	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>C</b>	CONSTRUCTION		E SURVEY PLETED	
		HAL034035	B. WING	B. WING		06/13/2024	
IAME OF P	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
BROOKD	ALE REYNOLDA RC	ΔΠ	YNOLDA ROAI				
			N SALEM, NC				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 000	Initial Comments		C 000				
		uction Section Biennial Survey Icted on June 13, 2024.					
	licensed on July 2, this information, the 1996 Minimum Sta Homes for the Age portions of the 200 of Seven or More E	hat this facility was first 1996, for 72 beds. Based on e facility is required to meet the ndards and Regulations for d and Disabled; the applicable 5 Rules for Adult Care Homes Beds; and the 1996 North ding Code Section 409.1-					
	Deficiencies were of Correction.	cited that require a Plan of					
C 150	Corridors-Free of e	quipment and Obstructions	C 150				
	1. Based on observed of obstructions residents, staff, and obstructing egress Findings on June 1 a. Main Hall, Dining	ng - the back left side marked vith a chair and a large wet/dry					
C 160	Outside Premises-	Clean, Safe	C 160				
	SECTION .0300 - I	PHYSICAL PLANT					

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (	E CONSTRUCTION D1		E SURVEY PLETED
		HAL034035	B. WING		06/	13/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
BROOKE	DALE REYNOLDA RO	AD	(NOLDA ROA 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 ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
C 160	10A NCAC 13F .03 ENVIRONMENT (m) The requireme	-	C 160			
	facilities shall be ma condition;	aintained in a clean and safe				
	were not maintained condition. Findings on June 13 a. Exterior, Pink H was a disassembled mattress, mattress on this porch. b. Exterior, Walkw Side - the sidewalk smooth transition w the edges of the side c. Exterior, Blue H was a disassembled	rvation, the outside grounds d in a clean and safe 3, 2024: lall, Corridor End Porch - there d bed: frame, headboards, topper and wheelchair leg rest vay behind Blue Hall and Left from does not have a stable <i>i</i> th the adjacent ground and				
C 162	(3) Outdoor walkwa illuminated by no le light at ground level This Rule is not me	PHYSICAL PLANT 05 PHYSICAL ents for outside premises are: ays and drives shall be ss than five foot-candles of l. et as evidenced by:	C 162			
	the walkways did no	rvation, the outdoor lighting of ot have five-foot candles of nd level. This could affect all				

