

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2015
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NAME OF PROVIDER OR SUPPLIER CORNERSTONE LIVING CENTER OF WINSTON	STREET ADDRESS, CITY, STATE, ZIP CODE 2900 REYNOLDS PARK ROAD WINSTON SALEM, NC 27107
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(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	<p>Initial Comments</p> <p>Report of a Complaint Construction Survey by Ed Miller on May 13, 2015.</p> <p>Records indicate that the Facility was first licensed on or about November 27, 1989 for One Hundred, Twenty-One (121) Beds. Based on the above information, the facility is required to meet the 1987 Minimum and Desired Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1978 North Carolina State Building Code (Revision 8), Section 409 Institutional Unrestrained Occupancy- Group I.</p> <p>The complaint alleged that there had been a small fire in April and in a separate event, the ceiling had fallen in a resident's room.</p> <p>The complaint was substantiated and deficiencies were cited that would require a plan of correction.</p>	C 000		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>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 facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: A. Based on observation, the failure of building equipment has caused hazards to residents. The</p>	C 189		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 189	<p>Continued From page 1</p> <p>current failure affect the safety of occupants in the involved room directly below the leaking valve, but would affect the comfort of all resident if heating system were needed.</p> <p>Findings on 5-13-2015:</p> <ol style="list-style-type: none"> 1. The radiator in Bedroom 213 was actively leaking water through its control valve, saturating the structure below. 2. The gypsum board ceiling below became saturated with this water and a four feet square section fell to the floor in Bedroom 104. 3. Water also entered the walls of the administrator's Toilet Room and Toilet Room between Bedrooms 104 and 102 creating bubbles of moisture behind the wall finish. 4. When the ceiling fell it exposed a hidden mold growth on a 1 by 4 wood furring strip adjacent to the exterior wall 5. Bedroom 104 is not habitable and is currently hazardous to any residents if they are permitted to enter the area. <p>Due to the unknown time the water has been leaking, additional specific hazards include:</p> <ol style="list-style-type: none"> 6 The unknown quantity and type of mold growth. This is not in accordance with the requirement to maintain compliance with the sanitation rules. 7 The missing ceiling finish is part of the fire-resistance-rating of the structure. This is not in accordance with the requirement to maintain the fire-resistance-rating. 8 The condition of the electrical wiring and 	C 189		

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C 189	<p>Continued From page 2</p> <p>extent it was affected by the moisture was not determined. This is potentially not in conformance with requirement to maintain electrical systems in safe and operating manner.</p> <p>B. Based on interview with staff it was confirmed that there had been a fire event on April 12, 2015.</p> <p>Findings on 5-13-15:</p> <ol style="list-style-type: none"> 1. The only noticeable fire, smoke or extinguisher operation damage was in Bedroom 216 and portions of the Corridor. 2. Bedroom 216 is not habitable. During the fire event the window was removed. Later the opening boarded up. The current opening enclosure is not weather or vermin proof. 3. Several smoke detectors were damaged and have not yet been serviced and brought back on-line. 4. There was no documentation that the facility has obtained any permits that may be required from the Building or Fire Official for repairs before re-occupancy. <p>C. The residents of the 200 wing were moved to the 500 wing. This wing has several deficiencies that have been identified:</p> <ol style="list-style-type: none"> 1 A sink in the community bath and one in the fire alarm panel room were both missing p-traps on their drain lines. 2 The Hall Bath had a paper sign stating that it was out of order but residents are still using the facilities. 	C 189		

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C 189	<p>Continued From page 3</p> <p>3 Observation and interview revealed there are currently five Bathing fixtures (tub or shower) out of order throughout the facility. Therefore the facility has only 7 in operation.</p> <p>4 The corridor Hall Bath door does not have a latch or a means to lock it.</p> <p>5 At 10:45 AM the Hall Bath had nearly dried sewage effluent covering the shower floor and at 4:00 PM the effluent was now wet and had been piled up against the back wall. It appeared that a shower had been taken as water was standing in the floor drains.</p> <p>6 The Hall Corridor emergency light neither worked on normal or battery backup power.</p>	C 189		