	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		E SURVEY PLETED
		HAL041078	B. WING		10/	12/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
THE ARE	ORETUM AT HERITA	GEGREENS	ADOWOOD ST SBORO, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 000	Initial Comments		C 000			
	Report of a Construction Section Biennial Survey by Ed Miller, conducted on October 12, 2018. A Biennial Follow up Construction Survey was performed at the same time.		,			
	a Home for the Age facility is currently li bed Special Care L we are requiring the Homes for the Age Standards and Reg portions of the 2009 of Seven or More B the North Carolina	is facility was first licensed as ed on March 11, 1998. The icensed as a Forty-Eight (48) Jnit. Based on this information e facility to meet the 1996 d and Disabled - Minimum gulations, the applicable 5 Rules for Adult Care Homes Beds, and the 1996 Edition of State Building Code, Section estrained Occupancy.	,			
	Deficiencies were of Correction.	ited that require a Plan of				
C 150	Corridors-Free of e	quipment and Obstructions	C 150			
	of obstructions. Thi staff, and visitors by during an emergen Findings on Octobe a. Exit near Bedro	rvation, corridors are not free s would affect all residents, y slowing or obstructing egres cy.	s			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: (E CONSTRUCTION D1		E SURVEY PLETED
		HAL041078	B. WING		10/	12/2018
AME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE	•	
HE ARE	BORETUM AT HERITA	AGE GREENS	DOWOOD STI BORO, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
C 164	Continued From pa	age 1	C 164			
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	FURNISHINGS (a) Adult care hom (1) have walls, cei coverings kept clea (2) have no chroni (3) have furniture	BOG HOUSEKEEPING AND es shall: lings, and floors or floor an and in good repair; ic unpleasant odors; clean and in good repair; l apply to new and existing				
	 Based on observer good repair. Findings on Octobera. Women - the vradiation damper hof dust/lint. A Wing Restrowith its radiation damperation of dust. B Wing Laundrists radiation damperation of dust. C Wing Laundrists radiation damperation of dust. C Wing Laundrists radiation damperation of dust. D Wing Laundrists radiation damperation of dust. D Wing Laundrists radiation damperation of dust. B accumulation of dust. D Wing Laundrists radiation damperation damperation. D Wing Laundrists radiation damperation of dust. D Wing Laundrists radiation damperation. D Wing Laundrists radiation damperation. 	rentilation system with its as an excessive accumulation om - the ventilation system amper has an excessive ist/lint. ry - the ventilation system with er has an excessive ist/lint.				
	2. Based on obse not kept clean and Findings on Octobe	ervation, the building ceiling are in good repair.				

	of Health Service Realth Service Realth Service Realth Service Realth of Deficiencies of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (E CONSTRUCTION D1	(X3) DATE SURVEY COMPLETED	
	HAL041078		B. WING		10/12/201	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
THE ARE	BORETUM AT HERITA	AGE GREENS	ADOWOOD ST SBORO, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 164	Continued From pa	age 2	C 164			
	tile stained from a	oast leak.				
C 188	Electrical Outlets ir	Wet Locations	C 188			
	All adult care home locations at sinks, I building shall have This Rule is not m 1. Based on Obse provide electrical o with ground fault in residents, staff, and ground fault protec Findings on Octobe					
	power receptacle w is not providing gro b. C & D Beauty S power receptacle w	Shop - there is an electrical vithin six feet of the sink, and it und fault protection. Shop - there is an electrical vithin six feet of the sink, and it und fault protection.				
C 189	Building Equipmen	t Maintained Safe, Operating	C 189			
	mechanical, and pl care home shall be operating condition (k) This Rule shall	and all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing acception of Paragraph (e)				

