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	06/01/2017

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 Construction Section Biennial Survey by Dennis Harrell and Suzanna Faye on 6-1-2017. Records indicate this facility was first licensed 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 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, the corridors were not maintained free of obstructions. Findings include: a. There were 2 carts, clothing and 2 lifts stored on the bottom floor of stairwell B reducing the clear width to about 18 inches. Note; This deficiency was corrected during the survey. b. There was an unattended med cart and a chair in the second floor corridor near the med room reducing the clear width to about 4 feet.	C 150	A: Moved all items out of stairwells - Maintenance to inspect daily for no items kept in stairwells. B: Moved med carts + chair to new location for proper clearance. - Educate nursing staff to keep proper distance of clearance in hallways.	6/1/17 6/1/17
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 166		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Robert C. Jones TITLE: Executive Director (X6) DATE: 6/23/17

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C 166	Continued From page 1 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 was not maintained free of hazards caused by storage in stairwells. Combustible storage could render the stairway unusable in an emergency. Findings include: a. There were 2 combustible carts stored at the bottom floor of stairwell C. b. There were 2 combustible carts and clothing stored at the bottom floor of stairwell B. 2. 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. Finding includes: Several portable medical oxygen cylinders were stored in no container in room 314. 3. Based on observation, the facility was not maintained free of hazards caused by hasps and padlocks. Latching hardware that can only be operated from one side of the door, such as hasps and padlocks, present the possibility that someone could be trapped in the room. Findings include; a. There was a hasp and padlock on the outside of the door to the walk-in cooler. b. There was a hasp and padlock on the outside of the doors to 2 closets in the third floor activity	C 166	A: Moved carts from stairwell B: moved items from stairwell A & B. Maintenance to inspect daily to keep items out of stairwells. 2: received 2 metal racks for O2 tank storage from medical company. - Educate nurse staff O2 tanks need metal rack to be delivered with them. A: Will purchase door lock on inside of cooler door to be open from inside B: Removed hasp + padlock, added proper locks to doors at closets. - maintenance will inspect locks on inside + outside of doors to ensure they work properly on a monthly basis.	6/1/17 6/5/17 will be completed by 6/30/17 6/12/17

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C 166	Continued From page 2 room. 4. Based on observation, one of the plastic tread covers is cracked and protruding up from the tread causing a trip hazard in Stairway C, Level 2. 5. Based on observation a toilet was loosely mounted to the floor. Loose toilets can cause leaking and/or fall hazards. Findings include: The toilet was loose in the women's public bathroom. 6. Based on observation, the ice machine drain line extended into the floor drain in the second floor med room. 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. 7. Based on observation, 2 portable power strips were connected in series (pigtailed) in room 314. Pigtailing power strips violates their listing and is a violation of the NC Fire Code.	C 166	4: Plastic tread covers have been properly sealed to prevent trip hazards. - maintenance to inspect daily from any trip hazards on stairs 5: Secured + sealed toilet to floor in womens rest-room - have house keeping inspect toilets to be properly sealed + secured when cleaning rest rooms. 6: Removed extra pipe for drainline to be 2" above floor drain. - maintenance to inspect daily that pipes are clean + at least 2" above floor drain. 7: Removed pigtailing to make 1 power strip. - Educating staff to inspect rooms for invalid use of power strips.	6/22/17 6/15/17 6/6/17 6/2/17
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 3 This Rule is not met as evidenced by: 1. 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. Mal-functioning lights include the following areas: a. Stairway B, Level 1, b. Stairway B, Level 3, c. Stairway C, Level 3, d. Stairway C, Level 2, e. Stairway C, Level 1.5, f. Stairway C, Level 1, g. Stairway A, Level 2, h. Corridor at room 332, i. TV lounge, j. Second floor activity room, k. Dining room. 2. Based on observation, many corridor doors are prevented from closing quickly and latching 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 include; a. One of the 1 hour fire rated cross-corridor doors near the med room on the third floor would not latch when activated and closed by the fire alarm system. b. One of the 1 hour fire rated cross-corridor doors near the private dining room would not latch when activated and closed by the fire alarm system. c. One of the double doors to the dining room was damaged and the doors did not fit well enough at the junction to be resistant to the passage of smoke. This condition existed on both sets of double doors to the dining room.	C 189	A-K - replaced all malfunctioning emergency lights - maintenance monthly inspections on emergency lights. 6/9/17 A+B -1 hour fire rated doors fixed by adjusting magnetic latch on top to secure doors to latch when closed. 6/22/17 - maintenance to inspect fire doors monthly. C: Will fix holes in doors and tighten doors to keep passage of smoke sealed. will complete by 6/30/17	

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C 189	Continued From page 4 d. The latchbolt was missing on the right side door to the third floor activity room. e. The latching hardware did not completely cover the hole through the 1.5 hour fire rated door at the bottom of stairway C. f. The door to bedroom 27 would not latch when closed. g. The door to the main laundry is dragging against the frame and is hard to close. h. There was a mechanical "kick-down" holding the door open to the Maintenance office. i. The door to the breakroom was wedged open. j. The door to the breakroom could not close because of papers posted on an adjacent bulletin board. Note: This deficiency was corrected during the survey. k. The door to the Resident Care office was wedged open. l. The door to the private dining room was wedged open. m. The door to the copy room was wedged open. n. The door to bedroom 331 was damaged. 3. Based on observation, the facility failed to be maintained in a safe condition because of exit signs not working properly. Malfunctioning exit signs could delay or prevent an evacuation in an emergency. Findings include: a. The exit sign in BTR near the nurse station did not work on battery when tested. b. The exit sign in BTR near room 100 did not work on battery when tested. 4. Based on observation the required one-hour fire rated wall was compromised in a location. 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	C 189	D: latch bolt was installed - educate all staff to inspect all doors when entering + leaving rooms for deficiencies 6/2/17 E: Will seal hole in fire door on stairwell C will complete 7/1/17 F: Door latch fixed to stay closed 6/24/17 G: Laundry door adjusted to close easier. 6/15/17 H: Door has proper holder attached. 6/15/17 I-J: Breakroom door kept closed at all times. 6/1/17 K: Door kept closed no holder needed. 6/1/17 L-M: Doors have proper holder attached 6/15/17 F-m = Educate staff to not keep doors open with equipment not approved for use. N: Will seal hole in damaged door for bedroom 331 will complete 6/23/17 3a-b - Exit sign replaced 6/8/17 - A+B: Maintenance will inspect exit signs monthly	

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C 189	Continued From page 5 areas of the facility. Finding includes: The wall was severely damaged in the third floor utility room.	C 189	- wall spackled + painted 6/16/17 - maintenance to inspect all areas in the facility monthly	
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. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include; The exhaust fan would not work in the second floor Laundry/Janitorial room.	C 199	- Installed new working exhaust fan in laundry/ janitorial room on 2nd floor. - maintenance monthly inspections on all exhaust fans in facility 6/21/17	