

*Received 9-12-2016
via fax: AH*

PRINTED: 08/01/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/22/2016
--------------------------------------------------	---------------------------------------------------------------------	------------------------------------------------------------------------	---------------------------------------------------

NAME OF PROVIDER OR SUPPLIER SALEM TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2809 OLD SALISBURY ROAD WINSTON SALEM, NC 27127
---------------------------------------------------	---------------------------------------------------------------------------------------------

(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
(D 000)	Initial Comments The Adult Care Licensure Section and the Forsyth County Department of Social Services conducted an follow-up survey on July 21, 2016 and July 22, 2016.	(D 000)		
(D 074)	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings 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; This Rule is not met as evidenced by: The facility failed to assure the walls, ceilings and floors were kept clean and in good repair as evidenced by ceiling water stains in the Assisted Living Unit (ALU) residents' rooms (#104, #115, #508, #512 and #514) and a common bathroom (500 Hall) and water stains on the carpet in front of an air conditioning unit on the 500 Hall and in front of an air conditioner in the connecting corridor between the 100 Hall and the 500 Hall. The findings are: A. Observation during the initial tour of the facility on 07/21/16 at 9:30 am revealed: -Room #104 had numerous brown water stains on the ceiling, including a 15 inch circular stain over the head of the bed nearest the door. -At least 11 miscellaneous sized water stains on the ceiling, mostly on the farthest side of the room. Interview on 07/21/16 at 10:15 am with a resident residing in Room #104 revealed:	(D 074)	<i>We continue to work to improve the condition of our walls, ceilings and floors. We have been approved for funds through a building re-financing program that will enable us to bring in the contractors needed to complete the work on the roof which will then allow us to complete the insect work. Once the initial work is complete Salem Terrace will continue to maintain</i>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE

(X6) DATE
8-17-16

*Reviewed and accepted
AH Perdue
9-13-2016*

PRINTED: 08/01/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/22/2016
NAME OF PROVIDER OR SUPPLIER SALEM TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127		
(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
{D 074}	Continued From page 1 -He had been a resident of the facility for several years. -The stains on the ceiling had been there for at least 6 months. -He had not observed any water dripping in his room. -He thought the stains were coming from leaks in the roof. -He had shown the stains to the maintenance staff several times. -The maintenance staff had not painted over the stains in 6 months. Observation on 07/21/16 at 9:48 am revealed Room #115 had a 2 feet by 8 feet section of unpainted drywall on the right behind the resident's bed. Interview on 07/22/16 at 10:20 am with a resident of Room #115 revealed: -He had been a resident of the facility about 1 year. -The maintenance staff had replaced the drywall in his room some time ago, but did not paint the wall behind his bed Observation on 07/22/16 at 2:30 pm revealed a large (approximately 5 feet by 3 1/2 feet) water stain on the carpet, underneath the air conditioning (AC) unit in the connector hallway between the 100 hall and the 500 hall. Observation on 07/22/16 at 2:40 pm revealed a large (approximately 5 feet by 4 feet) water stain on the carpet, underneath the AC unit on the 500 hall, adjacent to a door that accessed the outside. Interview on 07/22/16 at 2:45 pm with a housekeeper revealed: -He deep cleaned the carpet in the facility every	{D 074}	The building with 2 full time maintenance employees	10-22-16

PRINTED: 08/01/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/22/2016
NAME OF PROVIDER OR SUPPLIER SALEM TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 2808 OLD SALISBURY ROAD WINSTON SALEM, NC 27127		
(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
{D 074}	Continued From page 2 week. -He planned to clean the carpet under the AC units today. -The deep cleaning would remove the stains. -The water stains would return when the AC units leaked onto the carpet. -The AC units had leaked "for a while now". Interview on 07/22/16 at 2:50 pm with a maintenance department employee revealed: -The water stain under the AC unit in the connector hallway was caused by a leak in the roof, not by the AC unit leaking onto the carpet. -The water stain under the AC unit in the 500 hallway was caused by rain water backing up to the building when heavy rains occurred, and seeping under the door, not by the AC unit leaking. -The roof was scheduled to be repaired in September. Refer to Interviews on 07/21/16 at 10:20 am and 11:20 am with the Maintenance Coordinator. Refer to interview on 07/22/16 at 3:15 pm with Administrator revealed: B. Observation during the initial tour of the facility on 07/21/16 from 11:00 am to 11:12 am revealed: -Room #512 had numerous different sized water stains on the slanted ceiling along most of the ceiling. -The ceiling had dry-wall joint tape hanging down from several joints of the ceiling boards and cracked plaster along the bathroom wall and throughout the ceiling with brown water stains. -At least 5 of the joints in the ceilings had stains and cracked ceiling material. -The ceiling in the bathroom in Room #512 had a 14 inch by 22 inch oblong stain located left of the wall mounted light fixture; an 8 inch by 10 inch	{D 074}		

