

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>08/22/2018</b>
--	--	---	---

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>
---	---

(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 Biennial Follow Up Construction Survey by Dennis Harrell on 8-22-2018.  Not all deficiencies were corrected. Further action is required.	{C 000}		
{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 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	{C 166}		

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

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>08/22/2018</b>
--	--	---	---

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>
---	---

(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 166}	Continued From page 1  breakers.  Finding on 8-22-2018; Based on observation, there continues to be no key onsite to allow entry into the former Beauty Shop to survey for hazards or to determine if the corrections had been made.	{C 166}		