STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
					R		
		HAL034093	B. WING		09/	12/2019	
NAME OF F	PROVIDER OR SUPPLIER			TATE, ZIP CODE			
DANBY H	IOUSE		KE MILL ROA				
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLET DATE	
{C 000}	Initial Comments		{C 000}				
	Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on September 12, 2019.						
	There are deficiencies from the Biennial Construction Survey that remain to be corrected.						
{C 166}	Housekeeping-Maintained Free of Hazards		{C 166}				
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, free hazards;	06 HOUSEKEEPING AND					
	maintained free of h fall, breaking their v	et as evidenced by: vation, the Building was not nazards, if oxygen cylinders valves, propelling the cylinder, dangerous projectile.					
	oxygen cylinder is la and is not physically chained to the struct c. Bedroom 216 - t medical oxygen cyli	room 104- a portable medical aying horizontally on the floor y secured in a rack, stand or cture. here were four portable inders standing up on the floor red in a rack, stand or chained					
{C 189}	Building Equipment	Maintained Safe, Operating	{C 189}				

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034093		(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NOMBER.	A. BUILDING: 01			
		B. WING		R 09/12/2019		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
DANBY	HOUSE		RKE MILL ROA N SALEM, NC			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN(THE APPROPRIATE	COMPLET DATE
{C 189}	Continued From page 1		{C 189}			
	mechanical, and plu care home shall be operating condition. (k) This Rule shall facilities with the ex which shall not app This Rule is not me 1. Based on observe emergency equipm safe and operating if they could not pro- during an emergence Findings on Septem b. Salem Hall Active emergency light on removed for repair 2. Based on observe was not maintained condition. This coul not contained in roo Findings on Septem j. MCU Nurse Stati the nurses' desk not the fire-resistance-r	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e) ly to existing facilities. et as evidenced by: vation, the building's ent was not maintained in a condition. This would affect all omptly find their way to an exit cy. hber 12, 2019: ity - the self-contained the corridor wall has been or replacement. vations, the Building fire safety in a safe and operating d expose all to fire/smoke if on of origin.				

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