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	R 07/10/2015

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 a Follow-Up Construction Survey by Ed Miller July 10, 2015. The following deficiencies cited during the 4-27-2015, Biennial Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction.	(C 000)	see Attached	
(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: 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. Findings on July 10, 2015: e. The 2 hour fire rated door to the supply room on the 1st floor was held open with a steel hook. 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)	CONSTRUCTION SECTION AUG 11 2015 RECEIVED	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Eugene L Bailey 8-4-15 | TITLE: Maintenanc Director | (X6) DATE:

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	R 07/10/2015

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 189)	Continued From page 1 Findings on July 10, 2015: a. Emergency light 5-5 not working in the physical therapy room. 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. 7. Based on observation, elevator 1 was not maintained in a operating condition. Interview and Record review indicated that parts to repair the elevator had been ordered.	(C 189)	see Attached	
(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)	(C 199)		

Division of Health Service Regulation

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 _____	R 07/10/2015

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 199)	Continued From page 2 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. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings on July 10, 2015: 1. There was no mechanical exhaust provided in the laundry.	(C 199)	see Attached	

FOREST HEIGHTS
SENIOR LIVING COMMUNITY

FIVE STAR SENIOR LIVING

NC Department of Health and Human Services
Division of Health Regulation
Construction Section
2705 Mail Service Center
Raleigh, NC 27699-2705

Re: Forest Heights Senior Living Community- HA Biennial Survey
2500 Polo Ridge Court
Winston-Salem, NC
Forsyth County
License #: HAL-034-087
FID #: 970731

Enclosed is the response of Forest Heights for each rule violation/deficiency cited during the Biennial Survey on April 27, 2015.

Respectfully,

Eugene Dailey

Maintenance Director

Eugene F Dailey 8-4-2015

Preparation and/or execution of this plan of corrections does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.

Forest Heights – Biennial Construction Survey
Plan of Correction
Facility License # HAL-034-087

1) 10A NCAC 13F .0311 Other Requirements – The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintain in safe and operating condition. One battery powered emergency light would not work when tested. Findings included:

a) Emergency light 5-5 not working in the physical therapy room.

A) The alleged deficient practice will be / has been corrected for the listed listed residents by taking the following action:

a) Emergency light 5-5 in the physical therapy room – replaced battery on7/10/2015

B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:
A facility wide test and inspection of all emergency lights was completed on 7/10/2015 to ensure all emergency lights were in working operational.

C) The following systemic changes will be made to ensure compliance with this regulation:

The Maintenance Director or designee will conduct a monthly inspection of all emergency lights to ensure compliance.

2) 10A NCAC 13F 0311 Other requirements – The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintain in a safe and operating condition. The building was not maintained in a safe manner by not properly handling portable oxygen (02) cylinders. Finding include:

a) Several portable medical 02 cylinders were stored in a unapproved beverage crate in room 211.

A) The alleged deficient practice will be / has been corrected for the listed resident by taking the following action:

a) Room 211- an approved 02 cylinder rack was provided by an 02 vendor and the identified cylinders were placed in the rack on 7/12/2015.

B) Other residents potentially affected by the same alleged deficient practice will be identified as follow:
All residents residing in the community could potentially be affected. A facility wide visual inspection was completed on 7/11/2015 to ensure all oxygen bottles were stored in racks or otherwise restrained so they cannot fall or be knocked over.

C) The following systemic changes will be made to ensure compliance with this regulation:
The Maintenance Director or designee will conduct a random visual inspection to ensure oxygen bottles are stored in racks or otherwise restrained so the cannot fall or be knocked over.

3) 10A NCAC 13F .0311 Other Requirements – The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintain in a safe and operating condition. Elevator 1 was not maintained in an operating condition.

A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:
The elevator was diagnosed by a certified technician on 5/12/2015. The necessary parts have been ordered and are expected to arrive for installation on or about 8/4/2015.

Additionally, the facility proactively ordered and installed an additional HVAC unit in the elevator room on 6/12/2015.

