Division o	f Health Service Re	egulation				APPROVE	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		CIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
	HAL034100		B. WING		10/3	30/2019	
NAME OF PR	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE			
SOMERSE	T COURT AT UNIVE	RSITY PLACE	ST 5TH STREE N SALEM, NC				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
C 000	Initial Comments		C 000				
	Report of a Construction Section Biennial Survey by Suzanna Fay conducted on October 30, 2019.						
 	December 7, 1999 Information we are the 1996 Rules for f Homes, the applica for Adult Care Hom- and the 1996 North Section 409 Instituti	is facility was first licensed on for 60 residents. Based on this requiring the facility to meet the Licensing of Adult Care ble portions of the 2005 Rules es of Seven or More Beds, Carolina State Building Code; ional Occupancy - Group I. ited that require a Plan of					
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164				
	FURNISHINGS (a) Adult care home (1) have walls, ceili coverings kept clea (2) have no chronic (3) have furniture c	06 HOUSEKEEPING AND					
	This Rule is not me 1. Observations re- and floors were not	vealed that the walls, ceilings					
6 	has a heavy accum o. Laundry - the lau There was a pile of	oom - the exhaust fan grill					
ision of Hea	alth Service Regulation	ER/SUPPLIER REPRESENTATIVE'S SIG	SNATURE	TITLE		(X6) DATE	

Division	of Health Service Re	egulation			FORM	APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		FICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
	HAL034100		B. WING		10/	30/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE			
SOMERS	SET COURT AT UNIVE	RSITY PLACE	ST 5TH STREI 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 COR (EACH CORRECTIVE ACTION 3 CROSS-REFERENCED TO THE A DEFICIENCY)	ION SHOULD BE COMPLE THE APPROPRIATE DATE		
C 164	Continued From page 1		C 164				
	c. Kitchen - there was a liquid substance on the floor behind the cooking unit.						
	2. Observations revealed that the furnishings were not kept clean and in good repair.						
	drawers were loose of drawers was chip b. Kitchen - the fry grease running dow	of the drawers on the chest of and off the track. The chest oped and scratched. er unit has thick layers of vn the side and on the wheels. revealed the unit was leaking					
C 166	Housekeeping-Main	ntained Free of Hazards	C 166				
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards;	06 HOUSEKEEPING AND					
	This Rule is not me 1. Observations re maintained free of I	vealed that the facility was not					
	could cause an inju b. Room 123 - the is damaged and se door hardware. Th	er 30, 2019: toilet seat was loose which ry resulting from a slip or fall. veneer on the bathroom door parating from the door at the e edges are rough and sharp injury to the residents.					

	of Health Service Re	guiation	1				
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING: 0	1			
		HAL034100	B. WING		10/	10/30/2019	
AME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE			
OMERS	SET COURT AT UNIVE		ST 5TH STREE	т			
		WINSTO	N SALEM, NC	27101		1	
X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	S PLAN OF CORRECTION (X5 CTIVE ACTION SHOULD BE COMPL INCED TO THE APPROPRIATE DAT DEFICIENCY)		
C 189	Building Equipment Maintained Safe, Operating		C 189				
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex which shall not app	11 OTHER ad all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing acception of Paragraph (e) ly to existing facilities.					
	maintain the buildin safe condition. Hole through fire resistar	et as evidenced by: vation there is a failure to g's fire safety systems in a es or gaps at penetrations nt rated ceilings or walls could the to spread beyond the area					
	the ceiling at the lig b. Kitchen freezer/ new surface mount The conduits are no the ceiling. c. Attic above smo - a large section of 8' has been cut out barrier wall. d. Attic above smo - the caulking arour penetrating the smo deteriorated leaving e. Attic above smo	te is a 1 1/2" diameter hole in ht fixture. cooler room - there are six ed electrical boxes installed. ot sealed where they penetrate ke barrier doors at Room 109 sheetrock, approximately 4' x and removed from the smoke ke barrier doors at Room 109 nd the 6" round duct oke barrier wall has g gaps around the duct. ke barrier doors at Room 109 pove the framing penetration to					

MKGR21

PRINTED: 11/13/2019 FORM APPROVED

ALBUILDING: 01 DENTIFICATION NUMBER. A. BUILDING: 01 COMPLE HAL034100 B. WING 10/30/ VAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1635 EAST 5TH STREET SOMERSET COURT AT UNIVERSITY PLACE 1635 EAST 5TH STREET WINSTON SALEM, NC 27101 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) C 189 Continued From page 3 C 189 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on October 30, 2019: a. The right leaf of the cross corridor doors by the residential laundry slows down at the end of the swing and does not latch automatically. b. Room 224 - the door hits the frame and does not close and latch without excessive force or lifting. c. Activity Room - the corridor doors have a deadbolt latch and are not positive latching (aka	(X3) DATE SURVEY COMPLETED 10/30/2019	
Image of PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SOMERSET COURT AT UNIVERSITY PLACE 1635 EAST 5TH STREET WINSTON SALEM, NC 27101 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) C 189 C 189 C 189 C 189 C 189 C 189 ID maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on October 30, 2019: a. The right leaf of the cross corridor doors by the residential laundry slows down at the end of the swing and does not latch automatically. b. Room 224 - the door hits the frame and does not close and latch without excessive force or lifting. c. Activity Room - the corridor doors have a		
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self latching).		

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