

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034087	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2024
NAME OF PROVIDER OR SUPPLIER FOREST HEIGHTS SENIOR LIVING COMMUNIT		STREET ADDRESS, CITY, STATE, ZIP CODE 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 a Construction Section Biennial Survey by Tod Hancock, conducted on July 8, 2024. Records indicate this facility was first licensed as a Home for the Aged-on June 27, 1997. The facility is currently licensed 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. Deficiencies were cited that require a Plan of Correction.	C 000		
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: 1. Based on observation there is no exhaust ventilation in a space required to have exhaust	C 199		

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

TITLE

(X6) DATE

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C 199	Continued From page 1 ventilation. This could affect the occupants of the facility if odors, fumes or possible air borne contaminants were not exhausted from the building. Findings on July 8, 2024: a. 1st Floor/Housekeeping Closet- there does not appear to be a working exhaust fan in this room. b. 2nd Floor/ Guest Bathroom- there does not appear to be a working exhaust fan in this room.	C 199		