(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL034104 04/10/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5100 LANSING DRIVE** TRANQUILITY CARE WINSTON SALEM, NC 27105 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Construction Section Biennial Survey by Suzanna Fay conducted on April 10, 2024. Records indicate that this 60-bed facility was first licensed on December 1, 1989. Based on this information, we are requiring the facility to meet the 1978 NC State Building Code, with revisions, the 1987 Minimum Standards and Regulations for Homes for the Aged and Disabled and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds. Deficiencies were cited that require a Plan of Correction. C 143 Janitor's Closets-Locked C 143 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (f) The requirements for storage rooms and closets are: (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: 1. Observations revealed that one of the storage closets containing cleaning agents, bleaches and other substances was not locked. Findings on April 10, 2024: a. Housekeeping across from Room 14 - the room was not locked at the time of survey and the room contained bleach and other cleaning agents.

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

TITLE (X6) DATE

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 04/10/2024

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

5100 LANSING DRIVE

TRANQU	TRANQUILITY CARE 5100 LANSING DRIVE WINSTON SALEM, NC 27105						
(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 150	Continued From page 1	C 150					
C 150	Corridors-Free of equipment and Obstructions	C 150					
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.						
	This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain the corridors free of all equipment and other obstructions. Means of egress or exit paths that are obstructed or blocked could delay or hinder emergency evacuation of the occupants from the facility.						
	Findings on April 10, 2024: a. A hoyer lift is being stored in the hallway outside of room 1 which is partially blocking the exit door.						
C 160	Outside Premises-Clean, Safe	C 160					
	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.						
	Findings on April 10, 2024:						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01	(X3) DATE SURVEY COMPLETED	
	HAL034104	B. WING	04/10/2024	

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

TRANQUILITY CARE

5100 LANSING DRIVE WINSTON SALEM, NC 27105

WINSTON			N SALEM, NC 27105			
(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 160	Continued From page 2 a. The downspout outside of the kitchen is detached and leaning against the wall.	C 160				
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.	C 164				
	This Rule is not met as evidenced by: 1. Observations revealed that the walls and floors were not kept clean and in good repair. Findings on April 10, 2024: a. Men's Guest Toilet - the paint has pulled loose where the old toilet paper dispenser was and the old wallpaper is exposed. b. Bath across from Room 4 - there is a four inch hole in the wall behind the door. c. Hopper Room by Room 18 - there is a large orange spill or leak below the sink.					
	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;	C 166				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
HAL034104		HAL034104	B. WING		04/10/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE	•	
TRANQU	ILITY CARE		SING DRIVE			
			SALEM, NO		211	
(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 SHOUL CROSS-REFERENCED TO THE APPROF	.D BE	(X5) COMPLETE DATE
C 166	Continued From pa	ge 3	C 166			
	(e) This Rule shall facilities.	apply to new and existing				
	maintained free from were improperly sto any means of restra	vation the facility was not m hazards. Oxygen bottles ored. Oxygen bottles without aint to prevent them from cked over may present a				
	Findings on April 10 a. Hopper Room by small oxygen bottle countertop.	y Room 18 - there are five				
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	11 OTHER ad all fire safety, electrical, ambing equipment in an adult amaintained in a safe and				
	failure to maintain t alarm system devic operating condition	vation and testing there is the facility's emergency fire tes and equipment in a safe and the ected if the equipment failed to				

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TFZG21 If continuation sheet 4 of 8

