

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/21/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE SOUTHWOOD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3150 BURKE MILL ROAD WINSTON SALEM, NC 27103</b>		
(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 Suzanna Fay conducted on June 21, 2023.  There are deficiencies from the Biennial Construction Survey that remain to be corrected and some new deficiencies have been added.	{C 000}	Responses to the cited deficiencies do not constitute admission of the agreement by the facility of the facts alleged or conclusions set forth in Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State Law.		
{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.  This Rule is not met as evidenced by: 1. Observations revealed that the walls, ceilings and floors or floor coverings were not kept clean and in good repair.  Findings on June 21, 2023: p. SCU Living Room - the trim is broken on the door and side windows. Interview with staff revealed that the doors and windows will be replaced. They have been ordered but not received.  New Deficiency: q. Dining - the left side door leading into the Kitchen is heavily rusted at the bottom and there is a small pile of broken off debris at the door.	{C 164}	Trim to be replaced on door and side window.          Door has been repaired.	9/22/23          8/10/22	

Division of Health Service Regulation

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

TITLE

(X6) DATE

Clive Dixon, ED

Chris [Signature], ED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/21/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE SOUTHWOOD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3150 BURKE MILL ROAD</b> <b>WINSTON SALEM, NC 27103</b>		
(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 189}	Continued From page 1	{C 189}	n		
{C 189}	<p>Building Equipment Maintained Safe, Operating</p> <p><b>SECTION .0300 - PHYSICAL PLANT</b> <b>10A NCAC 13F .0311 OTHER</b> <b>REQUIREMENTS</b> (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.</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that the facility is not maintaining the building in a safe condition. Failure to maintain required fire resistance rated construction could allow the spread of smoke and fire.</p> <p>Findings on June 21, 2023: a. Salem and Carolina Halls - shower heads were installed over the toilets in numerous shared toilet rooms along these corridors. The heads were installed along the 1 hour fire resistance rated corridor walls and have plastic access panels to reach the shut off valves. The access panels do not meet the requirements for openings in one hour fire rated assemblies. Interview with staff revealed that they had trouble finding the rated panels to fit the openings. They are waiting for the panels to come in.</p> <p>New Deficiency:</p> <p>2. Based on observation, the electrical equipment is not being maintained in a safe operating condition. Missing or broken cover</p>	{C 189}	<p>Scheduled completion date of 10/22/23</p>		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/21/2023</b>
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**THE SOUTHWOOD**

**3150 BURKE MILL ROAD**

**WINSTON SALEM, NC 27103**

(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 189}	Continued From page 2  plates on electrical devices may cause injury to the occupants of the facility if wiring is exposed.  Findings on June 21, 2023: a. Residential Kitchen - the cabinets were removed and this is now being used as a storage room. The cover plates for the outlets and wall switch are all missing.	{C 189}	All cover plates for outlets and wall switch have been replaced.	8/21/23