| Division | of Health Service Re | egulation | | | | APPROVED |
|--|---|---|----------------------|---|-----------------|--------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLI A. BUILDING: | E CONSTRUCTION 01 | (X3) DATE SURVEY COMPLETED | | |
| | HAL041049 | | B. WING | | R 06/15/2016 | |
| | PROVIDER OR SUPPLIER | | | STATE, ZIP CODE | 00/ | 15/2010 |
| | | 3823 I AV | INDALE DRIV | | | |
| BROOKL | OALE LAWNDALE DR | GREENSI | BORO, NC 2 | 7455 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | ULD BE | (X5) COMPLETE DATE |
| {C 000} | Initial Comments | | {C 000} | | | |
| | Report of a Follow- Miller June 15, 201 | Up Construction Survey by Ed 6. | | | | |
| | Biennial Construction | encies cited during the on Survey, have not been ted and will require a new | | | | |
| {C 189} | Building Equipment | Maintained Safe, Operating | {C 189} | | | |
| | mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex | 11 OTHER Id all fire safety, electrical, umbing equipment in an adult maintained in a safe and | | | | |
| | protection equipme operable to keep th | vation, the building fire nt was not maintained e facility safe. This would f the systems failed to detect | | | | |
| | ceiling vents throug alarm, however whe | 5, 2016: adiation dampers in the HVAC hout the facility activated upon en the alarm was reset the ation dampers did not return to | | | | |
| | equipment was not would affect all resi | vation, the building HVAC maintained operating. This dents by not maintaining | | | | |
| ivision of He Aboratory | ealth Service Regulation / DIRECTOR'S OR PROVID | ER/SUPPLIER REPRESENTATIVE'S SIG | NATURE | TITLE | | (X6) DATE |

L87C22

| Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | · / | | | (X3) DATE SURVEY COMPLETED | |
|---|---|--|---------------------------|--|-------------------------------|-----------------|
| | | IDENTIFICATION NOMBER. | A. BUILDING: (| | | |
| | | HAL041049 | B. WING | | R 06/15/2016 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | |
| BROOKI | DALE LAWNDALE DR | | NDALE DRIV BORO, NC 27 | | | |
| (X4) ID | SUMMARY STA | SUMMARY STATEMENT OF DEFICIENCIES | | PROVIDER'S PLAN OF CO | ORRECTION | (X5) |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY) | E APPROPRIATE | COMPLET DATE |
| {C 189} | Continued From pa | age 1 | {C 189} | | | |
| | adequate environm | nental conditions. | | | | |
| | Findings on June 15, 2016: a. The HVAC systems throughout the building are compromised due to the obstruction of ceiling supply and return ducts by activated radiation dampers. | | | | | |
| | maintained in a saf | | | | | |
| | d. The main Laund box in the ceiling e. The kitchen has entry door from the f. The corridor has the ceiling at the m h. The HVAC room unprotected penetr j. The attic smoke | ry has a ceiling split open. ry room has an open junction a hole in the wall behind the service corridor unprotected penetrations in odems. n in the attic over room 5 has | | | | |
| | conformance with t through penetration | openings are not in he requirement to use a n fire stop system that has ordance with ASTM E-814 | | | | |
| | ssystems were not by omitting radiatio penetrations. This | | | | | |

