

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/14/2016
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NAME OF PROVIDER OR SUPPLIER C R T - GOLDEN LAMB REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105
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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 Biennial Construction Survey by Frank Strickland on 09/14/2016:</p> <p>This facility was first licensed as a Home for the Aged serving 40 residents on or about 06/27/1995. Therefore, this facility must meet the 1994 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1991 North Carolina State Building Code (1994 Revision), Section 409- Institutional Occupancy.</p> <p>Deficiencies have been cited and a Plan of Correction is required.</p>	C 000		
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1-Based on observation, this facility has failed to maintain the prevention of water migration that has penetrated the one-hour roof/ceiling assembly construction that has 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>Findings on 09/14/2015: There are several ceiling locations in the Dining</p>	C 164		

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

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C 164	<p>Continued From page 1</p> <p>Hall, that have water damage and are in need of repair prior to the roof repair.</p> <p>2-Based on observation, this facility has failed to maintain the walls and floor finish surfaces in heavy traffic areas. This could affect the residents.</p> <p>Findings on 09/14/2015: The following locations have damaged ceramic tile surfaces: (a) The ceramic tile around the floor drain is loose, ungrouted and broken in the Spa that is located in the West Wing. (b) The ceramic wall tile has become unfastened behind the toilet in the Spa that is located in the West Wing.</p>	C 164		