

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>R</b> <b>04/26/2018</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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(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 a Biennial Follow Up Construction Survey by Ed Miller conducted on April 26, 2018.  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 and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all of the required components or procedures to properly operated doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s). Findings on April 25, 2018:	{C 101}		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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{C 101}	Continued From page 1  a. SCU - the cross-corridor doors separating the SCU and AL units had metal-keyed on/off emergency release switch, but staff in the SCU unit did not have keys to operate the emergency release. This is not in accordance with the NC State Building Code requirement that if on/off emergency release switches are of the keyed type, all staff responsible for evacuation of the locked unit must carry keys at all times. Deficiency corrected before Construction Surveyors departed Site by distributing 3 metal keys to SCU Staff that were keyed to unlock this on/off emergency release switch and the pad locks on the gates.	{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 April 26, 2018 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	{C 166}		

Division of Health Service Regulation

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{C 166}	Continued From page 2  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.  Interview with Maintenance Director revealed that the Beauty Shops are slated for a renovations that includes new shampoo sinks with vacuum breakers.	{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 April 26, 2018: 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. 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	{C 189}		

Division of Health Service Regulation

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{C 189}	Continued From page 3  separation. Staff had moved the items back into the room. The items were removed at the time of this survey.  Interview with Maintenance Director revealed that the area in front of the panel was cleared, but someone has moved in a new wardrobe blocking the panel.	{C 189}		