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION (A. BUILDING: 01 | | | (X3) DATE SURVEY COMPLETED | |
|--|--|--|----------------------------|--|-------------------------------|-----------------|
| | | | A. BUILDING: (| J1 | | R |
| | | HAL041049 | B. WING | | | 15/2016 |
| IAME OF F | PROVIDER OR SUPPLIER | | DRESS, CITY, S | | | |
| BROOKE | ALE LAWNDALE DR | 2IVF | VNDALE DRIV BORO, NC 27 | | | |
| (X4) ID | SUMMARY STATEMENT OF DEFICIENCIES | | ID | PROVIDER'S PLAN OF | | (X5) |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE |
| {C 189} | Continued From pa | ige 2 | {C 189} | | | |
| | dampers: a. Clean Linen Roo c. Kitchen d. Med Room e. Salon f. Pantry Ensure an adequate provided at these c Note: Fire dampers permitted to be om separated by the 19 Protection from Hat with Fire Barriers to 5. Based on obser were not maintaine that did not close co Findings on June 1 The following doors a) The main Laund square feet, has had disconnected. c) Bedroom 40 has d) The kitchen door held open with a per not release upon do 6. Based on obser signage and emerge maintained in a saf all residents by not emergency. Findings on June 1 | e Fire Barrier has been eiling penetrations. at the ceiling membrane were itted from areas required to be 296 NCSBC Section 409.1.5 - zardous Areas and provided the roof deck. vation, the facility components d operable by having doors ompletely and latch. 5, 2016: a have issues: ry, which is greater than 100 id the reqiored door closer a bi-fold closet door off track, r to the Dining Room is being ermanent magnet, i.e. it does etection of smoke as required. vation, the building exit jency illumination were not e manner. This would affect keeping the exits visible in an 5, 2016: | | | | |
| | | rgency lights are not working | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION | | | (X3) DATE SURVEY COMPLETED | | |
|--|---|---|----------------------------|---|-------------------------------|---------------------|--|
| | | | A. BUILDING: 01 | | | D | |
| | | HAL041049 | B. WING | | | R 15/2016 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| BROOKE | DALE LAWNDALE DR | RIVF | NNDALE DRIV BORO, NC 27 | | | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF (| | (X5) | |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC | HE APPROPRIATE | COMPLET DATE | |
| {C 189} | Continued From pa | ige 3 | {C 189} | | | | |
| | a) Exit sign near ro battery backup, | oom 15 is not working on | | | | | |
| {C 191} | Unvented & Portab | le Elec. Heaters Prohibited | {C 191} | | | | |
| | maintain 75 degree winter design condi following shall appli appliances. (2) Unvented fuel to portable electric he (k) This Rule shall facilities with the ex- which shall not app This Rule is not me 1. Based on obser- maintained in a saf electric heaters in u Findings on June 1 Portable electric he following locations: | 11 OTHER a heating system sufficient to as F (24 degrees C) under itions. In addition, the y to heaters and cooking burning room heaters and aters are prohibited. apply to new and existing acception of Paragraph (e) ly to existing facilities. et as evidenced by: vation, the facility was not e manner by having portable use. 5, 2016: batters were found in the | | | | | |
| {C 199} | Exhaust Ventilation | | {C 199} | | | | |
| | provided with exhan two cubic feet per r requirement does r | | | | | | |

L87C22

| | | | | (X3) DATE SURVEY COMPLETED | | |
|---|--|---|--|--|--|--|
| OF CONNECTION | IDENTIFICATION NUMBER. | A. BUILDING: (| 01 | | | |
| | HAL041049 | B. WING | | | R 15/2016 | |
| PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| OALE LAWNDALE DR | | | | | | |
| | ATEMENT OF DEFICIENCIES | IENCIES ID F | | | (X5) | |
| | | PREFIX TAG | CROSS-REFERENCED TO | THE APPROPRIATE | COMPLET DATE | |
| Continued From pa | age 4 | {C 199} | | | | |
| soiled linen sto soil utility room bathrooms and housekeeping a laundry area. This Rule shall facilities with the ex which shall not app This Rule is not may Based on observentilation was not this Rule. Findings on June 1 The exhaust farworking. Numerous exhat throughout the build | rage; ; l toilet rooms; closets; and apply to new and existing (ception of Paragraph (e) by to existing facilities. et as evidenced by: vation, the building exhaust maintained in accordance with 5, 2016: n in room 26 bathroom is not bust fans are not working ding due to activated radiation | | | | | |
| | PROVIDER OR SUPPLIER DALE LAWNDALE DR SUMMARY STA (EACH DEFICIENC' REGULATORY OR L Continued From pa these specified spa (1) soiled linen sto (2) soil utility room (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the ey which shall not app This Rule is not m 1. Based on obser ventilation was not this Rule. Findings on June 1 a. The exhaust far working. b. Numerous exhaust throughout the built | OF CORRECTION IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: HAL041049 STREET A SALE LAWNDALE DRIVE 3823 LA' GREENS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 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 building exhaust ventilation was not maintained in accordance with this Rule. Findings on June 15, 2016: a. The exhaust fan in room 26 bathroom is not working. b. Numerous exhaust fans are not working | TO F DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE A. BUILDING: IDENTIFICATION NUMBER: PROVIDER OR SUPPLIER HAL041049 B. WING | IT OF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 HAL041049 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SALE LAWNDALE DRIVE 3823 LAWNDALE DRIVE GREENSBORO, NC 27455 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC Continued From page 4 {C 199} these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. {C 199} This Rule is not met as evidenced by: 1. Based on observation, the building exhaust ventilation was not maintained in accordance with this Rule. This Rule is not met as evidenced by: 1. Based on observation, the building exhaust ventilation was not maintained in accordance with this Rule. Findings on June 15, 2016: a. The exhaust fan in room 26 bathroom is not working. b. Numerous exhaust fans are not working throughout the building due to activated radiation A | IT OF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CL/A IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 (X3) DATI COM PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PALE LAWNDALE DRIVE 3823 LAWNDALE DRIVE GREENSBORO, NC 27455 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 Continued From page 4 {C 199} 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 building exhaust ventilation was not maintained in accordance with this Rule. Findings on June 15, 2016: a. The exhaust fan in room 26 bathroom is not working. b. Numerous exhaust fans are not working throughout the building due to activated radiation | |