STATEMENT OF DEFIDIENCIES AND PLAN OF CORRECTION       (XIV) PROVIDERSUPPLIENCIA IDENTIFICATION NUMBER: HALD34035       (XIV) INTUFFIC CONSTRUCTION A BUILDING 01       (XIV) COMPLETED         NME OF PROVIDER OR SUPPLIENCIES BROOKDALE REVNOLDA ROAD       STREET ADDRESS, CITY, STATE, ZIP CODE 2880 REVNOLDA ROAD WINSTON SALEM, NC 27106       (XIV) PROVIDERS OR SUPPLIENCIES PROVIDENCESS, CITY, STATE, ZIP CODE 2880 REVNOLDA ROAD       (XIV) PROVIDENCESS, CITY, STATE, ZIP CODE 2880 REVNOLDA ROAD WINSTON SALEM, NC 27106         MULTING TXX       SUMMEY CRASHEM TO FEEDDINGED VILL RECOLLATORY OR LSC IDENTIFYING INFORMATION (XIV) RECOLLATORY OR LSC IDENTIFYING INFORMATION (XIV) RECOLATORY OR LSC IDENTIFYING INFORMATION (XIV)	Division	of Health Service R	equlation			FORM	APPROVED
NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STREE, ZP CODE       BROOKDALE REYNOLDA ROAD     STREET ADDRESS, CITY, STREE, ZP CODE       BROOKDALE REYNOLDA ROAD     DEVOLUTION TO PERFORMET OF PERFORMED BY FULL TAS     PROVIDER STREET OF OPERFORMET OF PERFORMED BY FULL TAS     DEVOLUTION TO PERFORMET OF PERFORMET OF STREET ADDRESS, CITY, STREE, ZP CODE       C 162     SUMMARY STREET OF OPERFORMATION)     TAG     PREFIX     CASE-REFERENCE TO THE ADMONGRAFT     CASE- IEAH OPERFORM OF CONFIRMET OF PERFORMET ON INTER OF CONFIRMET OF INTERCENT OF CONFIRMET OF THE ADMONGRAFT     CASE- IEAH OPERFORMET     COMPLETE TAS     CONFIRMET OF PERFORMET OF PERFORMET ON INTERCENT OF CONFIRMET OF THE ADMONGRAFT     CASE- IEAH OPERFORMET     CONFIRMET     COMPLETE TAS     CONFIRMET     COMPLETE TAS     CONFIRMET     COMPLETE TAS     CONFIRMET     COMPLETE TAS     CONFIRMET     CONFIRMET <th>STATEMEN</th> <th>IT OF DEFICIENCIES</th> <th>(X1) PROVIDER/SUPPLIER/CLIA</th> <th></th> <th></th> <th></th> <th></th>	STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				
NME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZP CODE         BROKDALE REYNOLDA ROAD       2980 REYNOLDA ROAD         WIND TYS       SUMMARY STATEMENT OF DEFICIENCIES         MARE OF PROVIDER'S PLAN OF CORRECTION       2980 REYNOLDA ROAD         WIND TYS       SUMMARY STATEMENT OF DEFICIENCIES         MARE OF PROVIDER'S PLAN OF CORRECTION       DEFICIENCY         C 162       SUMMARY STATEMENT OF DEFICIENCIES         C 162       Continued From page 2       C 162         C 164       Section State and Visitors if walkways and drives are not properly illuminated, warning of tripping hazards or obstructions.       C 164         SECTION 0.300 - PHYSICAL PLANT       10A NCAC 13F 0306 HOUSEKEEPING AND FURNISHINGS       C 164         SECTION 0.300 - PHYSICAL PLANT       10A NCAC 13F 0306 HOUSEKEEPING AND FURNISHINGS       C 164         SECTION 0.300 - PHYSICAL PLANT       10A NCAC 13F 0306 HOUSEKEEPING AND FURNISHINGS       C 164         SECTION 0.300 - PHYSICAL PLANT       This Rule is not met as evidenced by:       1. Based on observation, the floors were not kept clean and in good repair.       C 164         Section of Metha 14, Kitchen, Mech Room - the water heater was leaking onto the floor.       2. Based on observation, the collings were not kept clean and in good repair.       2. Based on observation, the collings were not kept clean and in good repair.       C 166         C 166       Housekeepin		OF CONRECTION	DENTIFICATION NOMBER.	A. BUILDING	6: <b>01</b>		
B80 REPYOLDA ROA INSTON SALEM., NC 27108           MAIL         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PHICE DEB BY FILL) (EACH DEPICIENCY MUST BE PHICE DEB BY FILL) (EACH CORRECTIVE ACTIONS AND LD BE (EACH DEPICIENCY)         CONS- (EACH CORRECTIVE ACTIONS AND LD BE (EACH CORRECTIVE ACTIONS AND LD BE (EACH DEPICIENCY)         CONS- (EACH DEPICIENCY)        CONS- (EACH DEPICI			HAL034035	B. WING		06/	13/2024
BROCKALE REYNOLDA ROAD     WINSTON SALEM, NC 27105       Image: Construction of the second sec	NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
Dyspin Premery Tag         SIMMARY STATEMENT OF DEFICIENCIS (EACH DEFICIENCY WIST BE PRECIDED BY FULL (EACH OPERCIDENT WIST BE PRECIDED BY FULL (EACH OPERCIDENT)         (20) (C) (EACH (EACH OPERCIDENT)         (20) (C) (EACH OPERCIDENT)         (20) (C) (EACH OPERCIDENT)         (20) (C) (EACH OPERCIDENT)         (20) (C) (EACH OPERCIDENT)         (20) (EACH OPERCIDENT)	BROOKI	DALE REYNOLDA RO	ΔΠ				
Prégrix Tag     IEACH DEPRICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION)     PRÉTX Tag     IEACH DERRETY ACTION SHOULD BE CROSS-REFERENCED TO THE APRROPRIATE DEFICIENCY)     COMÉTÉRE DEFICIENCY)       C 162     Continued From page 2     C 162       residents, staff and visitors if walkways and drives are not properly illuminated, warning of tripping hazards or obstructions. Findings on June 13, 2024: a. Exterior, Walkway behind Blue Hall and Left Side- three pagod antern light futures were broken, not luminating the walkway.     C 164       C 164     SECTION.0300 - PHYSICAL PLANT 10A NCAC 13F.0306 HOUSEKEEPING AND FURNSHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have for chean and in good repair; (3) have furniture clean and in good repair; (4) This Rule is not met as evidenced by: 1. Based on observation, the floors were not kept clean and in good repair. Findings on June 13, 2024: a. Main Hall, Kthen, Mech Room - the water heater was leaking onto the floor.       2. Based on observation, the ceilings were not kept clean and in good repair. Findings on June 13, 2024: a. Exterior, Blue Hall Corridor End Porch - a piece of vinyl sofff was missing, and another was ready to fall off the ceiling.     C 166       C 166     Housekeeping-Maintained Free of Hazards     C 166				,			
