

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL041027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/19/2017
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NAME OF PROVIDER OR SUPPLIER WESTDALE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 303 WESTDALE PLACE GREENSBORO, NC 27403
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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	<p>Initial Comments</p> <p>Report by Greg Williams</p> <p>DHSR Construction Section conducted a Biennial Survey on September 19, 2017 from 8:30 AM to 10:00 AM at the above referenced facility. DHSR records indicate the home was first licensed on August 01, 1988 as a Family Care Home for six (6) all ambulatory Residents (able to respond and evacuate without physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: The 1987 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2005 Rules for Family Care Homes 10A NCAC 13G, and the 1978 (revision 9) North Carolina State Building Code - Section 409.1(g) - Residential Care facilities</p> <p>At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:</p>	C 000		
C 117	<p>Have Current San. And Fire Safety Approvals</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: 1.) The rule requires the facility to have current Sanitation, Fire and Building Safety inspection reports in the facility for review.</p> <p>Findings Include: At the time of the survey there was not a copy of</p>	C 117		

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

Electronically signed by Amma Allen Westdale Manor Administrator 10-18-17

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C 117	Continued From page 1 the latest Fire Inspection report at the facility. Effect: Failure to have annual inspections could affect the safety of the Residents and Staff. Directive: Provide a copy of the most recent Fire Inspection report to our office.	C 117	C 117 There is an Information Westdale Manor Facility notebook that is kept in the SIC room at all times. Thos notebook was available and at Westdale Manor. However, there was a relief SIC on duty at the time and I can only assume she was not aware of the location of the notebook. The Sanitation Inspection was completed on 05/04/17 and the Fire Inspection was completed on 05/31/17. A copy of each is attached.	05/04/17 Sanitation 05/31/17 Fire
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1.) The rule requires the facility to maintain all fire safety, electrical, mechanical and plumbing equipment in a safe operable condition in Family Care Homes. Findings Include: At the time of the survey it was noted that the quarterround and baseboard molding in the front and rear residents bathroom was rotting and molding around the shower and toilet. Effect: Failure to repair/replace the rotten molding could affect the safety of the Residents and Staff. Directive:	C 174	1. As part of our quality assurance program, to avoid this issue in the future, we instruct all relief staff of the location of the information notebook. They are also trained to contact the facility administrator if they are unable to locate. 2. A sign is also placed on the SIC wall of important information and the locations of this information. 3. To ensure this will not happen again, we will address this area and communicate better with not only our employees but relief staff as well. 4. Administration will monitor this area closer during our quarterly quality improvement meetings. 5. Sanitation Inspection Date: 05-04-17 Fire Inspection Date: 05-31-17	Relief Staff retraining 10/16/17

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C 174	<p>Continued From page 2</p> <p>Repair or replace and caulk and paint the rotten molding, and provide documentation to our office when completed.</p> <p>2.) The rule requires the facility to maintain all fire safety, electrical, mechanical and plumbing equipment in a safe operable condition in Family Care Homes.</p> <p>Findings Include: At the time of the survey it was noted that the light globe on the left side of the front entrance door was missing.</p> <p>Effect: Failure to repair/replace the globe could affect the safety of the Residents and Staff.</p> <p>Directive: Replace the light globe and provide documentation to our office when completed.</p>	C 174	<p>C 174</p> <p>1. The molding was repaired on 10/17/17. Pictures are provided.</p> <p>2. The light globe was repaired 10/17/17. Pictures are provided.</p> <p>1. As part of our quality assurance program, to avoid this issue in the future, we instruct all staff and maintenance person to check routinely for any repairs needed. They are also trained to contact the facility administrator if a repair is needed.</p> <p>2. A repair form has been created for staff to fax to administrator regarding any necessary repairs needed.</p> <p>3. To ensure this will not happen again, we will address this area and communicate better with not only our employees but relief staff as well during our QI Quarterly Meetings.</p> <p>4. Administration will monitor this area closer during our quarterly quality improvement meetings.</p> <p>5. Repairs to both were made on 10/17/17.</p>	10/17/17