

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
**8918 NETFIELD RD
GREENSBORO, NC 27455**

(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
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C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller on March 24, 2015.	C 000	<p>CONSTRUCTION SECTION</p> <p>JUN 16 2015</p> <p>RECEIVED</p>	
C 180	<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, 2016: 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 180		<p>The Front Porch corner soffit has been repaired.</p> <p>The Landscaping company has been contracted to resolve problem. 5/27/2015</p>

Division of Health Service Regulation
LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE Executive Director

DATE 4/27/15

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER GUILFORD HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 8918 NETFIELD RD GREENSBORO, NC 27456
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C 184	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and 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. This would affect all residents, staff and visitors by exposing them to odors, unsanitary conditions and equipment in disrepair. Findings on March 24, 2015: a. The sink is coming loose from the wall in the right side Nurse Station Toilet Room. 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.	C 184	The Sink in the right side of Nurse Station has been repaired. The utility sink's plumbing trap has been resolved.	4/24/2015 4/24/2015
C 184	Fire Safety-Evacuation plan SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (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	C 184		

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NAME OF PROVIDER OR SUPPLIER GUILFORD HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 8910 NETFIELD RD GREENSBORO, NC 27455		
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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.	C 184		
C 188	<p>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.</p> <p>Electrical Outlets in Wet Locations</p> <p>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.</p> <p>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</p>	C 188	<p>The mounted evacuation diagram in the corridor bedroom 103 will be corrected Estimated correction date: 5/27/2015 The mounted evacuation diagram in the service Hall will be corrected. Estimated correction date: 5/27/2015</p> <p>A ground fault protected power receptacle</p>	

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NAME OF PROVIDER OR SUPPLIER GUILFORD HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 5910 NETFIELD RD GREENSBORO, NC 27465		
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C 188	Continued From page 3 the sink.	C 188	will be installed. Estimated completion date: 5/27/2015	
C 189	Building Equipment Maintained Safe, Operating	C 189		
	<p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(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>		The commercial kitchen hood's fire extinguishing system has been inspected.	3/24/2015

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C 189	Continued From page 4 the fire compartment of origin. Findings on March 24, 2015: 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, 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. 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. Findings on March 24, 2015: 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: i. Left back Exit. 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. Findings on March 24, 2016: a. Corridor door to Bedroom 102 hits small refrigerator and will not close with normal force, b. Corridor door to the Kitchen was wedged open. 5. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the	C 189	The smoke barrier wall the back leaf of the cross-corridor now latch. The left smoke barrier wall the front leaf of the cross-corridor doors now latch. We have contracted Fire Fire Safety to correct this issue. Estimated completion date: 5/27/2015 The refrigerator has been moved. The wedge has been eliminated.	4/15/2015 4/15/2015 4/15/2015 4/15/2015
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NAME OF PROVIDER OR SUPPLIER GUILFORD HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 8918 NETFIELD RD GREENSBORO, NC 27468
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C 189	Continued From page 5 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. Findings on March 24, 2015: a. The right side Med Room corridor door was split and rubs/hits against its frame and will not close, b. Corridor door to Bedroom 208 did not latch to its frame, c. Corridor door to Bedroom 303 did not latch to its frame, d. Corridor door to Bedroom 401 did not latch to its frame. 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. Findings on March 24, 2015: a. Unprotected ceiling penetration around commercial kitchen hood's fire extinguishing system pipes/conduits in Kitchen. 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. Findings on March 24, 2015: a. The wall-mounted self-contained emergency light did not work on backup power when the test	C 189	The right side Med Room corridor door will be replaced. Estimated completion-5/27/15 208, 303, and 401 doors will be repaired so they will latch properly. Estimated completion date:5/27/2015 Ceiling penetration around the kitchen hood will be sealed with fire rated caulk. Estimate completion date: 5/27/2015 The wall-mounted self-contained emergency	

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C 189	Continued From page 6 button was pushed at the following locations to include but not limited to: i. Right side Nurse Station, ii. Bulk Laundry, iii. Above door to left Court Yard. 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. 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: 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: 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: 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. 9. Based on observation, the Building was not maintained in a safe and operating condition,	C 188	lights will be corrected. Estimated completion date: 5/27/2015 The wall-mounted self-contained weather proof emergency lights on the exterior will be replaced if they cannot be tested. Estimated completion date 5/27/2015 The items have been removed from in front of the electric panels. The exterior equipment electrical disconnect devices will have interior covers installed. Estimated completion date: 5/27/2015 Light fixture in right side of Med Room has corrected. The GFCI has been installed properly.	4/15/2015 4/15/2015 4/15/2015

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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: 1. Front right Porch.	C 189		
C 190	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 190	The escutcheon plate on the front right porch has been corrected.	4/15/2015

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C 109	<p>Continued From page 8</p> <p>odds.</p> <p>Findings on March 24, 2015:</p> <p>a. The exhaust system was not running, at the following locations to include but not limited to:</p> <ul style="list-style-type: none"> I. Right Side Nursing Station Toilet Room, II. Bedroom 106 Bathroom. 	C 109	<p>The exhaust fans servicing the right sign Nursing Station Toilet Room, and bedroom 106 Bathroom will be repaired.</p> <p>Estimated completion date: 5/27/2015</p>	