residents, staff and visitors if walkways and drives are not properly illuminated, warning of tripping hazards or obstructions. Findings on June 13, 2024: a. Exterior, Walkway behind Blue Hall and Left Side- three pagoda lantern light fixtures were broken, not luminating the walkway. 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 walks.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 is not met as evidenced by: 1. Based on observation, the floors were not kept clean and in good repair. Findings on June 13, 2024: a. Main Hall, Kthen, Mech Room - the water heater was leaking onto the floor. 2. Based on observation, the ceilings were not kept clean and in good repair. Findings on June 13, 2024: a. Exterior, Blue Hall Corridor End Porch - a piece of vinyl soffit was missing, and another was ready to fall off the ceiling. C 166 Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT Welen d Health Service Regulation	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	TION SHOULD BE	COMPLETE
are not properly illuminated, warning of tripping hazards or obstructions. Findings on June 13, 2024: a. Exterior, Walkway behind Blue Hall and Left Side- three pagoda lantern light fixtures were broken, not luminating the walkway. C 164 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 and in good repair; (f) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (f) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (a) have furniture clean and in good repair; (f) have no chronic unpleasant odors; (a) have furniture clean and in good repair; (f) have no chronic unpleasant odors; (a) have furniture clean and in good repair; (f) have no chronic unpleasant odors; (a) have furniture clean and in good repair; (f) have and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the floors were not kept clean and in good repair. Findings on June 13, 2024: a. Main Hall, Kitchen, Mech Room - the water heater was leaking onto the floor. 2. Based on observation, the ceilings were not kept clean and in good repair. Findings on June 13, 2024: a. Exterior, Blue Hall Corridor End Porch - a piece of vinyl soffit was missing, and another was ready to fall off the ceiling. C 166 SECTION .0300 - PHYSICAL PLANT	C 162	Continued From pa	age 2	C 162			
SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have enables, 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 is not met as evidenced by: 1. Based on observation, the floors were not kept clean and in good repair. Findings on June 13, 2024: a. Main Hall, Kitchen, Mech Room - the water heater was leaking onto the floor. 2. Based on observation, the ceilings were not kept clean and in good repair. Findings on June 13, 2024: a. Exterior, Blue Hall Corridor End Porch - a piece of vinyl soffit was missing, and another was ready to fall off the ceiling. C 166 Housekeeping-Maintained Free of Hazards C 166 SECTION .0300 - PHYSICAL PLANT		are not properly illu hazards or obstruc Findings on June 1 a. Exterior, Walky Side- three pagoda	iminated, warning of tripping tions. 3, 2024: way behind Blue Hall and Left lantern light fixtures were				
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 is not met as evidenced by:         1. Based on observation, the floors were not kept clean and in good repair.         Findings on June 13, 2024:         a. Main Hall, Kitchen, Mech Room - the water heater was leaking onto the floor.         2. Based on observation, the ceilings were not kept clean and in good repair.         Findings on June 13, 2024:         a. Main Hall, Kitchen, Mech Room - the water heater was leaking onto the floor.         2. Based on observation, the ceilings were not kept clean and in good repair.         Findings on June 13, 2024:         a. Exterior, Blue Hall Corridor End Porch - a piece of vinyl soffit was missing, and another was ready to fall off the ceiling.         C 166         SECTION .0300 - PHYSICAL PLANT	C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
1. Based on observation, the floors were not kept clean and in good repair.         Findings on June 13, 2024:         a. Main Hall, Kitchen, Mech Room - the water heater was leaking onto the floor.         2. Based on observation, the ceilings were not kept clean and in good repair.         Findings on June 13, 2024:         a. Exterior, Blue Hall Corridor End Porch - a piece of vinyl soffit was missing, and another was ready to fall off the ceiling.         C 166         Housekeeping-Maintained Free of Hazards         C 166         SECTION .0300 - PHYSICAL PLANT		10A NCAC 13F .03 FURNISHINGS (a) Adult care hom (1) have walls, cei coverings kept clea (2) have no chroni (3) have furniture (e) This Rule shall	606 HOUSEKEEPING AND es shall: lings, and floors or floor an and in good repair; c unpleasant odors; clean and in good repair;				
kept clean and in good repair.         Findings on June 13, 2024:         a. Exterior, Blue Hall Corridor End Porch - a         piece of vinyl soffit was missing, and another was         ready to fall off the ceiling.         C 166         Housekeeping-Maintained Free of Hazards         SECTION .0300 - PHYSICAL PLANT		1. Based on obse kept clean and in g Findings on June 1 a. Main Hall, Kitcl	ervation, the floors were not ood repair. 3, 2024: nen, Mech Room - the water				
SECTION .0300 - PHYSICAL PLANT		kept clean and in g Findings on June 1 a. Exterior, Blue I piece of vinyl soffit	ood repair. 3, 2024: Hall Corridor End Porch - a was missing, and another was				
ivision of Health Service Regulation	C 166	Housekeeping-Mai	ntained Free of Hazards	C 166			
		SECTION .0300 - I	PHYSICAL PLANT				
		-		6899		If continue	tion sheet 3 of 11

