Division of Health Service Regulation

PRINTED: 02/01/2016 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED			
				R			
	HAL041053	B. WING		01/19/2016			
NAME OF PROVIDER OR SUPPLIER			TATE, ZIP CODE				
WOODLAND PLACE - GREENSHORO 1915 BOULEVARD STREET GREENSBORO, NC 27407							
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST 86 PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROV DEFICIENCY)	D BE COMPLETE			
(C 000) Initial Comments		{C 000}					
Getchell on January The followup survey	y revealed that all deficiencies acted, therefore a new plan of						
(C 164) Housekeeping and	Furnishings-Clean, Repaired	{C 164}					
FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture c	06 HOUSEKEEPING AND						
	et as evidenced by: vetion, the resident furnishings her areas were not maintained		transit as liveted too	wentory			
worn off,	on 1-19-16 include: 'urniture that the finish has 'urniture that the finish has		Furniture listed on i for replacement wi Company. New our effective wills.	th new 2/1/16			
(C 166) Housekeeping-Mail	ntained Free of Hazards	(C 166)					
SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (5) be maintained	06 HOUSEKEEPING AND			-7746/1999			

STATE FORM

Howell and January Anestor

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 91		COMBLELED (X3) DATE SOUNDLY			
		HAL041053		R. WING		01/1	9/2016
ALCOHOL: OF F		701007777	STREET ADD	PCSS OTTY S	TATE, ZIP GODE		
	ROVIDER OR SUPPLIER			LEVARD STI			
WOODLAND PLACE - GREENSBORO GREENSBO					7407		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY I SC IDENTIFYING INFORMA	FULL	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL (BACH CORRECTIVE ACTION SHOUL GROSS-REFERENCED TO THE APPRO DEFICIENCY)	D 8E	(X6) COMPLETE DATE
(C 166)	Continued From pa	ge 1		(C 166)			
	orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.						
	This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by improper storage of oxygen cylinders. This would affect all residents by potentially exposing them to hazards from a ruptured cylinder.				Cylenders Morred One floor med nov appropriate storage anaitable as well	from	
	Followup Findings of The oxygen bottles locations: b) 2nd floor med re	are unsecured in the	following		appropriate storage autocitable as well	ed.	zwec Valk
(C 159)	Building Equipmen	t Maintained Safe, Op	perating	(C 189)			
	mechanical, and pl care home shall be operating condition (k) This Rule shall facilities with the ex-	11 OTHER Id all fire safety, elect umbing equipment in maintained in a safe	an adult and sting (e)				
	2. Based on obser maintained in a sat	et as evidenced by: vation, the building w 'e manner by not mai rating of building com	ntaining				
	A. There are unpre	on 1-19-16 include: steated cable penetra le from the mechanic					

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STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDÉNTIFICATION NUM	or erect	(XZ) MULTIPLI A. BUILDING:	S CONSTRUCTION 01	(X3) DATE COMP		
		HAL041053		B. WING		R 01/19/2016		
		11				0171	012010	
NAME OF P	ROVIDER OR SUPPLIER				TATE, ZIP CODE			
WOODLA	WOODLAND PLACE - GREENSBORO 1915 BOULEVARD STREET GREENSBORO, NC 27407							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT	ULL ION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION SHOULD GROSS-REFERENCED TO THE APPRODEFICIENCY)	.D 8E	(X6) GOMPLETE DATE	
(C 189)	Continued From pa	ge 2		(C 189)				
	the Nurse Station in a) 4th Floor b) 3rd Floor c) 2nd Floor	the following location	16:					
	which has compron of construction in the a) In the closet of rPVC drain line pendinto the Solarium, b) In the closet of rPVC drain line pendinto the closet of rPVC drain line pendind floor, d) In the closet of rPVC drain line pendind floor, d) In the closet of rPVC drain line pendind floor, d) In the closet of rPVC drain line pendind floor, d) There is an unpotential floor with the floor an unprotected wall F. In the 1st Floor unprotected wall pendind floor with the floor concrete corridor with the floor concrete corridor with the pendind floor concrete corridor w	com 401 an unprotect strates the concrete fire community and unprotect strates the concrete fire community and unprotect strates the concrete corrected wall penetrate to the office, in the back stairwell penetration by conduction to the corridor documentations by cable in above the ceiling tiles also have unprotected the ceiling tiles alls have unprotected the ceiling tiles in the ceiling tiles in the	ted 2" rewall ted 2" oor, eted 2" eiling ted 2" eiling ton from there is alt or, ors there the					
	following locations: a) To the corridor, b) To the kitchen, c) To the back exit K. In the Office IT	vestibule	otected					

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SYATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(XZ) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING:	01	OOMFEETED		
			B. WING		R		
		HAL041053	R, Wireca		01/19/2016		
NAME OF R	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, 8	STATE, ZIP CODE			
WOODLAND PLACE - GREENSBORO 1915 BOULEVARD STREET GREENSBORO, NC 27407							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF GÖRRECTH (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE		
(C 189)	Continued From pa	ge 3	(C 189)				
	These unprotected conformance with through penetration been tested in account of the facility safe. Followup Findings	openings are not in the requirement to use a fire stop system that has ordance with ASTM E-814. Vation, the building fire and was not maintained to keep on 1-19-16 include: within 18" of sprinkler heads		All perstations fille with fireproof Cau Plumber's inspectual Horns maked & line For do not store a	d uk 1/26/16 n attached 1/26/16 drawn bove 1/20/16		
	!						
					:		
Division of F	lealth Service Regulation						

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From: bisemail@greensboro-nc.gov
Sent: Thursday, January 28, 2016 3;

To:

Thursday, January 28, 2016 3:40 PM

Cc: Subject:

DO NOT REPLY - City of Greensboro Plumbing Inspection results for Permit #:

201601867

Plumbing Permit #: 201601867

Address: 1915 BOULEVARD ST

Plumbing Inspection Inspection Type: FINAL Result: Approved Date: 1/28/2016

Inspector: ANDY KNOPF Inspector Comments:

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