	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01	COMPLETED	
HAL034104 B. WING	04/10/2024	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
5100 LANSING DRIVE		
TRANQUILITY CARE WINSTON SALEM, NC 27105		
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(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE		
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATION DEFICIENCY)	ATE DATE	
DEFIGEROT)		
C 189 Continued From page 4 C 189		
Findings on April 10, 2024:		
a. The FACP is noting problems with a		
supervisory signal, a heat detector and a smoke		
detector. The trouble light is not on and the		
system appeared to operate correctly.		
b. Room 15 - the heat detector is disconnected		
from the base.		
2. Based on observation there is a failure to		
maintain the facility's fire safety equipment in a		
safe operating condition. Occupants in the smoke		
compartment could be exposed to smoke or fire if		
doors do not completely close and latch to help		
limit the spread of smoke or fire to the area of		
origin.		
Findings on April 40, 2004.		
Findings on April 10, 2024: a. Room 8 - the latch plate is loose and the floor		
is not level at the door making it hard to close and		
latch the door.		
b. Bathroom across from Room 4 - the door		
veneer has been pulled loose on both faces of		
the door and the door is not able to close and		
latch.		
c. Room 3 - the door is damaged at the latch and		
the door no longer closes and latches. d. Room 1 - the door hardware is missing		
preventing the door from closing and latching.		
e. Room 2 - the latch plate is stuffed with blue		
material and the latch is taped back so that the		
door can no longer latch when closed.		
f. Room 13 - the door is blocked from closing		
due to the resident's clothing and items in front of		
the door. This prevents the door from closing		
and may impede the occupants of the room from		
exiting in a timely manner.		
g. Med Room - the door is dragging on the floor		
requiring excessive force to close. h. Hopper Room by Room 18 - the door		
hardware is missing.		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL034104	B. WING		04/1	0/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
TRANQL	ILITY CARE		SING DRIVE			
			SALEM, NO			
(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 SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 5	C 189			
	maintain the buildin safe condition. Hole through fire resistar allow fire and smok of origin. Findings on April 10 a. Employee Close sleeve penetrating bottom. b. End of Corridor unsealed cable per c. Bath by Room 1 secure to the ceiling resistant rated ceiling. Med Room - the ceiling at the corridor	the the the the the the ceiling that is open at the the ceiling that is open at the the the the the the the the the th				
	at the cross corrido	I around the hold open device r door by Activity Room is penings in the fire resistant				
	maintain the facility safe condition. In or	vation there is a failure to 's fire safety equipment in a rder to resist the passage of m doors must not have gaps e face of the door.				
), 2024: y Room 9 - the door hardware rescent shaped hole through				
	maintain electrical e equipment in safe of	vation the facility did not emergency/safety lighting operating condition. This could the facility if egress paths and				

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exits were not illuminated during a power outage.

DIVISION	Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY				
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		COMPLETED				
		HAL034104	B. WING		04/1	0/2024		
NAMEOF	PROVIDER OR SUPPLIER	CTDEFT ADI	DESS CITY S	STATE, ZIP CODE	-			
NAIVIE OF F	PROVIDER OR SUPPLIER							
TRANQU	ILITY CARE		SING DRIVE					
			SALEM, NO					
(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 SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE		
C 189	Continued From pa	ge 6	C 189					
	light at the drink star 6. Based on observinstall and maintain devices or equipme install plumbing saf- could affect all occu absence of the plum	ne bulbs on the emergency tion was burned out. vation there is a failure to required plumbing safety ent. Failure to maintain or ety devices or equipment upants of the facility if the abing safety devices or the domestic water supply to						
	the shower pan that	the shower wand extends into t will allow dirty water to be the domestic water supply if						
	maintain the facility safe operating cond smoke compartmer resistant rated door	vation there is a failure to s fire safety equipment in a lition. The occupants in the nt could be affected if the fire s do not completely close and e spread of smoke and/or fire.						
), 2024: extending to latch the door on rridor fire doors by Room 12.						
C 199	Exhaust Ventilation		C 199					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
AND LEAN OF CONNECTION		IDENTIFICATION NOMBER.	A. BUILDING:	01	30 22.125			
		HAL034104	B. WING		04/1	0/2024		
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE				
		5100 LAN	SING DRIVE					
TRANQU	IILITY CARE		SALEM, NO					
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)		
PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE		
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE		
	_			DEI TOLEITO I)				
C 199	Continued From pa	ige 7	C 199					
	two cubic feet per r	ninute per square foot. This						
		not apply to facilities licensed						
		l, with natural ventilation in						
	these specified spa							
	(1) soiled linen stor							
	(2) soil utility room;	•						
	(3) bathrooms and							
	(4) housekeeping	closets; and						
	(5) laundry area.							
	(k) This Rule shall apply to new and existing							
		(ception of Paragraph (e)						
	which shall not app	ly to existing facilities.						
	This Dulation at my	at as evidenced by						
	This Rule is not met as evidenced by: 1. Observations revealed that the facility did not							
		entilation in specified spaces.						
		allows for the build up humidity						
		dew and slick areas and						
	prevents the dissipa							
	Findings on April 10), 2024:						
		across from Room 14 - the						
	exhaust fan is not v	vorking.						
	I							

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