Division	of Health Service R	egulation			FORMAPPROVE
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED
		HAL034035	B. WING		06/13/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
BROOKI	DALE REYNOLDA RO	DAD	(NOLDA ROA N SALEM, NO		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE COMPLETE
C 166	<ul> <li>10A NCAC 13F .03 FURNISHINGS <ul> <li>(a) Adult care hom</li> <li>(5) be maintained orderly manner, free hazards;</li> <li>(e) This Rule shall facilities.</li> </ul> </li> <li>This Rule is not m <ul> <li>Based on obset free of all obstructive findings on June 1</li> <li>a. Main Hall, Mee maintenance cart we electrical panels, live y 30-inches mining 3-inches.</li> </ul> </li> <li>Based on Obset maintained free of compressed gas crossecured. They may This would turn the a dangerous project Findings on June 1</li> <li>a. Main Hall, Mee one portable oxyget standing up on the supported by the web. Main Hall, Mee one portable oxyget the floor and five p in a basket. None web supported by the web.</li> </ul>	<ul> <li>HOUSEKEEPING AND</li> <li>HOUSEKEEPING AND</li> <li>es shall:</li> <li>in an uncluttered, clean and</li> <li>e of all obstructions and</li> <li>apply to new and existing</li> <li>et as evidenced by:</li> <li>ervation, the building was not</li> <li>ons and hazards.</li> <li>3, 2024:</li> <li>I Room Mechanical Closet -</li> <li>vas stored in front of the</li> <li>miting the required 36-inches</li> <li>num clear working space to</li> </ul>	C 166	DEFICIENCY)	
	ealth Service Regulation				
STATE FOR	Μ		6899 N	JT7Y21	If continuation sheet 4 of