B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:
All residents residing in the community could potentially be affected.

C) The following systemic changes will be made to ensure compliance with this regulation:
The community will utilize a certified elevator inspector at least annually to identify and/or forecast potential maintenance concerns.

D) The facility will monitor the corrective actions as follows:

The community will utilize a certified elevator inspector at least annually to identify and/or forecast potential maintenance concerns.

4) Exhaust Ventilation
10A NCAC 13F .0311 Other requirements

The space 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 this specified space:

1) Laundry area.
   A) 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.
Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria.
Findings on July 10 2015.

1) There was no mechanical exhaust in the laundry.

A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:

a) Laundry room – a mechanical exhaust system will be installed by 8/7/2015

B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:

A facility wide inspection of all exhaust fans was completed by the maintenance director on 5/25/2015 to ensure all exhaust fans are operational.

C) The following systemic changes will be made to ensure compliance with this regulation:

The maintenance director or designee will conduct random physical inspections of exhaust fans to ensure compliance.

D) The facility will monitor the corrective actions as follows:

The maintenance director or designee will conduct random physical inspections of exhaust fans to ensure compliance.

5) 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 € which shall not apply to existing facilities.

This rule is not met as evidenced by:

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. Findings on July 10 2015:

e) The two hour fire rated door to the supply room on the first floor was held open with a steal hook.

A) The alleged deficient practice will be/has been for the listed residents by taking the following actions:

a) The steal hook was removed from the door and is no longer being held open.

b) The Maintenance Director or designee will conduct a monthly check on all doors to ensure compliance with this regulation.

Respectfully,

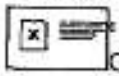
Eugene Dalley
Maintenance Director

Dalley, Eugene

From: Daniel Boles (via Google Docs) <drive-shares-noreply@google.com>
Sent: Monday, August 03, 2015 2:15 PM
To: Dalley, Eugene
Subject: Forest Heights exhaust fan (rev schedule)
Attachments: Forest Heights exhaust fan.pdf

Daniel Boles has attached the following document:

Forest Heights exhaust fan



Gene
I currently have you on the schedule for 8/6/15

Thanks
Daniel
Gwyn Services

Gwyn
Electrical, Plumbing, Heating & Cooling Co.

3941 West Point Blvd. • Winston-Salem, NC 27103
(336) 774-1818 • (336) 774-1810 Fax
www.gwyn.ws

To: Eugene Dalley
For: Forest Heights
2500 Polo rd
WS NC

We are pleased to offer the following proposal for work for the above subject project.

- **Exhaust fan for laundry room**

SCOPE

Our proposal is based on the following scope of work

- Delivery of all materials and equipment to the job site.
- Sale tax
- Fees and permits

- **ELECTRICAL**
- All control and supply voltage wiring to new exhaust fan

- **HVAC mechanical**
- Install exhaust fan for laundry room

- **PRICING**
- Install one centrifugal fan DCRW 081B FOR THE FIXED PRICE OF **$2150.00**

SCHEDULE

This schedule is based on 40 hours per week, 10 hours per day.
Work is currently on schedule for 8/6/15 to be completed by 8/7/15

EXCLUSIONS

We have attempted to make our proposal as complete as possible; however the following Exclusions were not listed in the scope, drawings, or specifications but are often misunderstood and are listed here to ensure good communication.

1. Security systems
2. Fire alarm
3. Data, and telephone wiring and devices (data box and conduit stubbed above ceiling at outlet box location are included.
4. Dumpsters and trash removal from site

5. Site facilities such as portable toilets, office trailer, storage, phone, water and power.
6. Removal, disposal or working in the area of environmentally unsafe materials.
7. All roof penetrations (coordinate with contractor)
8. Repairs to existing equipment
9. Third party T&B

This proposal is valid for thirty (30) days. Materials continue to go up in cost; therefore all materials must be approved for order within 30 days of PO or approval to proceed with project. Materials will be billed in normal monthly progress billing after they are received.

