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 _____	09/13/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHFORK	1345 JONESTOWN ROAD WINSTON SALEM, NC 27103

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller conducted on September 13, 2017. 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. Deficiencies were cited that require a Plan of Correction.	C 000		
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 and Maintenance, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on September 13, 2017: a. A current Annual Fire Alarm System Inspection and Testing Report in accordance with NFPA 72, was not available for Surveyor's review.	C 111	1a. The current Annual Fire Alarm System Inspection and Testing Report in accordance with NFPA 72 dated 12/6/16 was shown to the surveyor during the exit meeting and is attached. All deficiencies noted in the inspection report have been corrected.	10/25/17

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: M S Connoy — TITLE: Regional Director/Acting Administrator — (X6) DATE: 10/25/17

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C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide tubs accessible to residents with hand grips. This deficiency affects all residents who use these fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on September 13, 2017: a. D Hall Group Bathroom - the tub did not have a hand grip (grab bar).	C 133	1a. Hand grips have been installed on the D-Hall common bathroom tub	10/25/17
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 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: 1. Based on observation, corridors are not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on September 13, 2017: a. D Hall Activity Room - a chair was blocking the exit door. Deficiency corrected before Construction Surveyors departed site.	C 150	1a. This obstruction was immediately removed. The Maintenance Director or Designee will observe for obstructions while conducting routine building walk-throughs	10/25/17

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C 150	Continued From page 2 b. Porch outside Kitchen and D Hall Activity Room - this porch had sever cart block the exit discharged from these areas. Deficiency corrected before Construction Surveyors departed site.	C 150	1b. This obstruction was immediately removed. The Maintenance Director or designee will observe for obstructions while conducting routine building walk-throughs.	10/25/17
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 keep walls, clean and in good repair. Findings on September 13, 2017: a. Bedroom B-111 - the corridor side of corridor door had some of its door veneers chip off. 2. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on September 13, 2017: a. Bedroom 115 Bathroom - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint. b. Front Door Vestibule - the HVAC return with its radiation damper has an excessive accumulation of dust/lint. c. Administration Restroom - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint.	C 164	1a. The door veneer has been repaired. 2a. This ventilation grille with its radiation damper will be cleaned. 2b. This HVAC return with its radiation damper will be cleaned. 2c. Please see 2a above	10/25/17 11/15/17 11/15/17 11/15/17

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C 164	Continued From page 3 d. Beauty Shop - the HVAC return with its radiation damper has an excessive accumulation of dust/lint. e. C Hall Dining - the HVAC return with its radiation damper has an excessive accumulation of dust/lint f. Main Dining - the HVAC return with its radiation damper has an excessive accumulation of dust/lint g. Main Dining Janitor Closet - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint. h. Employee Lounge - the HVAC return with its radiation damper has an excessive accumulation of dust/lint i. D Hall Soiled Utility - the required exhaust ventilation system did not work, and there was odor. j. D Hall Janitors across from Bedroom D-126 - the required exhaust ventilation system did not work, and there was odor. k. D Hall Men Public Restroom - the required exhaust ventilation system did not work, and there was odor. l. D Hall Women Public Restroom - the required exhaust ventilation system did not work, and there was odor. m. D Activity Room Restroom - the required exhaust ventilation system did not work, and there was odor. n. D Hall Laundry - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint.	C 164	2d. Please see 2b on previous page. 2e. Please see 2b on previous page. 2f. Please see 2b on previous page. 2g. Please see 2a on previous page. 2h. Please see 2b on previous page. 2i. This exhaust ventilation system will be successfully repaired. 2j. Please see 2i above. 2k. Please see 2i above. 2l. Please see 2i above. 2m. Please see 2i above. 2n. Please see 2a on previous page.	11/15/17 11/15/17 11/15/17 11/15/17 11/15/17 11/15/17 11/15/17 11/15/17 11/15/17 11/15/17
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION	C 185		

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C 185	Continued From page 4 (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director and Maintenance, fire drill rehearsals are not being performed regularly with at least one per shift for each quarter.. Findings on September 13, 2017: a. In the 2nd quarter for the last 12 months, no rehearsals are documented for the 2nd and 3rd shifts. b. In the 4th quarter for the last 12 months, no rehearsals are documented for the 2nd and 3rd shifts. 2. Based on Record review and interview with Executive Director and Maintenance, the Facility failed to document all aspects of the fire plan rehearsals. Findings on September 13, 2017: a. The fire plan rehearsal records included date, time, shift, and staff members present, but little to no description of what the rehearsal involved.	C 185	1a. Fire drills will be conducted quarterly on each shift moving forward. 2b. Please see 1a above. 2a. Notes related to the fire drill to include a description of the drill will be documented on the fire drill form.	10/25/17 10/25/17 10/25/17
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 189		