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>0</b>	CONSTRUCTION		E SURVEY PLETED	
		HAL034035	B. WING		06/	06/13/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
BDUUKI	DALE REYNOLDA RO	2980 RE	YNOLDA ROAI	ס			
BROOKL		WINSTO	N SALEM, NC	27106			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
C 189	Continued From pa	ige 4	C 189				
	mechanical, and pl care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER nd all fire safety, electrical, umbing equipment in an adult maintained in a safe and					
	1. Based on obse maintained in a saf because maintenar timely manner leav fire sprinkler protect residents, staff, and protection fire sprin Findings on June 1 a. Pink Hall, Brea examination of the pressure gauge on	•					
	emergency equipm safe and operating if they could not pro during an emergen Findings on June 1 a. Pink Hall, Smo the exit sign had its indicator, punch-ou						
	you to turn left to ex straight. b. Pink Hall, Smo	ke Barrier near Bedroom 38 - left chevron directional	3				

Division	of Health Service Re	egulation				1 APPROVEI
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>(</b>			E SURVEY PLETED
			A. BUILDING.			
		HAL034035	B. WING		06/	13/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
BROOKE	DALE REYNOLDA RC		(NOLDA ROAI N SALEM, NC			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	COMPLETE DATE
C 189	Continued From pa	age 5	C 189			
	indicator, punch-ou punch-out removed you to turn left to es- straight. c. Green Hall, Ac the corridor door di power when tested d. Blue Hall, Smo the exit sign at the on backup power w 3. Based on obse maintained in a saf because the comm suppression syster maintenance, and ensure a properly w affect residents, sta commercial kitcher does not work prop Findings on June 1 a. Main Hall, Kitch hood's suppression nozzle correctly ain Extinguish a fire. In was not under the 1 4. Based on obse of storing combusti Rooms, was not m condition. Findings on June 1 a. Main Hall, Mec	tr removed. With this chevron d, the exit sign was directing xit, but the correct way out was tivities Room - the exit sign at d not illuminate on backup ke Barrier near Bedroom 28 - corridor door did not illuminate when tested. ervation, the building was not e and operating condition, hercial kitchen hood's fire in lacks the inspections, documentation needed to working system. This could aff, and visitors if the in hood's suppression system berly when needed. 3, 2024: hen - the commercial kitchen in system does not have a ned at the deep fryer to a addition, half of the deep fryer hood. ervations, the Facility's method ble material in Mechanical aintained in a safe and proper 3, 2024: h Closet - a maintenance cart ers and cans of paint were				
vision of the	5. Based on Obse incidental use area a safe and operatir	ervation, door protection in s were not being maintained in ng condition. This could affect d visitors if smoke/fire was not				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (	CONSTRUCTION		E SURVEY PLETED	
н		HAL034035	B. WING		06/	06/13/2024	
AME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	TATE, ZIP CODE			
POOK	DALE REYNOLDA RO	2980 REY	NOLDA ROA	D			
		WINSTON	SALEM, NC	27106			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
C 189	Continued From pa	age 6	C 189				
	and Dining, a part of separation, was pro This circumvents th be self-closing or a alarm activation.	hen - the door between Kitchen of a smoke resistance opped open with a door wedge. he requirement for the door to utomatically closes on fire					
	was not maintained condition. This wou early detection and system. Findings on June 1 a. Pink Hall, Brea the sampling tubes	k Room-Mechanical Closet - for the HVAC duct detector not detect the existence of					
	safety was not main condition. This count not contained in the Findings on June 1 a. Main Hall, Hea were two holes whe	3, 2024: Ith and Wellness Office - there ere a light fixture was opped as they penetrated the					
	maintain the electri operating condition Findings on June 1 a. Exterior, Front receptacles on the without ground faul b. Exterior, Front receptacle on the r	3, 2024: Porch - three electrical power left side of the front door, were t protection. Porch - the electrical power ight side of the front door did power; therefore, testing for					

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>0</b>	CONSTRUCTION		E SURVEY PLETED
		HAL034035	B. WING		06/13/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
BROOK	DALE REYNOLDA RO	2980 REY	(NOLDA ROAI	D		
Bittoont		WINSTO	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 CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 7	C 189			
	<ul> <li>-electrical panel H3 breaker had been r This allows access are not guarded aga d. Exterior, Dining power receptacles of protection.</li> <li>e. Exterior, Dining ground-fault circuit- power receptacles of therefore, testing for performed.</li> <li>f. Exterior, Blue H was wired into the e electrical power wir covered over with tag</li> </ul>	interrupters (GFCI) electrical did not have electrical power; or ground fault could not be dall Porch - a new light fixture existing porch light and the ing was ran on the ceiling and ape.				
	corridor doors are r operating condition Findings on June 13 a. Pink Hall, Breal rubbed the carpeter and/or effort to clos b. Pink Hall, Busin 1/4-inch diameter h around the door hal c. Main Hall, Rest 1/4-inch diameter h around the door hal 10. Based on obse System was not ma operating condition were not contained Findings on June 13	3, 2024: k Room - the corridor door d floor, requiring extra force e and latch. ness Office - there were two ioles through the corridor door ndle. troom - there were two ioles through the corridor door ndle. rvation, the Building Sprinkler aintained in a safe and . This would affect all if fire in the room of origin. 3, 2024:				
Division of L	escutcheon plate de	droom 35 - the fire sprinkler oes not cover the complete e fire-resistance-rated ceiling.				

STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           AND PLAN OF CORRECTION         IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (			E SURVEY PLETED
			A. BUILDING:	71		
		HAL034035	B. WING		06/	13/2024
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
BROOKE	ALE REYNOLDA RO	ΔD	YNOLDA ROA			
			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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
C 189	Continued From pa	ge 8	C 189			
	equipment was not safety. This could h extinguish a small f Findings on June 1 a. Main Hall, Mair annual maintenanc fire extinguisher wa time there has been monthly in-house/o b. Main Hall, Bulk extinguisher had its performed in May 2 extinguishers are s intervals of not mor c. Main Hall, Bistr extinguisher had its performed in May 2	tenance Office - the last e performed on the portable is January 2024. Since that in no documentation of the wher inspections. Laundry - the portable fire last annual maintenance 2022. Portable fire ubject to maintenance at e than one year. o - the portable fire last annual maintenance 2022. Portable fire ubject to maintenance 2022. Portable fire				
	have an adequate s heads as required I Findings on June 1 a. Pink Hall, Sprin	3, 2024: Ikler Riser Room - there were al use sprinkler heads in the				
C 191	Unvented & Portab	le Elec. Heaters Prohibited	C 191			
	maintain 75 degree	11 OTHER a heating system sufficient to s F (24 degrees C) under tions. In addition, the				

STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>(</b>	CONSTRUCTION		E SURVEY IPLETED	
		HAL034035	B. WING		06/	06/13/2024	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, SI	TATE. ZIP CODE	00/	13/2024	
	OALE REYNOLDA RO	2980 RE	YNOLDA ROAI N SALEM, NC	D			
(X4) ID PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OI (EACH CORRECTIVE AC	TION SHOULD BE	(X5) COMPLET	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIEN		DATE	
C 191	Continued From pa	age 9	C 191				
	portable electric he (k) This Rule shall facilities with the ex- which shall not app This Rule is not me 1. Based on Obse prevent the use of p Adult Care Home. staff, and visitors if source of a fire. The residents or combu- Findings on June 1 a. Pink Hall, Sales heater was found in b. Main Hall, Exec	s Office - a portable electric					
C 195	provide an adequat kitchen, bathrooms closets and soil util temperature at all f be maintained at a (38 degrees C) and F (46.7 degrees C) (k) This Rule shall facilities with the ex-	311 OTHER system shall be of such size to te supply of hot water to the s, laundry, housekeeping ity room. The hot water ixtures used by residents shall minimum of 100 degrees F d shall not exceed 116 degrees					
	This Rule is not m	et as evidenced by:					

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>(</b>	CONSTRUCTION		E SURVEY PLETED
		1141 024025	B. WING		00/10/000 /	
		HAL034035			06/	13/2024
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST <b>YNOLDA ROAI</b>			
BROOKI	DALE REYNOLDA RO	AD	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 CO (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
C 195	Continued From pa	ge 10	C 195			
	at fixtures used by in the operating ten degrees Fahrenheit Findings on June 1 a. Main Hall, Beau hot water temperatu Fahrenheit. b. Blue Hall, Spa	ervation, the Facility hot water, residents, was not maintained operature range of 100 t to 116 degrees Fahrenheit. 3, 2024: uty Shop - the shampoo sink's ure reached 120 degrees - the sink's hot water ed 118 degrees Fahrenheit.				
C 199	Exhaust Ventilation		C 199			
	provided with exhau two cubic feet per n requirement does n before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room (3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall facilities with the ex- which shall not app	11 OTHER ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed with natural ventilation in ces: rage; toilet rooms; closets; and apply to new and existing ception of Paragraph (e) ly to existing facilities.				
	plastic sheet, the fa exhaust ventilation Findings on June 1 a. Pink Hall, Brea	rvation and testing with a thin icility did not provide working in required spaces.				

## PRINTED: 07/25/2024 FORM APPROVED

TATEMEN ND PLAN (	of Health Service R T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>(</b>	CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED	
		HAL034035	B. WING		06/13/2024		
AME OF P	ROVIDER OR SUPPLIER		ET ADDRESS, CITY, STATE, ZIP CODE				
	ALE REYNOLDA RO	2080 PE	YNOLDA ROA				
ROOKD	ALE RETNOLDA RU	WINSTO	ON SALEM, NC	27106			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
	alth Service Regulation						