

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/23/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOMESTEAD HILLS ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2101 HOMESTEAD HILLS DRIVE WINSTON SALEM, NC 27103</b>
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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}	Initial Comments  This report is of a Followup Survey done by Bob Getchell on September 23, 2015.  The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.	{C 000}		
{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 facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 2-Based on observation, the facility wasn't maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if a cylinder fell, breaking their valves then propelling the cylinder into a dangerous projectile.  Followup Findings on 09/23/2015: A large medical oxygen cylinder was stored standing upright in a milk crate in the Oxygen Storage Room in 200 Hall.  4-Based on observation, the facility was not maintained in a safe manner because breaches through fire-rated construction invalidated its integrity. This could affect all residents and staff in the event that fire and/or smoke is not	{C 189}		

Division of Health Service Regulation  
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>contained in a room or compartment of origin.</p> <p>Followup Findings on 09/23/2015: The fire sprinkler escutcheon plate for the sprinkler head located in Room 222 does not cover ceiling opening.</p> <p>6-Based on observation, the facility was not maintained in a safe manner because breaches through fire-rated construction invalidated its integrity. This could affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin.</p> <p>Followup Findings on 09/23/2015: There are ceiling penetrations due to gas piping and electrical installations that are located in the Sprinkler Riser Room that are not sealed.</p> <p>9-Based on observation, the facility has not maintained the mechanical ventilation in several locations in the facility. This may effect the staff when using the facilities.</p> <p>Followup Findings on 09/23/2015 The mechanical ventilation system is not exhausting the interior air in the 300 HALL Laundry.</p>	{C 189}		