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C 189	Continued From page 5 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, the building's emergency equipment was not maintained in a safe and operating condition. Findings on September 13, 2017: a. AL Florida Room - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. b. AL Smokers - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. c. B Hall Corridor near Dining - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. d. Front Porch - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. e. C Hall near Bedroom 109 - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. f. C Hall Sun Room - the exit sign did not illuminate on backup power when tested. g. Entire Building - since the last annual maintenance, performed in July 2017, there has been no documentation of the portable fire extinguisher's monthly inspections. h. C Hall near Bedroom C-109 - the annual maintenance tag is missing from this fire extinguisher	C 189	1a. This emergency light deficiency will be corrected. The Maintenance Director or designee will assure emergency lights are in working order when routinely conducting building walkthroughs. 1b. Please see 1a above. 1c. Please see 1a above. 1d. Please see 1a above 1e. Please see 1a above. 1f. This exit sign deficiency will be corrected. The Maintenance Director or designee will assure that exit signs properly illuminate on backup power while conducting routine building walkthroughs. 1g. All portable fire extinguishers will be inspected and will continue to be inspected monthly by the Maintenance Director or designee. 1h. This annual maintenance tag will be replaced.	11/15/17 11/15/17 11/15/17 11/15/17 11/15/17 11/15/17 11/15/17 11/15/17

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C 189	Continued From page 6 i. Kitchen -the automatic roll-down fire door between the kitchen and the dining room had items seating on the serving shelf that would block the fire door from closing completely in the event of a fire alarm activation. j. Kitchen -since the last semi-annual maintenance of the commercial kitchen hood's fire suppression system, there has been no documentation of the monthly inspections. 2. Based on Observation, the corridor doors were not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on September 13, 2017: a. Bedroom B-113 - the corridor door had a wedge holding the door open. b. Bedroom B-114 - the corridor door did not latch into its doorframe when closed. c. Bedroom B-115 - a door wedge was found behind the corridor door. d. Atrium room - the corridor doors (pair) each had a chair holding the door open. e. Reception - the corridor door had a wedge holding the door open. Deficiency corrected before Construction Surveyors departed site. f. Kitchen to Dining - the door had a wedge holding the door open. g. Bedroom D-127 - the corridor door did not latch into its doorframe when closed. 3. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room or compartment of origin. Findings on September 13, 2017: a. B Hall Water Cooler Alcove - there is a gap around the fire sprinkler escutcheon plate not firestopped as the fire sprinkler penetrates the	C 189	1i. All items preventing the roll down fire down from closing completely have been removed from the shelf. The Maintenance Director and/or Dietary Director will assure that no items are stored on this shelf as routine walkthroughs are conducted. 1j. The kitchen hood's fire suppression system will be inspected monthly by the Miantenance Director as required. 2a. The wedge holding this corrodor open has been removed. The Maintenance Director or Designee will observe for proper door closure while conducting routine building walkthroughs. 2b. The door latch will be repaired. 2c. Please see 2a above. 2d. Chairs holding these corridors open have been removed. The Maintenance Director or designee will observe for proper door closure while conducting routine building walkthroughs. 2e. Please see 2a above. 2f. Please see 2a above. 2g. Please see 2b above. 3a. The gap noted around the fire sprinkler escutcheon plate will be repaired.	10/25/17 11/15/17 10/25/17 11/15/17 10/25/17 10/25/17 10/25/17 11/15/17 11/15/17

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C 189	Continued From page 7 fire-resistance-rated ceiling assembly. b. C Hall near Nurse Station - there is a gap created by a displaced fire sprinkler escutcheon plate as the fire sprinkler penetrates the fire-resistance-rated ceiling assembly. c. Main Dining Janitor Closet - there is a gap around the fire sprinkler escutcheon plate not firestopped as the fire sprinkler penetrates the fire-resistance-rated ceiling assembly. d. Activity Directors Office - there are three ¼-inch holes not firestopped as they penetrate the fire-resistance-rated ceiling assembly. e. Front Porch - the gypsum ceiling is deteriorating with the tape and joint compound coming off creating gaps penetrating the fire-resistance-rated ceiling. f. D Hall Back Exit - the exit sign did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. g. Main Dining - the HVAC Grille did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. h. Back Right Porte-Cochere - the light fixtures did not completely cover the holes penetrating the fire-resistance-rated ceiling assembly. 4. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on September 13, 2017: a. Front Porch - the ground-fault circuit-interrupter (GFCI) electrical power receptacle was loosely attached in the wall. b. C Hall Mechanical/Utility Room - many items are stored in front of the electrical panels, limiting the required 36-inches minimum clear working space. This prevents quick access in any emergency.	C 189	3b. Please see 3a on previous page. 3c. Please see 3a on previous page 3d. These penetrations will be repaired using an appropriate sealing agent. 3e. The ceiling will be repaired to assure fire resistance. 3f. Please see 3d above 3g. Please see 3d above. 3h. Please see 3d above. 4a. This GFCI outlet has been properly secured to the wall. 4b. The mechanical room has been cleared of obstructions blocking the electrical panels.	11/15/17 11/15/17 11/15/17 11/15/17 11/15/17 11/15/17 11/15/17 10/25/17 10/25/17