STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL034104 08/27/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE TRANQUILITY CARE WINSTON SALEM, NC 27105 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) {C 000} Initial Comments {C 000} Report of Biennial Follow Up Construction Survey by Dennis Harrell on 8-27-2019. Some deficiencies were not corrected. Further action is required. {C 189} Building Equipment Maintained Safe, Operating {C 189} 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 facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing early detection and activating the fire alarm system. NEW Finding on 8-27-2019: Work was in progress to install fire dampers, required by the local Fire Marshal. There was no access doors to inspect the dampers. Findings on 8-27-2019: b. Laundry Water Heater Room - the HVAC units have duct mounted smoke detectors sampling tube are dirty. c. Exterior Mech Room near Kitchen - observed on 12/06/2019, the sample tubes for the HVAC duct mounted smoke detectors are dirty. There is still no key on site to access this room, as previous employee departed and took key. Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 R HAL034104 B. WING_ 08/27/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE TRANQUILITY CARE WINSTON SALEM, NC 27105 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) {C 189} Continued From page 1 {C 189} 6. Based on observations, the Building fire safety was not maintained in a safe and operating Spare key has been made, condition. This could expose all to fire/smoke if not contained in room of origin. Findings on 8-27-2019: Exterior Mech Room near Kitchen - observed on 12/06/2019, there are two holes not firestopped as they penetrate the fire-resistance-rated ceiling assembly. There is still no key on site to access this room, as previous employee departed and took key.