

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL041081</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/14/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RICHLAND PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3823 LAWDALE DRIVE GREENSBORO, NC 27455</b>
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(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
{C 000}	Initial Comments  Report of a Biennial Follow Up Construction Survey by Ed Miller, conducted on December 14, 2016.  The following deficiencies cited during the previous Biennial Follow Up Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction.	{C 000}		
{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: 4. Note: During the original construction project, fire dampers at the ceiling membrane were permitted to be omitted from areas that were required to be separated by the 1996 NCSBC Section 409.1.5 - Protection from Hazardous Areas and provided with Fire Barriers to the roof deck.  Findings on 10/20/2016:  The HVAC ceiling penetrations in the following spaces were not equipped with ceiling radiation dampers. At the time of the Follow up Survey, it was not determined whether the HVAC ceiling penetrations in the following spaces were inside	{C 189}		

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

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{C 189}	Continued From page 1  areas separated by fire barriers constructed to the roof deck.  a. Clean Linen Room, d. Med Room e. Salon  If radiation dampers are not installed in these rooms then verify the rooms have fire barriers to the roof deck.	{C 189}		