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PRINTED: 07/27/2016 FORMAPPROVED

Division of Health Service Regulation						
	TATEMENT OF DEPICIENCIES (X1) PROVIDER/SUPPLIER/CLIA NO PLAN OF CORRECTION DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(XI) DATE SURVEY COMPLETED	
ANDPIA	DENIFICATION NUMBER:		V BOILDING	: 01	COMPLETED	
	lust nasorr ·		- 1-6-4		R	
HAL041077			B, WING		07/18	5/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	oress, city,	STATE, ZIP CODE		
GUILEG	ORD HOUSE		FIELD RD			
COLLIC	THE HOUSE	GREENS	BORO, NC			
(X4) ID PREFIX TAG	PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TWG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDERCY)) BE	COMPLETE DATE
C 000	Initial Comments		C 000	med 2 2 M	DE	
	Thinks Commons			100/		7
		Up Construction Survey by Ed		AUG 1 8 201		/
	Miller July 15, 2015			8 201	5 /~1/	'
1	And the state of t	and a offerd shadow the Shareh		COMOTO	/ /	
	The following defice	encies cited during the March Construction Survey, have		CONSTRUCTION SEC	J /	
		rily corrected and will require)3617	TION/	
	a new Plan of Corre					
1					- 1	
(C 164)	Housekeeping and I	Furnishings-Clean, Repaired	(C 164)			200
' '				The sink in the right side of I	Nurse:	
	SECTION .0300 - P			Station has been repaired.	- 1	8/11/15
		06 HOUSEKEEPING AND		The utility sink's plumbing tra	ap has	8/11/15
	FURNISHINGS (a) Adult care home	s shall:		been resolved.	.	
		ings, and floors or floor		Door Tosowou.		- 1
		n and in good repair;			- 1	- 1
	(2) have no chronic	unpleasant odors;				
	(3) have furniture c	lean and in good repair;				- 1
		apply to new and existing.				- 1
	facilities.	1				- 1
	This Rule is not me	as evidenced by:				
	This Rule is not met as evidenced by: 1. Based on Obsorvation, the facility failed to					- 1
	provide an environm	ent in accordance with this				- 1
		ect all residents, staff and				- 1
		them to odors, unsanitary		-	- 1	i
1	conditions and equip					- 1
	Findings on July 15,	2016; ng loose from the wall in the			.	- 1
	right side Nurse Stat					- 1
	Hight alos Horse our	and to the court				I
. (C 184)	Fire Safety-Evacuat	ion plan .	(C 184)			,
' '						
	SECTION .0300 - PI				- 1	
	10A NCAC 13F .030 EVACUATION	9 PLAN FOR			- 1	
	EVACONITON	.				
Division of He	auth Service Requisition	>		THE STATE	.00	to DAGIE
LABORATORY	DIRECTIONS OR PROMPS	VSUPPLIER REPRESENTATIVE'S SIGNAT	URE	File Due has	olin I	
Kul				Executive Director	X121	sheet 1 of 5
STATE FORM			19 P	YKO22	E obuilithario.	- scient 1 0x 0

Division of Health Service Regulation (XII) DAYE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A, BUILDING: 01 B. WING 07/15/2015 HAL041077 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 5918 NETFIELD RD **GUILFORD HOUSE** GREENSBORO, NC 27455 PROVIDER'S PLAN OF CORRECTION (20) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X/I) ID PRÉPIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEPICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LIBC IDENTIFYING INFORMATION) DEFICIENCY) (C 184) {C 184} Continued From page 1 (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 orientation for all new staff. (f) This Rule shall apply to new and existing facilities. The mounted evacuation diagram This Rule is not met as evidenced by: Based on Observation, the building failed to in the corridor bedroom 103 has properly post and maintain the evacuation 8/11/15 been corrected. diagrams. This would affect all residents, staff The mounted evacuation diagram and visitors by not providing proper guidance during an emergency. in the service hall has been Findings on July 15, 2015; 8/11/15 corrected. a. The mounted evacuation diagram in the corridor near Bedroom 103 was improperly oriented. The mounted evacuation diagram in the corridor on the Service Hall was improperly orlented. (C 189) (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 now and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.

	Division	Division of Health Service Regulation				r Onai	WELKOVED	
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:		(X2) MULTIF A. BUILDING	LE CONSTRUCTION	(XX) DATE SURVEY COMPLETED			
-	HAL041077		B. WING_	WNG		R 15/2015		
ſ	NAME OF I	PROVIDER OR SUPPLIER	STREETAD	ORESS, CITY,	(, STATE, ZIP CODE			
I	GUILFO	RD HOUSE		FIELD RD				
ŀ	(X4) ID	SUMMARY STAT	TEMENT OF DEFICIENCIES	BORO, NC	PROVIDER'S PLAN OF CORRECTIO	N.	(25)	
	PREFIX			PREFIX TAG	(EACH CORRECTME ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	OOVPLETE	
ľ	(C 189)	Continued From pag	ga 2	(C 189)				
	This Rule is not met as evidenced by: 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 the fire compartment of origin. Findings on July 15, 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,			The right smoke barrier wall front leaf of the cross-corrido now latch.		8/11/15		
		maintained in a safe because the emerge illuminates the egres outages, did not work all residents, staff an outages and there was Findings on July 15, 2 a. The wall-mounted ight did not work on a button was pushed at notude but not limited. Right side Nurse of the wall-mounted proof emergency light have a way to test the	s pathways during power k properly. This would affect d visitors if the egress luminated during the power as no other illumination. 2016: i self-contained emergency backup power when the test the following locations to i to: Station, I self-contained weather as on the exterior did not		The wall-mounted self-containemergency lights have been corrected.		8/11/15	
		. Based on observe naintained in a safe a	ation, the Bullding was not and operating condition,			,		