We appreciate the opportunity to offer this proposal and look forward to a favorable reply. Please contact us if you have any questions or if you need any additional information.

Sincerely,

Daniel Boles

Project Manager
Gwyn Electrical, Plumbing, Heating & Cooling Inc
3941 West Point Blvd
Winston Salem, NC 27103
daniel.boles@gwynservices.com
Cell: 336-462-1524
Office: 336-774-1818 main
Fax: 336-774-1810

Acceptance of Proposal: You, the buyer may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction.

The buyer declares that buyer holds title to the property where the work is performed, and has legal authority to order the work outlined above. The seller retains title to all materials and property installed until final payment has been received in full. Accounts past due shall be considered default and a late payment charge computed by a "periodic rate" of 1-1/2% per month will be added. The buyer agrees to any reasonable attorney or collection fees incurred by Seller in securing payment for this contract.

The company will comply with all local requirements for permits, inspections and zoning. The company is not responsible for damages to or consequential damages from hidden or concealed items and will exercise all due diligence to try and to avoid such situation.

I accept this Proposal, as indicated by my signature below:

Customer Printed Name

Customer Signature

Date of Acceptance

Dalley, Eugene

From: Robinson, Scott BIS <Scott.Robinson2@otis.com>
Sent: Friday, July 31, 2015 7:37 AM
To: Dalley, Eugene
Subject: RE: Forest Heights | Cylinder Replacement

Delivery is set for next Tuesday the 4th. We are planning to man the job the same day.

Scott Robinson
Maintenance Supervisor
13000 East Mountain St, Kernersville, NC 27284
P 336.996.5041 | M 336.624.4512

OTIS United Technologies

improve

From: Dalley, Eugene [mailto:EDALLEY@SSSL.COM]
Sent: Thursday, July 30, 2015 11:57 AM
To: Robinson, Scott BIS
Subject: [External] RE: Forest Heights | Cylinder Replacement

Could you please send me an email with the dates of shipment and job manning for my state survey. Thanks Gene

---

From: Robinson, Scott BIS [mailto:Scott.Robinson2@otis.com]
Sent: Tuesday, July 28, 2015 3:04 PM
To: Dalley, Eugene
Subject: Forest Heights | Cylinder Replacement

The cylinder shipped today. Usually takes about a week in transit. I will most likely man the job Monday regardless and go ahead and get started with rigging and removal.

Scott Robinson
Maintenance Supervisor
13000 East Mountain St, Kernersville, NC 27284
P 336.996.5041 | M 336.624.4512

OTIS United Technologies

improve

Dalley, Eugene

From: Robinson, Scott BIS <Scott.Robinson2@otis.com>
Sent: Tuesday, July 28, 2015 3:04 PM
To: Dalley, Eugene
Subject: Forest Heights | Cylinder Replacement

The cylinder shipped today. Usually takes about a week in transit. I will most likely man the job Monday regardless and go ahead and get started with rigging and removal.

Scott Robinson
Maintenance Supervisor
12MR East Mountain St. Kernersville, NC 27284
P 336.996.3090 x11 M 336.534.6502

Dalley, Eugene

From: Jacobs, Nikki BIS <Nikki.Jacobs@otis.com>
Sent: Monday, July 13, 2015 12:23 PM
To: Dalley, Eugene
Subject: Cylinder Start

Eugene,

As of now, the material for the cylinder replacement is still in the process of being manufactured with a projected ship date of the end of July. Once we have a firm ship date from the manufacturer, we can contact you to start scheduling our mechanics to state the work.

Please let me know if you need any additional information.

Thanks,

Nikki Jacobs
Branch Sales Manager
Otis Elevator Company
6010-D Triangle Dr. Raleigh, NC 27617
Phone: 919-510-6421 | **Cell:** 919-539-7012 | **Fax:** 860-660-3470
nikki.jacobs@otis.com
www.otis.com

OTIS
United Technologies