

Division of Health Service Regulation

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 12/05/2019
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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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments Report of a Biennial Follow Up Construction Survey by Ed Miller, conducted on December 5, 2019, and the receipt of documentation on December 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]	{C 101}		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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{C 101}	<p>Continued From page 1</p> <p>on 09/25/2006. All SCU residents share one dining room that is adequate to seat all 62 residents. The dining room had only 1 exit and Building Code requires 2 in rooms with occupancy of 50 or more.</p> <p>Review of Findings from August 6, 2019: Exit doors are now installed. However, the new exit doors are equipped with a double cylinder dead bolt requiring a key to open..</p> <p>Findings on December 5, 2019: The exit doors are still equipped with a double cylinder dead bolt. Interview with staff revealed they have contracted to have an electromagnetic lock installed on the door. Untill this is complete they agreed to have staff carry keys.</p> <p>Based on observation and interview, all staff responsible for the evacuation of residents did not have a key to the door. The med tech was the only staff with a key to unlock the door. The med tech was not present between 3:00 pm and 4:00 pm.</p>	{C 101}		