STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034087	A. BUILDING: **01** B. WING _____	**04/27/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HEIGHTS SENIOR LIVING COMMUNIT	**2500 POLO RIDGE COURT WINSTON SALEM, NC 27106**

(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 Biennial Construction Survey by Dennis Harrell and Frank Strickland on 4-27-2015. Records indicate this facility was first licensed or submitted as a Home for the Aged on 6-27-1997, for 125 licensed beds, with 24 of these beds in a Special Care Unit. Therefore, the facility must meet the 1996 North Carolina State Building Code 1997 revision; Section 409.1 Group I, Unrestrained Occupancy, and the 1996 and applicable portions of the 2005 Rules for Adult Care Homes.	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, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: 1. Based on observation, one of the gates to the secure courtyard for the Special Care Unit had been left hooked but unlocked. An unlocked gate	C 101		

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C 101	Continued From page 1 presents a significant elopement risk for the residents in the Special Care Unit. This is not in conformance with 10A NCAC 13F .1304(8) which requires direct access from the facility to a secured outside area.	C 101		
C 166	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; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, there was exposed energized wiring present in room 333. Exposed wiring presents a significant shock and/or electrocution risk to the residents and staff. 2. Based on observation, one wing on the 3rd floor was unoccupied. Interview with staff indicated the wing had been unoccupied for 8 or 9 months. All of the plumbing waste traps had become almost completely dry. Dry waste traps allow noxious, combustible odors and possibly harmful bacteria to enter the facility. 3. Based on observation there was excessive combustible storage in room 322. Excessive storage in a room that is not intended for or built to the 1 hour fire rated requirements for storage rooms presents a fire hazard. Findings include: There were at least 7 mattresses, 4 wood bed	C 166		

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C 166	Continued From page 2 frames and 2 wood chest of drawers in the room.	C 166		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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. This Rule is not met as evidenced by: 1. Based on observation, cross-corridor smoke barrier doors are not closing well and/or latching to resist the passage of fire and smoke. Smoke barrier doors that do not close completely and latch present the possibility that a fire that begins in one smoke compartment can quickly spread to the remainder of the facility. Findings include; a. One leaf of the smoke barrier doors near room 300 would not latch closed when activated by the fire alarm system. b. One leaf of the smoke barrier doors near the Bistro would not latch closed when activated by the fire alarm system. 2. Based on observation, several corridor doors are not latching properly and/or fitting the opening properly to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility.	C 189		

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C 189	Continued From page 3 Findings include; a. The ¾ hour fire rated door to the Activities Director on the 3rd floor does not latch when closed. b. The ¾ hour fire rated door to the Activities Director on the 3rd floor does not fit the opening well enough to resist the passage of smoke. c. The 1 hour fire rated door to the Resident Care office on the 2nd floor is equipped with unlisted residential latching hardware that does not fully cover the hole through the door. d. The panic hardware on the door to stairwell 3 on the 1st floor was broken and not properly secured to the door. e. The 2 hour fire rated door to the supply room on the 1st floor was held open with a steel hook. 3. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Holes in the wall to the corridor in the closet in the Activity Room. b. The sprinkler escutcheons were missing or not tightly fitted to the ceiling complete the one-hour protection in the following locations. i. Room 320, ii. Room 334 closet, iii. Room 330 closet off sitting room, iv. Room 229. 4. Based on observation, several battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.	C 189		

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C 189	Continued From page 4 Findings include: a. Emergency light 5-5 not working in the physical therapy room. b. Emergency light not working in the left stairwell between landings I and II. c. Emergency lights 32 and 33 not working in the middle stairwell. d. Emergency lights 5 and 10 not working in the first floor elevator lobby. e. Emergency light 10 not working in the entry foyer. f. Emergency light 4 not working in the center stairwell. g. Emergency light 18 not working in the left stairwell. 5. Based on Observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: a. Several portable medical oxygen cylinders were stored in a unapproved beverage crate in room 211. b. Several portable medical oxygen cylinders were stored in a unapproved crate in room 215. c. A portable medical oxygen cylinder was stored in a no rack or container in room 302. 6. Based on Observation, the building was not maintained in a safe manner because of malfunctioning GFCI type receptacles. GFCI type receptacles that do not work properly pose a significant shock or electrocution risk. Findings include: a. The GFCI type receptacle in the kitchenette area near the bar sink in room 310 would not trip when tested.	C 189		

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C 189	Continued From page 5 b. The GFCI type receptacle in the bathroom in room 312 would not trip when tested. c. The GFCI type receptacle in the dining serving area in the Special Care Unit would not trip when tested. 7. Based on observation, elevator 1 was not maintained in a operating condition. 8. Based on observation, the ice machine drain line was almost touching the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation the facility failed to maintain required exhaust in a working condition.	C 199		

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C 199	Continued From page 6 Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include; 1. There was no mechanical exhaust provided in the laundry. 2. The exhaust system was not working in the soiled linen room. 3. The exhaust system was not working in the men's bathroom in the locker room area. 4. The exhaust system was not working in the women's bathroom in the locker room area.	C 199		