

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL034096</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/19/2016</b>
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>HINES GOOD SAMARITAN HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3200 OLD GREENSBORO ROAD WINSTON-SALEM, NC 27101</b>
----------------------------------------------------------------------	------------------------------------------------------------------------------------------------------

(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 by Suzanna Fay  DHSR Construction Section conducted a Biennial Follow-up Survey on October 19, 2016 from 10:54 AM to 11:35 AM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required.  The remaining deficiencies are as follows:	{C 000}		
{C 169}	Fire Safety-Smoke Detectors  SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it.  This Rule is not met as evidenced by: 1. Observations revealed a 135 degree heat detector in the attic tied into the smoke alarm system. At the time of this survey, the detector was chirping indicating a low battery. Replace the battery. It has been determined that the attic temperatures can exceed 135 degrees in the summer months causing the heat detectors to activate and creating nuisance alarms. If the	{C 169}		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL034096</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/19/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>HINES GOOD SAMARITAN HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3200 OLD GREENSBORO ROAD WINSTON-SALEM, NC 27101</b>		
(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 169}	Continued From page 1  alarm becomes a nuisance, have a qualified technician replace the heat detector with a 190 or higher range heat detector that has a separate sounding device so that it does not set off the smoke detectors and could be identified should a fire occur in the attic. Provide documentation of the corrections in the form of photos, receipts or work orders.  10/19/16: SF-At the time of this survey, the attic heat detector was chirping. The smoke detector in the room with the attic hatch was also chirping. Install batteries and make sure the smoke detectors are working properly. Provide documentation of the repairs in the form of photos, receipts or work orders.	{C 169}		
{C 174}	Building Equipment Maintained Safe, Operating  SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes.  This Rule is not met as evidenced by: 1. Observations revealed that the roof of the facility is in poor condition. The roof has several patches and is buckled in several places. The edge of the roof over the laundry area is badly deteriorated with broken and missing shingles. Several of the shingles are curling which will allow moisture to enter if not addressed. The roof is sagging at the intersection of the back porch and hall bath and the gutter has disconnected. Have	{C 174}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL034096</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/19/2016</b>
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>HINES GOOD SAMARITAN HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3200 OLD GREENSBORO ROAD WINSTON-SALEM, NC 27101</b>
----------------------------------------------------------------------	------------------------------------------------------------------------------------------------------

(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 174}	<p>Continued From page 2</p> <p>a qualified technician access the condition of the roof and make the recommended repairs. Provide documentation of the corrections in the form of photos, receipts or work orders.</p> <p>10/19/16: SF-Observations revealed that the roof has not been replaced. Interview with the Provider revealed that she had obtained estimates, but the repairs are expensive. Observations revealed additional problems with deterioration around the porch soffits and fascia trim. Several places that are rotting are damp and the finish is flaking. Have a qualified technician replace the roof and all damaged trim. Provide documentation of the repairs in the form of photos, receipts or work orders.</p> <p>2. Observations revealed that the fascia board at the left side of the front porch is rotted and falling off of the face of the porch roof. Have a qualified technician repair the damaged porch roof. Provide documentation of the corrections in the form of photos, receipts or work orders.</p> <p>10/19/16: SF-Observations revealed that the fascia trim had been replaced but is not painted. The board is shorter than the previous piece. The supporting beam at the side of the porch where the board was replaced is bowed and there is a gap between the beam and the porch ceiling. Have a qualified technician repair the porch soffits, ceiling and trim. Provide documentation of the repairs in the form of photos, receipts or work orders.</p> <p>5. Observations revealed that a section of siding has fallen off of the dormer window on the right side. Have a qualified technician replace the siding. Provide documentation of the corrections in the form of photos, receipts or work orders.</p>	{C 174}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL034096</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/19/2016</b>
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>HINES GOOD SAMARITAN HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3200 OLD GREENSBORO ROAD WINSTON-SALEM, NC 27101</b>
----------------------------------------------------------------------	------------------------------------------------------------------------------------------------------

(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 174}	Continued From page 3  10/19/16: SF-Observations revealed that the siding has not been replaced on the dormer. Have a qualified technician replace the siding. Provide documentation of the corrections in the form of photos, receipts or work orders.	{C 174}		