


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL041078</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/22/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE ARBORETUM AT HERITAGE GREENS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>709 MEADOWOOD STREET GREENSBORO, NC 27409</b>
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C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Ed Miller conducted on November 22, 2016.</p> <p>Records indicate this facility was first licensed as a Home for the Aged on March 11, 1998. The facility is currently licensed as a Forty-Eight (48) bed Special Care Unit. Based on this information, we are requiring the facility to meet the 1996 Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 Edition of the North Carolina State Building Code, Section 409.1, Group I Unrestrained Occupancy.</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000	<p><i>POC Rcvd 6-8-17</i></p>	
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;</p>	C 101		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE	(X6) DATE
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*Poc Revd  
6-8-17*

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C 101	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>Based on observation the special locking arrangements were not functioning at the time of survey, on all of the facilities exits. Findings on November 22, 2016:             <ol style="list-style-type: none"> <li>The locks did not release upon fire alarm activation.</li> <li>The emergency release switch at each door were of the locking type and staff did not carry keys or the switch was missing.</li> <li>The central emergency release switch did not release to doors when activated.</li> </ol> </li> <li>There was no wiring diagram and components location map mounted at the Fire Alarm Control Panel.</li> <li>At the time of survey, it could not be determined if the locks disengage upon loss of power.</li> <li>Based on observation the facility failed to maintain unobstructed egress from the building as required by the Building Code. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on November 22, 2016:             <ol style="list-style-type: none"> <li>Service Corridor between Neighborhood A &amp; B - both sets of marked exits have a dead bolt on the cross-corridor doors that does not unlock on fire alarm activation or has the required emergency release switches.</li> <li>Service Corridor between Neighborhood C &amp; D - both sets of marked exits have a dead bolt on the cross-corridor doors that does not unlock on fire alarm activation or has the required emergency release switches.</li> </ol> </li> </ol>	C 101  C-101	<p>A. PLEASE SEE ATTACH' signed PROPOSAL TO INSTALL MAG. LOCKS</p> <p>B. ALL STAFF MEMBER'S HAVE KEYS TO ALL EXITS...</p> <p>CURRENTLY, WAITING FOR STATE APPROVAL</p> <p>Completion Date - EST. <i>6/30/17</i></p> <p><i>WJ</i></p> <p>ALL NEIGHBORHOODS A, B, C, D,</p> <p>SERVICE CORRIDOR - CURRENTLY WAITING STATE APPROVAL</p> <p>Completion Date Est. <i>6/30/17</i></p> <p><i>WJ</i></p>	
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C 166	Continued From page 2	C 166		
C 166	Housekeeping-Maintained Free of Hazards	C 166		
	<p><b>SECTION .0300 - PHYSICAL PLANT</b>  <b>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</b></p> <p>(a) Adult care homes shall:            (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;            (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, a hazard was present due to the possibility of the backflow of contaminated water into the domestic water supply.            Findings on November 22, 2016:            a. Neighborhood A &amp; B Beauty Shop - the shampoo sink had a sprayer hose long enough to reach gray water, which was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines.            b. Neighborhood C &amp; D Beauty Shop - there was no key to access this room but interview with Maintenance Staff the shampoo sink had a sprayer hose long enough to reach gray water, which was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines.</p> <p>2. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff and visitors by not protecting them from falls or injury due to broken or missing parts.            Findings on November 22, 2016:            a. Bathroom in Bedroom B9 - the connection of</p>			

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C 166	Continued From page 3 the commode to the floor was loose. b. Women near Kitchen - the connection of the commode to the floor was loose	C 166	A - BEDROOM B-9 commode SECURED  B - "WOMEN" BATHROOM AREA commode SECURED	12/15/16  12/15/16
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: 1. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect residents, staff and visitors by not providing early detection and activating the fire alarm system. Findings on November 22, 2016: a. Janitor Closet between Neighborhood A & B - the fire alarm system's smoke detector was dangling from the ceiling by its power/operational wires.  2. Based on observation, the electrical system was not being maintained safe. Findings on November 22, 2016: a. Storage A5 - items are stored in front of the electric panels, limiting the required 36-inches working clearance to 18-inches. This prevents quick access in any emergency. b. Storage B5 - items are stored in front of the electric panels, limiting the required 36-inches	C 189	SMOKE DETECTOR - SECURED to ELECT. BOX & CEILING.  STORAGE ORGANIZE BELOW 18" FROM CEILING. . .  FURNITURE RELATED - 36" FRONT OF PANEL PROVIDED.	12/15/16  12/15/16  12/15/16