PRINTED: 08/01/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/22/2016
--------------------------------------------------	---------------------------------------------------------------------	------------------------------------------------------------------------	---------------------------------------------------

NAME OF PROVIDER OR SUPPLIER
SALEM TERRACE

STREET ADDRESS, CITY, STATE, ZIP CODE
2809 OLD SALISBURY ROAD
WINSTON SALEM, NC 27127

(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
{D 074}	<p>Continued From page 3</p> <p>spot toward the left side of the oblong stain had peeled ceiling covering. -No signs of mold were observed on the ceilings.</p> <p>Interview on 7/21/16 at 11:05 am with a resident from Room #512 revealed: -He had been residing in the room for approximately 3 months. -The ceiling had looked the same way since he moved into the room. -The maintenance staff had seen the ceiling in his room but no repair had been started. -He had not seen water dripping into his room from the ceiling in the room or bathroom.</p> <p>Observation of the facility on 07/22/16 at 11:13 am revealed Room #514 had a one inch separation gap along the entire length of the room where ceiling molding board attached the ceiling boards together.</p> <p>Interview on 07/22/16 at 11:14 am with a resident who resided in Room #514 revealed: -He had been residing in the room for about 3 months. -He had not observed water dripping from the ceiling in the room. -Housekeeping and maintenance staff came to his room routinely. -He had not told the staff about the crack in the ceiling.</p> <p>Observation of the facility on 07/22/16 at 11:15 am revealed: -Room #508 had two 6 inch tears in a ceiling tape soam of the slanted ceiling between the 2 residents' beds. -Below each tear, there was a teardrop shaped separation between the ceiling board and the ceiling textured covering measuring</p>	{D 074}		

PRINTED: 08/01/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/22/2016
NAME OF PROVIDER OR SUPPLIER SALEM TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127		
(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)	(X6) COMPLETE DATE
(D 074)	Continued From page 4 approximately 14 inches from each tear in the joint tape downward toward the center of the ceiling board (the tear drop shaped pocket was lightly stained and appeared to be caused by pooling water). Interview on 07/22/16 at 11:15 am with a resident in Room #508 revealed: -She had resided in the room several months. -She had not observed any water dripping into the room from the two stained spots. Observation of the facility on 07/22/16 at 11:20 am revealed: -The bathroom labeled "handicapped " adjacent to Room #609 had a 14 inch long crack in the ceiling joint tape in the corner of the ceiling, to the right of the wall mounted light fixture. -The ceiling had cracked ceiling plaster around and along-side the damaged paper joint. Refer to interview on 07/21/16 at 10:20 am and 11:20 am with the Maintenance Coordinator. Refer to interview on 07/22/16 at 3:15 pm with Administrator revealed: Interviews on 07/21/16 at 10:20 am and 11:20 am with the Maintenance Coordinator revealed: - He had been remodeling rooms at the facility one at a time for several months. -The facility roof was in need of replacement. -The roof was budgeted for repairs in September 2016. -The roof had large blue tarps over the parts that were leaking. -One of the tarps had shredded in the wind, so he cut that part of the tarp off. -The 100 hall had a large tarp to help prevent the leaks from the rain.	(D 074)		

PRINTED: 08/01/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/22/2016
NAME OF PROVIDER OR SUPPLIER SALEM TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 2809 OLD SALISBURY ROAD WINSTON SALEM, NC 27127		
(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
{D 074}	Continued From page 5 -The roof over 500 Hall rooms had minor repairs done a few months ago. -The roof over the 500 Hall rooms did not have a tarp. -He had not worked on patching ceilings in the rooms because the leaking roof just re-stained the ceiling coverings. Interview on 07/22/16 at 3:15 pm with the Administrator revealed: -The facility roof was budgeted to be repaired in September 2016. -The maintenance staff had placed tarps on the roof last year to help prevent water damage in the building. -She was not aware of the stains on the ceilings in Room #104, #508, #512, or #514. -She would have had the stains repaired if she had known about them. -The water stains were a result of the roof being in disrepair. -She had provided estimates for replacing the roof to the corporate office a few months ago. -She was informed by Corporate Management that the facility's bank was processing the paperwork for a loan to replace or repair the roof and approval may come prior to September 2016.	{D 074}		
{D 077}	10A NCAC 13F .0306(a)(4) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (4) have a North Carolina Division of Environmental Health approved sanitation classification at all times in facilities with 12 beds or less and North Carolina Division of Environmental Health sanitation scores of 85 or	{D 077}		

PRINTED: 08/01/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/22/2018
--------------------------------------------------	---------------------------------------------------------------------	------------------------------------------------------------------------	---------------------------------------------------

