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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
	HAL034028	A. BUILDING: 01 B. WING	07/15/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHFORK	1345 JONESTOWN 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 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller and Dennis Harrell on July 15, 2015. Records indicate this facility was first licensed or submitted for licensure on October 8, 1996 as a Home for the Aged. The facility is currently licensed for 78 Beds with a 20 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the current 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and the 1996 Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. Physical plant deficiencies were noted which require a plan of correction.	C 000	CONSTRUCTION SECTION AUG 25 2015 RECEIVED	
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,	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 8-26-15

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C 101	Continued From page 1 Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to meet the Code requirements in effect at the time of construction by not having all of the required components for doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s) if the exit were obstructed. Findings on July 15, 2015: a. The exit doors and gate for the SCU have magnetic locks installed and the emergency release switches require a metal key to operate. Interview with staff in the area revealed that they did have keys to operate the emergency release but were unaware of the gate's emergency release switch's location. b. There was no emergency light coverage provided at the SCU courtyard gate's keyed emergency release switch, located on the side of the building.	C 101	C 101 1(a) All staff have been re-trained on the magnetic locks to include but not limited to: the location of the emergency release switches and how to operate the switch and locks. 1(b) An emergency light will be installed to provide light coverage to the emergency switch.	7/30/15 9/13/15
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, and interview with Executive Director, the facility failed to provide the annual inspection report(s) required by this Rule. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency	C 111		

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C 111	Continued From page 2 that may be discovered with annual inspections. Findings on July 15, 2015: a. The Annual Sprinkler System Inspection and Testing Report in accordance with NFPA 25, was being performed while surveyors were on site. Send a copy of the report and address any deficiencies noted.	C 111	C 111 1(a) Annual sprinkler inspection was completed on 7/15/15. A copy of the report will be provided to DHSR and all deficiencies noted will be repaired.	9/13/15
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. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings, kept clean and in good repair. Findings on July 15, 2015: a. In 12% of the Bedroom Closet surveyed there were spider webs present. 2. Based on Observation, the facility failed to provide necessary equipment to ensure clean potable water supply. Findings on July 15, 2015: a. The shampoo sink in the Beauty Shop had a hose long enough to reach gray water which was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines	C 164	C 164 1(a) Spider webs were removed and closets were cleaned 2(b) Facility will have a vacuum breaker installed.	7/15/15 9/13/15

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C 166	Continued From page 3	C 166		
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, the facility failed to provide an environment in accordance with this Rule, by not maintaining the HVAC/ventilation, grilles and their associated dampers free of hazards. This could affect all residents, staff and visitors if in the event of a fire the dampers do not close completely to contain the fire within the room of origin. Findings on July 15, 2015: a. Most return HVAC and some ventilation grilles and their radiation dampers have an excessive accumulation of dust/lint.	C 166	C 166 1(a) All returns, ventilation grilles, and dampers will be cleaned and inspected to ensure each is free of hazards.	9/13/15
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.	C 189		

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C 189	Continued From page 4 This Rule is not met as evidenced by: 1. Based on observation, and interview with Executive Director, the facility failed to provide and/or maintain the automatic roll-down fire door. This would affect all residents, staff and visitors by not having emergency equipment in proper working order. Findings on July 15, 2015: a. The automatic roll-down fire door between Kitchen and Dining had not been inspected as required by NFPA 80. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power outages and there was no other illumination. Findings on July 15, 2015: a. The wall-mounted self-contained emergency light did not work on backup power when the test button was pushed. Locations of specific examples include but are not limited to: i. Emergency Light 28, Administration Area, ii. Boiler Room, iii. Emergency Light 14, SCU Corridor back exit, iv. Emergency Light 13, SCU Activity/Dining. 3. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on July 15, 2015:	C 189	C 189 1(a) The automatic roll-down fire door will be inspected. 2(a) All wall mounted emergency lights will be tested and repaired to ensure each is working properly.	9/13/15 9/13/15

