

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/24/2015
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NAME OF PROVIDER OR SUPPLIER GUILFORD HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 5918 NETFIELD RD GREENSBORO, NC 27455
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C 000	<p>Initial Comments</p> <p>Report of a Biennial Construction Survey by Ed Miller on March 24, 2015.</p> <p>This facility was first licensed or submitted for licensure as a Home for the Aged serving 60 residents, including 32 residents in the Special Care Unit on May 30, 2013. Therefore the facility must meet the 2005 Rules for the Licensing of Adult Care Homes, and the 2009 North Carolina State Building Code, Section 409- Institutional.</p> <p>Physical plant deficiencies were noted which require a plan of correction.</p>	C 000		
C 160	<p>Outside Premises-Clean, Safe</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the facility failed to meet this Rule because the outside grounds were not maintained in a clean and safe operating condition. This could affect all residents, staff and visitors if the grounds are not free of obstructions and or tripping hazards. Findings on March 24, 2015: a. On the Front Porch, in the corner the soffit was open/missing allowing pest an entrance into attic, b. The ground near a sanitary sewer man hole, on the right side of the site had large areas of ponding water.</p>	C 160		

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

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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, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to odors, unsanitary conditions and equipment in disrepair.</p> <p>Findings on March 24, 2015:</p> <p>a. The sink is coming loose from the wall in the right side Nurse Station Toilet Room.</p> <p>b. In the Vending/Resident Laundry area the utility sink's plumbing trap had dried-up, allowing sewer gases for entering the Building. Deficiency corrected before Construction Surveyors departed the site.</p>	C 164		
C 184	<p>Fire Safety-Evacuation plan</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the</p>	C 184		

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C 184	Continued From page 2 orientation for all new staff. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the building failed to properly post and maintain the evacuation diagrams. This would affect all residents, staff and visitors by not providing proper guidance during an emergency. Findings on March 24, 2015: a. The mounted evacuation diagram in the corridor near Bedroom 103 was improperly oriented, b. The mounted evacuation diagram in the corridor on the Service Hall was improperly oriented.	C 184		
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to maintain in a safe manner, the electrical power receptacles in wet areas. This would affect all residents, staff and visitors by not providing ground fault protection to these devices. Findings on March 24, 2015: a. The following electrical power receptacle that was within six feet of wet areas did not provide ground fault protection at the following location to include but not limited to: i. The right Game Room Counter across from	C 188		

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C 188	Continued From page 3 the sink.	C 188		
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:</p> <p>1. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documentation required to ensure a properly working system. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on March 24, 2015: a. Per the semi-annual inspection tag, the commercial kitchen hood's fire extinguishing system was last inspected in February of 2014. Deficiency corrected before Construction Surveyors departed the site.</p> <p>2. Based on observation, the Building was not maintained in a safe and operating condition, because the fire rated doors in a smoke barrier wall did not close completely and latch in order to contain smoke/fire. This could affect all residents, staff and visitors by not containing smoke/fire in</p>	C 189		

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C 189	<p>Continued From page 4</p> <p>the fire compartment of origin.</p> <p>Findings on March 24, 2015:</p> <p>a. In the right Smoke Barrier Wall the back leaf of the cross-corridor doors did not latch when the fire alarm system released the doors,</p> <p>b. In the left Smoke Barrier Wall the front leaf of the cross-corridor doors did not latch when the fire alarm system released the doors.</p> <p>3. Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was not maintained in a safe manner. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm.</p> <p>Findings on March 24, 2015:</p> <p>a. When the fire alarm was activated, the exits (equipped with special locking) released, but when system was silenced, the doors reenergized and locked at the following locations to include but not limited to:</p> <p>i. Left back Exit.</p> <p>4. Based on Observation, the Building was not maintained in a safe and operating condition, because, some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin.</p> <p>Findings on March 24, 2015:</p> <p>a. Corridor door to Bedroom 102 hits small refrigerator and will not close with normal force,</p> <p>b. Corridor door to the Kitchen was wedged open.</p> <p>5. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the</p>	C 189		

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C 189	<p>Continued From page 5</p> <p>passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin.</p> <p>Findings on March 24, 2015:</p> <p>a. The right side Med Room corridor door was split and rubs/hits against its frame and will not close,</p> <p>b. Corridor door to Bedroom 208 did not latch to its frame,</p> <p>c. Corridor door to Bedroom 303 did not latch to its frame,</p> <p>d. Corridor door to Bedroom 401 did not latch to its frame.</p> <p>6. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin.</p> <p>Findings on March 24, 2015:</p> <p>a. Unprotected ceiling penetration around commercial kitchen hood's fire extinguishing system pipes/conduits in Kitchen.</p> <p>7. Based on observation, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power outages and there was no other illumination.</p> <p>Findings on March 24, 2015:</p> <p>a. The wall-mounted self-contained emergency light did not work on backup power when the test</p>	C 189		

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C 189	<p>Continued From page 6</p> <p>button was pushed at the following locations to include but not limited to:</p> <ul style="list-style-type: none"> i. Right side Nurse Station, ii. Bulk Laundry, iii. Above door to left Court Yard. <p>b. The wall-mounted self-contained weather proof emergency lights on the exterior did not have a way to test the backup power and personnel were unaware of how they could be tested.</p> <p>8. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated or maintained safely. This would affect all staff, by allowing unsafe conditions to persist. Findings on March 24, 2015:</p> <ul style="list-style-type: none"> a. Many items are being stored directly in front of the electric panels, encroaching upon the required clear working space at the following locations to include but not limited to: <ul style="list-style-type: none"> i. Housekeep Closet on the Hall behind Kitchen. b. The exterior equipment electrical disconnect devices did not have interior covers (dead front) and are unsecured thus allowing access by unqualified persons to live parts that are not guarded against accidental contact at the following locations to include but not limited to: <ul style="list-style-type: none"> i. All exterior disconnect devices. c. Light fixture in right side Med Room was falling down from the ceiling. d. The exterior GFCI electrical outlet's weatherproof box has falling out of the wall in the left Courtyard, north side. <p>9. Based on observation, the Building was not maintained in a safe and operating condition,</p>	C 189		

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C 189	Continued From page 7 because the fire sprinkler escutcheon plates were impaired, exposing openings in the ceiling that could allow the passage of smoke and heat. This would affect all residents, staff and visitors, if the fire suppression system does not operate in a timely manner and cannot contained fire in the Room or compartment of origin. Findings on March 24, 2015: a. The fire sprinkler escutcheon plate did not cover the complete hole through the ceiling at the following locations to include but not limited to: i. Front right Porch.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not maintaining the ventilation where odors are generated. This could affect all residents, staff and visitors by subjecting them to	C 199		

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C 199	Continued From page 8 odors. Findings on March 24, 2015: a. The exhaust system was not running, at the following locations to include but not limited to: i. Right Side Nursing Station Toilet Room, ii. Bedroom 106 Bathroom.	C 199		