

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL041077</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/15/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GUILFORD HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5918 NETFIELD RD GREENSBORO, NC 27455</b>
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C 000	Initial Comments  Report of a Follow-Up Construction Survey by Ed Miller July 15, 2015.  The following deficiencies cited during the March 24, 2015, Biennial Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction.	C 000		
{C 164}	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 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 July 15, 2015: a. The sink is coming loose from the wall in the right side Nurse Station Toilet Room.	{C 164}		
{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	{C 184}		

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

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{C 184}	Continued From page 1  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 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 July 15, 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 189}	Building Equipment Maintained Safe, Operating  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.  This Rule is not met as evidenced by: 2. Based on observation, the Building was not	{C 189}		

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{C 189}	<p>Continued From page 2</p> <p>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 the fire compartment of origin.</p> <p>Findings on July 15, 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>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 July 15, 2015:</p> <p>a. The wall-mounted self-contained emergency light did not work on backup power when the test button was pushed at the following locations to include but not limited to:</p> <p>i. Right side Nurse Station,</p> <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>9. Based on observation, the Building was not maintained in a safe and operating condition, 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</p>	{C 189}		

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{C 189}	Continued From page 3  Room or compartment of origin. Findings on July 15, 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 odors. Findings on July 15, 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}		

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