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C 189	Continued From page 5 a. There were holes in the smoke resistant walls of the following areas. Locations of specific examples include but are not limited to: i. Employee Toilet Room in Administration, ii. Boiler Room, at unisturt, b. In the attic, the one-hour fire-resistance-rated smoke barrier wall assembly had a fire sprinkler iron pipe penetration sealed with drywall joint compound. The joint compound has cracked and is not properly sealing the penetration. c. In the attic, the one-hour fire-resistance-rated smoke barrier wall assembly had a cable penetration not sealed. d. There were gaps around the penetrations through the one-hour fire-resistance-rated ceiling assembly in the Boiler Room at the one inch copper pipe. e. The Electrical Room had one 2-inch open-ended metal sleeve with unsealed cable bundle penetrating the fire-resistance-rated ceiling assembly. f. In the Electrical Room, the escutcheon plate on the iron pipe in the corner did not cover the hole through the one-hour fire-resistance-rated ceiling assembly. g. The HVAC return grille at the main doors to the Dining Room did not completely cover the hole through the fire-resistance-rated ceiling assembly. h. In the SCU Nourishment Room, the radiation damper for the HVAC grille appears to hit the flex duct, not allowing the damper to close. 4. Based on observations and interview with Manager, the Building did not have adequate supply of spare fire sprinkler head as required by NFPA 13. Findings on July 15, 2015: a. There was three spare fire sprinkler heads in the fire sprinkler head storage box.	C 189	C 189 3(a) The holes located in the smoke breaching walls will inspected and repaired. 3(b) The penetration will be repaired and properly sealed. 3(c) The cable penetration will be repaired and properly sealed. 3(d) The gaps around the penetrations will be inspected and repaired. 3(e) The cable bundle will be inspected and repaired. 3(f) The escutcheon plate will be inspected and repaired. 3(g) The HVAC return grille will be inspected and repaired. 3(h) The radiation damper will be inspected and repaired to ensure the damper can properly close.	9/13/15 9/13/15 9/13/15 9/13/15 9/13/15 9/13/15 9/13/15 9/13/15

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C 189	Continued From page 6 5. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings through the ceiling that could allow the passage of smoke and heat. This would affect all residents, staff and visitors, if the fire suppression system does not operate in a timely manner and cannot contained fire in the Room of origin. Findings on July 15, 2015: a. The fire sprinkler escutcheon plate had dropped down from the ceiling. Locations of specific examples include but are not limited to: i. Kitchen Pantry, ii. Bedroom D-128, iii. Smoker Porch. 6. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. Findings on July 15, 2015: a. Corridor door to Bedroom D-127 did not latch to its doorframe, b. Corridor door to Bedroom D-128 did not latch to its doorframe. 7. Based on Observation, the Building was not maintained in a safe and operating condition, because the portable medical oxygen cylinders were not being properly handled/stored. 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 on July 15, 2015:	C 189	C 189... 4(a) Additional sprinkler heads will be obtained to ensure adequate supply is maintained in the storage box. 5(a) All fire sprinkler escutcheon plates will be inspected and repaired as needed. 6(a-b) The corridor doors in roomsD127 and D 128 will be repaired to ensure that each door latches to the doorframe.	9/13/15 9/13/15 9/13/15

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C 189	Continued From page 7 a. Several portable medical oxygen cylinders were not secured to the structure. Locations of specific examples include but are not limited to: i. Bedroom D-131, 3 cylinders standing on table and 2 cylinders standing on floor, ii. Bedroom B-113, 3 cylinders standing on floor.	C 189	C 189... 7(a) Each oxygen cylinder is now individually supported in an approved stand or rack.	7/24/15
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: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not maintaining the ventilation where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors. Findings on July 15, 2015: a. The exhaust ventilation was not working. Locations of specific examples include but are not limited to: i. SCU Bathroom next to Activity/Dining	C 199	C 199 1(a) The exhaust ventilation in each room will be inspected and repaired as needed.	9/13/15

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C 199	Continued From page 8 Room, ii. SCU Janitor Closet, iii. Public Toilet Room near Beauty Shop, iv. Janitors Closet In Dining Room, v. Janitors Closet across from Bedroom D126 vi. Soiled Utility across from Bedroom D127 vii. Men Staff viii. Women Staff	C 199		