Divisi	Division of Health Service Regulation					VED		
STATEM	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION				
PART TO A COLUMN TO THE PART T		A BULDIN	3:01	COMPLETED				
		HAL041077	B, WING_		R 07/15/2015			
NAME O	F PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY	DORESS, CITY, STATE, ZIP CODE				
GUILE	ORD HOUSE		TFIELD RD					
			BORO, NO					
(X4) ID PREFO TAG	(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUSY INF PRECEDED BY FULL RESULATORY OR LISC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	DE CONFLE			
{C 188	Continued From page 3		(C 189)			-		
	because the fire sprinkler escutcheon plates		1					
1		osing openings in the ceiling	1		1			
		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				- 1		
						- 1		
		and cannot contained fire in	,		1.	- 1		
		the Room or compartment of origin. Findings on July 15, 2015:				- 1		
	a. The fire sprinkler escutcheon plate did not		1					
		cover the complete hale through the ceiling at the		1		- 1		
	following locations to include but not limited to: I. Front right Porch.					- 1		
	i. Tront right rolo					- [
{C 199	Exhaust Ventilation		{C 199}					
	SECTION .0300 - PI	HYSICAL PLANT] .				
	10A NCAC 13F .031	1 OTHER	l					
	REQUIREMENTS	d in this Paragraph shall be						
		st ventilation at the rate of		·		- 1		
	two cubic feet per m	inute per square foot. This						
		t apply to facilities licensed	1			- 1		
	these specified space	with natural ventilation in]		- 1		
	(1) solled linen store			l .	. 1	- 1		
	(2) soil utility room;				.			
	(3) bathrooms and to							
	(4) housekeeping ck(5) laundry area.	osees; and			- 1			
	(k) This Rule shall as	oply to new and existing						
		eption of Paragraph (e)						
	wnich shall not apply	which shall not apply to existing facilities.						
	This Rule is not met	This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to		The exhaust fans servicing the	- 1			
	 Based on Observ 			sign Nursing Station Toilet Roo	xm, .			
		nt in accordance with this	, [and bedroom 106 have been				
	Rule by not maintaining the ventilation where			repaired.	8/11/15	5		

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STATEMENT OF DEPOSITORS AND PLANOF CORRECTION AND PLANOF CORRECTION MALCOTTON HALLO41677 MAME OF PROVIDER OR BUPFLER STREET ADDRESS, CITY, SYATE, AP GOOD SELMANAY SYSTEMENT OF DEPOSITORS GREENSBORO, NO. 27488 O(4) ID PREETS REGULATORY OR LIST DESTIFYING INFORMATION) PREETS OO Onthinued From page 4 odors are generated. This could affect all residents, staff and visitors by subjecting them to odors. Findings on July 15, 2018: a. The exhaust system was not running, at the following locations to include but not limited to: I. Right Side Nursing Station Tollet Room, II. Bodroom 106 Bathroom.	Division	n of Health Service N	egulation					
MALO41077 B. WING 07/15/2015			* * *		(XI) DATE SURVEY COMPLETED			
GUILFORD HOUSE 5918 NETFIELD RD GREENSBORO, NC 27455 (24) D PREPX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (C 199) Continued From page 4 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.			HAL041077	B. WNG_				
GUILFORD HOUSE 5918 NETFIELD RD GREENSBORO, NC 27455 (24) D PREPX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (C 199) Continued From page 4 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.	MAME OF E	NAME OF PROMPER OR RUPPINER			STWIN ZIE GÓDE			
GREENSBORO, NC 27455 O(4) ID PREPK (EACH DEPICENCY MUST SEPREGEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (C 199) Continued From page 4 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.								
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odors are generated. This could affect all residents, staff and visitors by subjecting them to odors. Findings on July 16, 2015; a. The exhaust system was not running, at the following locations to include but not limited to: I. Right Side Nursing Station Tollet Room, II. Bedroom 106 Bathroom.	PREPIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL.				(EACH CORRECTIVE ACTION SHOULD GROSS-REFERENCED TO THE APPROX	96 0	ONIPLETE DATE	
	(C 199)	odors are generate residents, staff and odors. Findings on July 16 a. The exhaust sy- following locations to I. Right Side Nurs	d. This could affect all visitors by subjecting them to , 2015; stem was not running, at the o include but not limited to: ing Station Toilet Room,	(C 199)				