

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 06/08/2017
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NAME OF PROVIDER OR SUPPLIER THE ARBORETUM AT HERITAGE GREENS	STREET ADDRESS, CITY, STATE, ZIP CODE 709 MEADOWOOD STREET GREENSBORO, NC 27409
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{C 000}	Initial Comments Report of a Biennial Follow Up Construction Survey by Suzanna Fay and Frank Strickland conducted on June 8, 2017. There are deficiencies from the Biennial Follow Up Construction Survey that remain to be corrected.	{C 000}		
{C 101}	Existing Licensed Fac- No less than '71 Rules 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; This Rule is not met as evidenced by: 1. Based on observation the locking on the exit doors do not meet all of the Building Code requirements for Special Locking Arrangements. Findings on June 8, 2017: The exit doors were equipped with hardware that required a key to turn the knob and open the door and since the 11/22/2016 Construction Section	{C 101}		

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

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{C 101}	<p>Continued From page 1</p> <p>Bienial Survey they have made sure that all staff carry a key to unlock the door. The requirement for the doors to unlock upon activation of the fire alarm system was being accomplished by electric strike plates and since the 11/22/2016 Construction Section Bienial Survey this function has been repaired.</p> <p>c. The system still does not have a central emergency release switch capable of unlocking all of the doors.</p> <p>d. There was also no wiring diagram and components location map mounted at the Fire Alarm Control Panel.</p> <p>e. At the time of survey, it could not be determined if the electric strikes were 'fail safe' and therefore disengage upon loss of power.</p> <p>Interview with Staff revealed that a project has been submitted to DHSR/Construction and upon completion will correct all of the remaining deficiencies.</p> <p>2. 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.</p> <p>Findings on June 8, 2017:</p> <p>a. Service Corridor between Neighborhood A & B - both sets of marked exits have a dead bolt on the cross-corridor doors.</p> <p>b. Service Corridor between Neighborhood C & D - both sets of marked exits have a dead bolt on the cross-corridor doors.</p> <p>Deadbolts do not comply with the Building Code requirements for Special Locking Arrangements</p>	{C 101}		

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{C 101}	Continued From page 2 because they do not unlock on fire alarm activation or by remote on/off switch. Interview with Staff revealed that a project has been submitted to DHSR/Construction and upon completion will correct all of the remaining deficiencies.	{C 101}		
{C 166}	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (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. This Rule is not met as evidenced by: 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 June 8, 2017: a. Neighborhood A & B Beauty Shop - Interview with facility staff revealed the Beauty Shop is leased to an outside vendor and Maintenance Staff did not have a key to access the room. On the previous survey performed on 11/22/2016, 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 & D Beauty Shop - there was no key to access this room. Interview with facility staff revealed the Beauty Shop is leased to an	{C 166}		

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{C 166}	Continued From page 3 outside vendor and Maintenance Staff did not have a key to access the room. 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 June 8, 2017: a. Women near Kitchen - the connection of the commode to the floor was loose. Based on interview with Maintenance Staff, this item had not been corrected as they had not been aware of the item from the previous survey.	{C 166}		
{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 electrical system was not being maintained safe. Findings on June 8, 2017: a. Storage A5 - items are stored in front of the electric panels, limiting the required 36-inches working clearance to 18-inches. This prevents	{C 189}		

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{C 189}	<p>Continued From page 4</p> <p>quick access in any emergency. At the time of this survey, there were large pieces of furniture stored directly in front of the panels. Maintenance Staff stated that the items had been removed after the last survey and tape had been placed on the floor indicating the required separation. Staff had moved the items back into the room. The items were removed at the time of this survey.</p> <p>b. Storage B5 - items are stored in front of the electric panels, limiting the required 36-inches working clearance to 28-inches. This prevents quick access in any emergency. At the time of this survey, there were items stored directly in front of the panels. Maintenance Staff stated that the items had been removed after the last survey and tape had been placed on the floor indicating the required separation. Staff had moved the items back into the room. The items were removed at the time of this survey.</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.</p> <p>Findings on June 8, 2017:</p> <p>a. Activity Room Closet - there was an open-ended sleeve with cables penetrating the fire-resistance-rated ceiling assembly not firestopped. At the time of the follow-up survey, access to the Activity Room closet was not available. Therefore, this item could not be verified.</p> <p>8. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff and visitors if smoke/fire is not</p>	{C 189}		

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{C 189}	Continued From page 5 contained in the Room or compartment of origin. Findings on June 8, 2017: a. 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. This item had not been corrected. Interview with Maintenance Staff revealed that this item had been overlooked. b. 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. This item had not been corrected. Interview with Maintenance Staff revealed that this item had been overlooked.	{C 189}		
{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) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. 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	{C 191}		

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{C 191}	Continued From page 6 if used by resident or combustible material were near. Findings on June 8, 2017: a. Receptionist - a portable space electric heater was found in this room. At the time of this survey, the space heater was removed.	{C 191}		
{C 199}	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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: (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 and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on June 8, 2017: a. Women near Kitchen - the exhaust ventilation system did not work, allowing a build-up of odors.	{C 199}		