

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL 034107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER PEACE HAVEN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 178 S PEACE HAVEN ROAD WINSTON SALEM, NC 27104		
(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 by Kelly Myers</p> <p>DHSR Construction Section conducted a Biennial Survey on May 14, 2024 from 9:00 AM to 10:15 AM at the above referenced facility. DHSR records indicate the home was first licensed on May 12, 2022 as a Family Care Home for five (5) ambulatory Residents (able to respond and evacuate without physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the applicable portions of the 2018 North Carolina Building Code - Section 428.2 Residential Care Home.</p> <p>NOTES:</p> <p>1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with onsite staff during the exit interview.</p> <p>2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed.</p> <p>The cited deficiencies are as follows:</p>	C 000		
C 147	<p>Outside Entrances/Exits-Single Hand Motion</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be</p>	C 147		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 147	Continued From page 1 removed or disabled. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the front storm door had a lock which requires more than a single hand motion to open. This is not compliant with the rule. Take the necessary steps to disengage or replace with a non-locking handle.	C 147		
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. At the time of the survey it was observed that there was a smoke detector in the attic instead of a required heat detector. This is not compliant with the rule. Take the necessary steps to install a proper heat detector in the attic. The heat detector must be of a minimum 194 degrees fixed temperature or 135 degrees rate to rise. The detector must be wired to a dedicated circuit and	C 169		

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C 169	Continued From page 2 tied to a sounding device located in a central location in the house.	C 169		
C 171	Fire Safety- Evacuation Plan SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (d) A written fire evacuation plan (including a diagrammed drawing) which has the approval of the local code enforcement official shall be prepared in large print and posted in a central location on each floor. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the emergency egress maps in the salon and the master bedroom were not oriented correctly. This is not compliant with the rule. Take the necessary steps to orient all maps to match the layout of the home.	C 171		
C 172	Fire Safety-Four Rehearsals SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved.	C 172		

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C 172	Continued From page 3 This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the fire drill rehearsals have been conducted without the use of activating a smoke alarm to alert clients. This is not compliant with the rule. Take the necessary steps to activate a smoke detector when conducting fire drill rehearsals. This home is licensed for ambulatory clients which means that all clients are able to evacuate the home without any prompting or physical assistance in the event of a fire or other emergency. Train and educate the clients to respond to the sound of the smoke detectors any time that they are activated.	C 172		
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, At the time of the survey it was observed that the electrical wire in the water heater was not properly protected with a clamp connector. This is not compliant with the rule. Take the necessary steps to install a wire clamp to prevent the potential of the wire wearing and arcing at the water heater. 2. At the time of the survey it was observed that there were several exposed wire connections in the attic which is a potential fire hazard. The	C 174		

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C 174	<p>Continued From page 4</p> <p>smoke detector is not properly secured to the electrical box. This is not compliant with the rule. Take the necessary steps put all wire connections in junction boxes.</p> <p>3. At the time of the survey it was observed that there was a smoke detector mounting plate in the attic. This is not compliant with the rule. Take the necessary steps to remove the mounting plate.</p> <p>4. At the time of the survey it was observed that the GFCI receptacle in bathroom #2 and laundry room #1 had an open ground and could not be tested. This is not compliant with the rule. Take the necessary steps to repair or replace the GFCI receptacles.</p> <p>5. At the time of the survey it was observed that hall bath #2 door did not shut properly and the towel bar was missing. This is not compliant with the rule. Take the necessary steps to repair the towel bar and bath door.</p> <p>6. At the time of the survey it was observed that there was a free standing closet door mirror leaning against the wall in the master bedroom closet which is a potential hazard of the mirror falling or breaking. This is not compliant with the rule. Take the necessary steps to remove the mirror.</p> <p>7. At the time of the survey it was observed that the back left downspout was missing the elbow to divert water away from the foundation. This is not compliant with the rule. Take the necessary steps to repair the downspout.</p> <p>8. At the time of the survey it was observed that there were combustibles (cardboard boxes) stored in the attic. This is not compliant with the</p>	C 174		

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C 174	Continued From page 5 rule. Take the necessary step to remove the combustible items from the attic.	C 174		