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 08/27/2019

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 Biennial Follow Up Construction Survey by Dennis Harrell on 8-27-2019. Some deficiencies were not corrected. Further action is required.	{C 000}		
{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. Finding on 8-27-2019: a. 3rd FL Nurse Station - there is an unattended medication cart and bench, obstructing the required six feet width corridor to four feet and 6 inches. Note; This deficiency was cited and corrected before, but was found again during the follow-up.	{C 150}	- Moved all objects from corridor to meet required 6ft width.	9/11/19
{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	{C 189}		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Maintenance Director — (X6) DATE: 10/7/19

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HEIGHTS SENIOR LIVING COMMUNITY	2500 POLO RIDGE COURT WINSTON SALEM, NC 27106

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{C 189}	Continued From page 1 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 was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict fire and smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Finding on 8-27-2019: c. 1st FL MCU Smoke Barrier - one leaf, of the double-egress cross-corridor doors, does not latch into the frame when the fire alarm system released the doors. 8. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Finding on 8-27-2019: b. 1st FL MCU Bedroom 110 - there is a 5/8-inch gap between the face of the door and the stop on the doorframe near the door handle that allows the spread of smoke and heat.	{C 189}	- fixed latch for the smoke barrier doors. door close and latch when doors are released for closure. - Adjusted door frame and added weatherstripping to cover 5/8" gap. Door gap sealed from spread of smoke and heat.	9/11/19 9/11/19

Maintenance Director 10/7/19