

PRINTED: 03/16/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/08/2017
NAME OF PROVIDER OR SUPPLIER GUILFORD HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 5918 NETFIELD RD GREENSBORO, NC 27455		
(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 Construction Section Biennial Survey by Dennis Harrell on 3-8-2017. Records indicate this facility was first licensed as a Home for the Aged serving 60 residents, including 32 residents in the Special Care Unit on 5-30-2013. Therefore the facility must meet the 2005 Rules for the Licensing of Adult Care Homes, and the 2009 North Carolina State Building Code, Section 409- Institutional Occupancy.	C 000	Responses to the cited deficiency does not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set-forth in the Statement of Deficiencies or Corrective Actions Report; the Plan of Correction is prepared solely as a matter of compliance with State Law.	
C 189	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: Based on observation, the ice machine drain line was in direct contact with the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated.	C 189	Completed on 3/21/2017 Drain line was moved 2 inches above the floor. Kitchen staff will monitor drain line	
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,	C 189		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

[Signature]

[Signature]
Executive Director 3-29-17

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C 189	Continued From page 1 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 Special Locking (magnetic lock) did not secure the exit door from the Special Care Bistro. A working wanderer alarm was provided on this door but the malfunctioning magnetic locking must be addressed. 2. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. One of the smoke barrier doors near room 304 did not latch when closed. b. The 3/4 hour fire door to the laundry was wedged open. c. The 3/4 hour fire door to soiled utility was wedged open.. d. The door to the clean linen room on the Special Care side was wedged open.. e. The door to bedroom 303 would not latch when closed. f. There was a hole at the latchset through the door to the "Quiet" room. 3. Based on observation, the battery powered emergency light in the living room on the AL side would not work when tested. Battery powered	C 189	Completed on 3/24/2017 Magnetic lock fixed and weekly checks on magnetic locks are in place. a. Completed on 3/14/2017 Door fixed b. Completed on 3/9/2017 Stopper removed. Staff educated that door must remain shut c. Completed on 3/9/2017 Stopper removed. Staff educated that door must remain shut d. Completed 3/14/2017 Stopper removed and magnetic door holder installed e. Completed 3/14/2017 Door and latch have been fixed f. Completed 3/14/2017 Holes covered	

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STATE FORM

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If continuation sheet 2 of 3

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C 189	Continued from page 2 emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. 4. Based on observation, the sprinkler escutcheon was missing or not tightly fitted to the ceiling in the main electrical room.	C 189	Completed 3/14/2014 Batteries replaced and monthly checks on emergency lights in place Completed on 3/14/2017 Sprinkler escutcheon has been fixed and is tightly fitted	