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C 189	<p>Continued From page 4</p> <p>working clearance to 28-inches. This prevents quick access in any emergency.</p> <p>c. Kitchen - items are stored in front of the electric panels, limiting the required 36-inches working clearance to 15-inches. This prevents quick access in any emergency.</p> <p>3. Based on Observation, fire rated doors of hazardous areas were not being maintained in a safe and operating condition. Findings on November 22, 2016: a. Soiled Utility Room between Neighborhood A &amp; B - the corridor door was missing its door closure on this fire-resistance-rated opening.</p> <p>4. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on November 22, 2016: a. Bedroom B3 - the corridor door did not latch into its frame when closed. b. Bedroom B2 - the corridor door's latch bolt was retracted, not allowing the door to latch. c. Neighborhood B Cross-corridor Doors near Nurse Station - the cross-corridor double-egress pair of doors were warped and produced a 3/8 inch gap between the leaves when the fire alarm system released the doors. d. Neighborhood C &amp; D Laundry - the corridor door did not latch into its frame when closed. e. Bedroom D7 - the corridor door did not latch into its frame when closed. f. Bedroom D1 - the corridor door did not latch into its frame when closed.</p> <p>5. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance and documentation required to ensure a properly working system. This could</p>	C 189	<p>4A - ADJUSTED DOOR TO LATCH</p> <p>4B - ADJUSTED BACKSET / STRIKER TO LATCH.</p> <p>4C - ADJUSTED DOOR / NO GAP.</p> <p>4D - ADJUSTED DOOR TO LATCH</p> <p>4E - D7 ADJUSTED DOOR TO LATCH</p> <p>4F - D1 ADJUSTED DOOR TO LATCH</p>	<p>12/14/16</p> <p>12/14/16</p> <p>12/14/16</p> <p>12/14/16</p> <p>12/14/16</p> <p>12/14/16</p>
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C 189	<p>Continued From page 5</p> <p>affect residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on November 22, 2016:</p> <p>a. Kitchen -since the semi-annual maintenance of the commercial kitchen hood's fire suppression system in September 2016, there has been no documentation of the monthly inspections.</p> <p>6. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, staff and visitors to fire/smoke if not contained in Room or compartment of origin Findings on November 22, 2016:</p> <p>a. Activity Room Closet - there was an open-ended sleeve with cables penetrating the fire-resistance-rated ceiling assembly not firestopped.</p> <p>b. Storage D4 - there was an open-ended sleeve with cables penetrating the fire-resistance-rated ceiling assembly not firestopped.</p> <p>c. Storage D4 -there was a gap around a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>7. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, staff and visitors to fire/smoke if not contained in Room or compartment of origin Findings on November 22, 2016:</p> <p>a. Time Clock Room - there was a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>8. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all</p>	C 189	<p>GA - Filled GAP w/ FIRE STOP CAULK 12/14/16</p> <p>LB - Filled GAP w/ FIRE STOP CAULK 12/14/16</p> <p>LC - Filled GAP w/ FIRE STOP CAULK 12/14/16</p> <p>TA - Filled GAP w/ FIRE STOP CAULK 12/14/16</p>	

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C 189	Continued From page 6  residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on November 22, 2016: a. Neighborhood A Living Area - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. b. Bedroom A9 - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat c. Bedroom B9/10 - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat d. Exit Corridor near Bedroom B11 - the fire sprinkler escutcheon plate did not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat. e. Kitchen Porch - the fire sprinkler escutcheon plate was missing, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat.	C 189	<p>BA - ESCUTCHEON PLATE REPLACED</p> <p>BB - A9) ESCUTCHEON PLATE MOUNTED BACK AND SECURED</p> <p>BC - B9,10) ESCUTCHEON PLATE REPLACED</p> <p>Bd - EXIT) GAP FILLED W/ FIRE STOP.</p> <p>BE - KIT.) ESCUTCHEON PLATE INSTALLED</p>	<p>12/14/16</p> <p>12/14/16</p> <p>12/14/16</p> <p>12/14/16</p> <p>12/14/16</p>
C 191	Unvented & Portable Elec. Heaters Prohibited  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e)	C 191		

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C 191	<p>Continued From page 7</p> <p>which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>Based on Observation, the facility failed to prevent the use of portable electric space heater(s) in an Adult Care Home. This could affect residents, staff and visitors if heater was the ignition source of a fire. The danger increases if used by resident or combustible material were near.</li> </ol> <p>Findings on November 22, 2016:</p> <ol style="list-style-type: none"> <li>Bedroom A9 - a portable space electric heater was found in this room.</li> <li>Receptionist - a portable space electric heater was found in this room.</li> </ol>	C 191	<p>A9 - } PORTABLE HEATER HAVE BEEN B - } REMOVED</p>	11/23/16
C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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:</p> <ol style="list-style-type: none"> <li>soiled linen storage;</li> <li>soil utility room;</li> <li>bathrooms and toilet rooms;</li> <li>housekeeping closets; and</li> <li>laundry area.</li> </ol> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the</li> </ol>	C 199		



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C 199	Continued From page 8  ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on November 22, 2016: a. Women near Kitchen - the exhaust ventilation system did not work, allowing a build-up of odors.	C 199	- EXHAUST FAN REPLACED.	12/14/16