

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2019
NAME OF PROVIDER OR SUPPLIER SOUTHFORK		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Construction Section Biennial Survey by Suzanna Fay conducted on November 21, 2019. 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 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	C 101		

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

TITLE

(X6) DATE

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C 101	Continued From page 1 Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Observations revealed that the facility does not meet the code requirements in effect at the time of construction, addition or renovation. If any required emergency release switch is of the locking type, all staff must carry emergency release switch keys. Findings on November 21, 2019: a. SCU Courtyard - the courtyard gate has a keyed override switch. None of the staff carried a key for the emergency override switch.	C 101		
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. Review of records revealed that the facility did not have current fire safety inspection reports maintained. Findings on November 21, 2019: a. There was not a current fire inspection report available.	C 111		
C 134	Bathrooms-Roll-in Shower SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL	C 134		

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C 134	Continued From page 2 ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (7) Each home shall have at least one bathroom opening off the corridor with: (A) a door of three feet minimum width; (B) a three feet by three feet roll-in shower designed to allow the staff to assist a resident in taking a shower without the staff getting wet; (C) a bathtub accessible on at least two sides; (D) a lavatory; and (E) a toilet. (8) If the tub and shower are in separate rooms, each room shall have a lavatory and a toilet; This Rule is not met as evidenced by: 1. Observations revealed that the facility is not providing a bathroom for residents on the AL side that is off of the corridor with a roll-in shower and a bathtub accessible on at least two sides. Findings on November 21, 2019: a. The Community Bath on the AL side is currently out of service and not available to the residents. The tub is broken and they are in the process of replacing the tub.	C 134		
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is	C 154		

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C 154	Continued From page 3 opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Observations revealed that not all of the override switch alarms were of sufficient volume to be heard by staff. Findings on November 21, 2019: a. Dining Room - the screamer box alarm for the override switch was very weak. b. The override switch box alarm did not work at the exit by Room D140.	C 154		
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. Observations revealed that the ceilings and equipment were not kept in clean and in good repair. Findings on November 21, 2019:	C 164		

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C 164	Continued From page 4 a. General - the radiation dampers in the exhaust fans of the resident bathrooms had heavy accumulations of dust.	C 164		
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 was not maintained free from hazards. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on November 21, 2019: a. Room B114 - two oxygen bottles were unsecured on the floor. This was corrected at the time of survey.	C 166		
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		

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C 189	Continued From page 5 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 there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings or walls could allow fire and smoke to spread beyond the area of origin. Findings on November 21, 2019: a. Mechanical Room - there is a hole at the conduit penetration along the back wall. b. Clean Linen - there is a 1" diameter hole in the ceiling near the light fixture. c. SCU Dining - a sprinkler head escutcheon plate has dropped near the emergency light leaving a gap in the ceiling. 2. Observations revealed that the fire safety equipment is not maintained in operating condition. Findings on November 21, 2019: a. Mechanical Room - upon entering the room, the compressor was running. It shut off and came on again about five minutes later indicating that the sprinkler system has a leak. 3. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin.	C 189		

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C 189	Continued From page 6 Findings on November 21, 2019: a. Room D141 - the door was propped open using a figurine. The figurine was removed at the time of survey. b. Laundry - the door between Clean Linen and Laundry was propped open with a chair and blocked from closing by items hanging on the closer. This was corrected at the time of survey. c. Laundry - the door between Soiled Linen and Laundry was propped open with furniture. This was corrected at the time of survey. 4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have gaps between the door and the door frame stops nor holes through the door. Findings on November 21, 2019: a. Staff Break Room - there is a 1/4" diameter hole through the door at the door hardware. 5. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain 18" clearance below the sprinkler heads creates an obstruction which limits the ability of the sprinkler system to suppress a fire. Findings on November 21, 2019: a. Mechanical Room - there are boxes stored to the ceiling. b. SCU Storage - the adult diaper packages are stored to the ceiling.	C 189		