Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL041081 12/14/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3823 LAWNDALE DRIVE RICHLAND PLACE GREENSBORO, NC 27455 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG DEFIGIENCY) (C 000) Initial Comments {C 000} 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 189) Building Equipment Maintained Safe, Operating (C 189) 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: 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 cailing 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 Division of Health Service Regulation Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE. regular Dunde (X6) DATE

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES . (X1) PROVIDER/SUPPLIER/GLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 HAL041081 B. WING 12/14/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3823 LAWNDALE DRIVE RICHLAND PLACE GREENSBORO, NC 27455 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LISC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) (C 189) Continued From page 1 (C 189) areas separated by fire barriers constructed to the roof deck. Clean Linen Room. Rediction Darres were placed in the area's mentioned as d. Med Room 12/20/16 e. Salon 01 12/20/16 If radiation dampers are not installed in those rooms then verify the rooms have fire barriers to the roof deck.

Division of Health Service Regulation

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