

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL034019</b>                      | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>12/06/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>C R T - GOLDEN LAMB REST HOME</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1515 GOLDEN LAMB COURT<br/>WINSTON SALEM, NC 27105</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG                                                                                | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| {C 000}                                                                  | Initial Comments<br><br>Report of a Biennial Follow Up Construction<br>Survey by Ed Miller, conducted on December 6,<br>2018.<br><br>Deficiencies were cited that will require a new<br>Plan of Correction.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | {C 000}                                                                                            |                                                                                                                          |                                                                    |
| {C 164}                                                                  | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND<br>FURNISHINGS<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor<br>coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing<br>facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the building walls are<br>not kept clean and in good repair.<br>Findings on December 6, 2018:<br>c. Bathroom 122 -the ceramic tile base has<br>come off the wall possibly because water may be<br>entering the holes where the shower seat was<br>removed. | {C 164}                                                                                            |                                                                                                                          |                                                                    |
| {C 189}                                                                  | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(a) The building and all fire safety, electrical,<br>mechanical, and plumbing equipment in an adult<br>care home shall be maintained in a safe and                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | {C 189}                                                                                            |                                                                                                                          |                                                                    |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>C R T - GOLDEN LAMB REST HOME</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1515 GOLDEN LAMB COURT<br/>WINSTON SALEM, NC 27105</b> |                                                                                                                          |                                                                    |
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| {C 189}                                                                  | <p>Continued From page 1</p> <p>operating condition.<br/>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the Building was not maintained in a safe and operating condition, because the fire rated doors in a Firewall did not close completely and latch in order to contain smoke/fire. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin.<br/>Findings on December 6, 2018:<br/>a. East Firewall, - the front leaf of the cross-corridor double-egress doors did not close so the doors could latch when the fire alarm hold open devices release.</p> <p>3. Based on observation, the facility was not maintained in a safe manner by having fire rated doors not close completely in order to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment of origin.<br/>Findings on December 6, 2018:<br/>a. Kitchen - the required self-closing door to Dining is wedge open holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch.</p> <p>New Findings on December 6, 2018:<br/>b. Main Office - the corridor door has a kick down device laundry hamper wedge chair holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch.</p> <p>6. Based on observations, the Building fire</p> | {C 189}                                                                                            |                                                                                                                          |                                                                    |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>C R T - GOLDEN LAMB REST HOME</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1515 GOLDEN LAMB COURT<br/>WINSTON SALEM, NC 27105</b> |                                                                                                                          |                                                                    |
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| {C 189}                                                                  | Continued From page 2<br><br>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 December 6, 2018:<br>a. Attic East Firewall - there are three cable bundles not firestopped as they penetrate the firewall.<br>c. Attic East Firewall - there are serval PVC pipes not firestopped with fire collars as they penetrate the firewall.<br>d. Attic East Firewall - there are serval PVC pipes with large gaps around them not firestopped as they penetrate the firewall.<br>f. Attic West Firewall - there are three open-ended sleeves with insulated pipes not firestopped as they penetrate the firewall.<br>g. Attic West Firewall - there are three PVC sleeves with insulated pipes not firestopped with fire collars as they penetrate the firewall.<br>h. Cross-Corridor Double Doors - on the staff station side, the exit sign base did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly.<br><br>7. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition.<br>Findings on August 16, 2018:<br>b. Bathroom 122 - the corridor door did not latch into its frame when closed.<br>c. Bathroom 122 - the corridor door has a wedge holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch.<br>f. Bedroom 105 - the corridor door did not latch into its frame when closed. | {C 189}                                                                                            |                                                                                                                          |                                                                    |
| C 191                                                                    | Unvented & Portable Elec. Heaters Prohibited                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | C 191                                                                                              |                                                                                                                          |                                                                    |

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| C 191                                                                    | <p>Continued From page 3</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>10A NCAC 13F .0311 OTHER<br/>REQUIREMENTS</p> <p>(b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances.</p> <p>(2) Unvented fuel burning room heaters and portable electric heaters are prohibited.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, the facility failed to prevent the use of portable electric heaters in an Adult Care Home. This could affect residents, staff, and visitors if heater is the ignition source of a fire. The danger increases if used by resident or combustible material is near.</p> <p>New Findings on December 6, 2018:</p> <p>a. Front Lobby - a portable electric heater was found in this room.</p> <p>b. Beauty Shop - a portable electric heater was found in this room.</p> | C 191                                                                                              |                                                                                                                          |                                                                    |