p> <p>3. Observations revealed that the floors are not maintained clean and in good repair.</p> <p>Findings on August 6, 2019: i. Room 205 Bath - the floor around the toilet is stained. n. The carpet seam is unraveling at the entrance to the 500 pod toward Room 502. o. The carpet is fraying at the fire doors between the 500 and 100 Halls. Per interview with Maintenance Director the carpets will be scheduled to be replaced. Some carpet replacement has started.</p> <p>5. Observations revealed that the ceilings are not kept clean and in good repair.</p> <p>Findings on August 6, 2019: f. Rooms 511 and 512 - there are large cracks in the ceiling finish in both of these rooms. Per interview with Maintenance Director they do not have a tall ladder to make repairs.</p> | {C 164} | <p>DOOR HAS BEEN FIXED AND NO LONGER HITS FRAME, DOOR CLOSES AND LATCHES COMPLETELY.</p> <p>I A NEW FLOOR WILL BE PUT DOWN</p> <p>N-O ALL CARPET WILL PULLED UP AND NEW HARDWOOD FLOORS WILL BE PUT DOWN.</p> <p>F. THE FACILITY WILL BUY A SCAFFOLD AND SCRAPE THE CEILINGS AND GET THEM READY FOR ALL REPAIRS TO BE DONE.</p> | <p>8/14/19</p> <p>8/15/19</p> <p>11/30/19</p> <p>11/30/19</p> |
| {C 189} | <p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing</p> | {C 189} | | |

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| {C 189} | <p>Continued From page 4</p> <p>facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be effected if the equipment failed to alert the occupants in case of a fire.</p> <p>Findings on August 6, 2019:</p> <p>c. The wall magnet on the cross corridor doors by Room 100 is loose.</p> <p>2. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on August 6, 2019:</p> <p>h. Laundry Room - the light fixtures have been replaced and the penetrations for the old fixtures have not been sealed. 2/3 of the penetrations have been repaired</p> <p>i. Room 406 - one of the sprinkler head escutcheon plates was loose leaving a gap in the ceiling. Per interview with Maintenance Director they do not have a tall ladder to make repairs.</p> <p>m. Riser Room - the escutcheon plate is missing at the sprinkler head and the sprinkler pipe does not have a flange where it penetrates the ceiling. Per interview with the Maintenance Director he was unaware of the second Riser Room.</p> | {C 189} | <p>C. COMPLETED</p> <p>H. COMPLETED</p> <p>I. COMPLETED</p> <p>M. FACILITY WILL ORDER BOTH THE ESCUTCHEON PLATE AND THE FLANGE FOR THE REPAIRS.</p> | <p>8/11/19</p> <p>8/8/19</p> <p>8/8/19</p> <p>11/30/19</p> |

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| {C 189} | <p>Continued From page 5</p> <p>n. Front Canopy - two of the sprinkler heads are missing escutcheon plates. Per interview with Maintenance Director the facility is considering removing the canopy.</p> <p>3. Observations revealed that the plumbing equipment is not maintained in a safe and operating condition.</p> <p>New Findings on August 6, 2019: ccc. SCU Men's Bath in Dining - the knob on the sink faucet fell off into the Surveyor's hand.</p> <p>6. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have holes or gaps between the door and the door frame.</p> <p>Findings on August 6, 2019: c. Medical Records - the door has been cut to create a Dutch door. There is a 1/2" gap between the panels. Per interview with Maintenance Director a door needs to be ordered.</p> <p>7. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be effected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection.</p> <p>New Finding on August 6, 2019: aaa. Kitchen - the hood suppression system was last inspected in March of 2019. There has been no monthly inhouse inspection since that inspection.</p> | {C 189} | <p>N. NEW ESCUTCHEON PLATE WILL BE ORDERED AND REPAIRED</p> <p>ccc. COMPLETED. A NEW FAUCET WAS INSTALLED.</p> <p>C. THE DOOR HAS BEEN REPLACED.</p> <p>AAA. ALL ARE CURRENTLY UP TO DATE.</p> | <p>11/30/19</p> <p>8/13/19</p> <p>8/9/19</p> <p>8/7/19</p> |

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| {C 189} | Continued From page 6 8. Observations revealed that the electrical equipment is not maintained in a safe and operating condition. New Finding on August 6, 2019: bbb. Room 207 - the light fixture's non-GFCI outlet was removed but now there is an opening in the fixtures body allowing access to energized components. | {C 189} | BBB. A NEW FIXTURE HAS BEEN INSTALED. | 8/9/19 |
| {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; (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: Findings on August 6, 2019: a. Room 115/113 Shared Bath - the exhaust fan is not working. c. Soiled Linen and Laundry - the exhaust fans have a heavy accumulation of dust and lint. d. Kitchen - the exhaust fans in the supporting | {C 199} | A. WORKING ON A SOLUTION ON HOW TO REPLACE THE EXHAUST FAN. THERE IS NO ACCESS THROUGH THE ATTIC. C ALL FANS HAVE BEEN CLEANED. D. FAN HAS BEEN CLEANED. | 11/30/19 8/9/19 8/9/19 |

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| {C 199} | Continued From page 7 areas have a heavy accumulation of dust. f. 500 Hall HC Bath - the exhaust fan is not working | {C 199} | F. WORKING ON HOW TO REPLACE. THERE IS NO ATTIC ACCESS. | 11/30/19 |