NAME OF PROVIDER OR SUPPLIER
SALEM TERRACE

STREET ADDRESS, CITY, STATE, ZIP CODE
**2809 OLD SALISBURY ROAD
WINSTON SALEM, NC 27127**

(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
(D 077)	<p>Continued From page 8</p> <p>above at all times in facilities with 13 beds or more; This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain a sanitation score of 85 or higher at all times.</p> <p>The findings are:</p> <p>Observation on 07/21/16 at 9:00 am upon entrance to the facility revealed the sanitation score was 84 based on a local Environmental Health inspection completed 06/09/15.</p> <p>Review of the facility's current Environmental Health inspection report dated 06/09/15 revealed the inspection included demerits related to furniture, walls, floors, lighting, toilet, vermin control, proper disinfectant use, removal of solid waste and vacuum breakers missing on shower heads.</p> <p>Interview on 07/21/16 at 9:50 am with a representative from the local Environmental Health office revealed: -The test inspection completed at the facility was 06/09/15. -The current score was 84. -The facility was due for an inspection "at any time". -The facility had not requested a re-inspection to see if the score would increase. -The facility could have requested a re-inspection and it would have been completed within 30 days, but the facility had not made the request.</p> <p>Interview on 07/21/16 at 10:20 am with the</p>	(D 077)	<p><i>As funds are released to us from the refinancing funds, we will complete repairs and replace floors as directed by the health dept. all repairs will be done + re-inspection completed.</i></p>	10-22-16

PRINTED: 09/01/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAI.034098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/22/2016	
NAME OF PROVIDER OR SUPPLIER SALEM TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127		
(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
(D 077)	<p>Continued From page 7</p> <p>Maintenance Coordinator revealed: -He was aware the sanitation score was 84. -He was aware the existing score of 84 was not in compliance with regulations. -The last inspection completed by Environmental Health was completed 06/09/16. -He had spoken with a representative from the Environmental Health office several months ago and was advised that should he request a re-inspection, it would be conducted within 30 days of the request. -He had not called Environmental Health for a re-inspection of the building. -He was aware of the need for a re-inspection. -He had not had time to complete everything he needed to finish for the re-inspection. -"I felt like I needed more time on the re-inspection". -"We've worked on a lot of the things that were found during that inspection from Environmental Health".</p> <p>Interview on 08/22/16 at 8:05 am with the Administrator revealed: -She was aware the sanitation score was 84. -The facility had called the Environmental Health office and requested a re-inspection. -The request had been made by the Maintenance Coordinator. -She was unsure exactly when the request had been made. -The Environmental Health office was backlogged on inspections, and the facility had no control on when the inspection would actually take place. -The facility was ready to be re-inspected.</p> <p>Interview on 07/22/16 with a representative from the Environmental Health office revealed: -The facility had called and requested a re-inspection this morning, on 07/22/16.</p>	(D 077)		

PRINTED: 08/01/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/22/2016
NAME OF PROVIDER OR SUPPLIER SALEM TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127		
(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
{D 077}	Continued From page 8	{D 077}		
D 105	<p>10A NCAC 13F .0311(a) Other Requirements</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain air conditioning (AC) covers in safe and operating condition as evidenced by 2 broken AC covers, one in a resident room (Room #312) and one in the 400 hallway.</p> <p>The findings are:</p> <p>Observation on 07/21/16 at 9:48 am revealed: -The AC unit in the 400 hallway was missing the cover. -The interior of the AC unit was exposed.</p> <p>Observation on 07/21/16 at 10:01 am revealed: -In Room #312, the AC unit cover was on the floor. -The interior of the AC unit was exposed.</p> <p>Interview on 07/21/16 at 10:02 am with a resident of Room #312 revealed the cover had been broken for 4 -5 months.</p> <p>Interview on 07/21/16 at 12:26 pm with the</p>	D 105	<p>All PTAC units that are missing covers will be replaced. Residents who remove + damage covers will be monitored. Covers will be replaced as needed.</p>	8-15-16 + ongoing

PRINTED: 08/01/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/22/2016
NAME OF PROVIDER OR SUPPLIER SALEM TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 2809 OLD SALISBURY ROAD WINSTON SALEM, NC 27127		
(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
D 105	Continued From page 9 Maintenance Coordinator revealed: -The resident in Room #312 took the cover off the AC unit on a daily basis. -Maintenance staff replaced the AC cover constantly. -He was unaware the cover was off at this time. -He depended on notifications from staff to alert his department when repairs needed to be made. -He may be able to secure the cover to the unit to prevent the resident from removing the cover so frequently. Interview on 07/21/16 at 10:38 am with a Personal Care Aide (PCA) revealed a resident removed the AC covers in the hallway and in his room "all the time". Interview on 07/21/16 at 10:40 am with the Resident Care Coordinator (RCC) revealed: -The resident of Room #312 had lived at the facility for almost 4 years. -The resident took the cover off the AC unit every time it was put back on. -She did not know why he took the cover off the AC unit. -She had told the resident to leave the cover on the AC unit, but he took it off anyway. Interview on 07/21/16 at 11:01 am with a medication aide revealed: - Maintenance staff put the cover back on the AC unit in Room #312 every day. -Every day the resident in that room removed the cover again. -The Maintenance Coordinator had not mentioned a more permanent way to keep the covers on the AC units.	D 105		