TATEMEN	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
			A. BUILDING: (01		
		HAL041078	B. WING		10/	12/2018
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
HE ARB	ORETUM AT HERITA	GE GREENS	DOWOOD ST			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
C 189	Continued From pa	age 3	C 189			
	 This Rule is not maintained was not maintained condition. This would early detection and system. Findings on October a. A & B Janitor - detector is dangling power/operational was afety was not main condition. This could not contained in rook a. Lobby - there is not sealed as it per assembly. b. A & B Panel Rook two conduits not fire-resistance-rate c. Exit Corridor ne attic door is open, atthrough the fire-resistance-rate e. A & B Maintena gaps around two corponetrate the fire-reasembly. f. C & D Panel Rook and the fire-resistance-rate fire-resistance-rate conduit not fire-resistance-rate conduit not fire-resistance-rate fire-resistance-rate gaps around two corponetrate the fire-resistance-rate fire-resistance-rate fire-resistance-rate 	et as evidenced by: ervation, the Fire Alarm system d in a safe and operating activating the fire alarm er 12, 2018: the fire alarm system's smoke g from the ceiling by its wires. ervations, the Building fire ntained in a safe and operating Id expose all to fire/smoke if om of origin. er 12, 2018: s a gap around a plastic tube netrates the smoke tight boom - there are gaps around estopped as they penetrate the d ceiling assembly. ear Bedroom A9 - A10 - the allowing fire and smoke access istance-rated ceiling Room near Bedroom B4 - B5 - nded sleeve with a cable bed as it penetrates the d ceiling assembly. ance Shop Room - there are onduits not firestopped as they esistance-rated ceiling oom - there is a gap around a ped as it penetrates the d ceiling assembly.				
	hazardous or Incide	ervation, fire rated doors of ental areas are not being				
sion of He TE FORM	ealth Service Regulation		6899 H	9N021	16	ation sheet 4

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (CONSTRUCTION		E SURVEY PLETED
		HAL041078	B. WING		10/12/2018	
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE	• • • •	
HE ARE	ORETUM AT HERITA	GEGREENS	ADOWOOD STE SBORO, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
C 189	Continued From pa	ige 4	C 189			
	 not maintaining the doors, keeping root Code defines as "Hiseparated from the could affect resider smoke/fire is not construct the could affect resider smoke/fire is not construct the could affect resider smoke/fire is not construct the could affect resider the could affect the could affect the could affect resider the could affect the could affect resider the could affect the c	inen - the corridor door was automatic closing by smoke ervation, corridor door of a not being maintained in a condition. This could affect visitors if smoke/fire is not of origin. er 12, 2018: r its own power, the r door did not latch into its inen - the corridor door a ute fire rated door has a door open rvation, the Facility failed to cal system in a safe and				
	because of required requirements, some removed and subm					

Division	of Health Service Re	egulation				1 APPROVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (E CONSTRUCTION D1		e survey IPleted
		HAL041078	B. WING		10/	12/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
THE ARE	BORETUM AT HERITA	GEGREENS	DOWOOD ST BORO, NC 27			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE
C 189	Continued From pa	ige 5	C 189			
	 providing the requir sprinklers provide. Findings on Octobe a. B Wing Panel F the escutcheon planot cover the comp fire-resistance-rate of smoke and heat. 7. Based on Obse not maintained in a This affects all by n in the room of origin Findings on Octobe a. Bedroom B1 - t holding the door op release of the door door, to close and I b. Bedroom C9 - wedge holding the door 	Room near Bedroom B4 - B5 - te on the fire sprinkler does lete hole through the d ceiling that allows the spread ervation, the corridor doors are safe and operating condition. tot containing smoke and fire n. er 12, 2018: the corridor door has a shoe een. This prevents the rapid with a light push or pull of the atch. C10 - the corridor door has a door open. This prevents the e door with a light push or pull				
C 191	Unvented & Portab	le Elec. Heaters Prohibited	C 191			
	 maintain 75 degree winter design condition following shall appliances. (2) Unvented fuel to portable electric he (k) This Rule shall facilities with the extension 					

Division of Health Service Regulation STATE FORM

If continuation sheet 6 of 8

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		HAL041078	B. WING		10/	12/2018
IAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE	1	
HE ARE	BORETUM AT HERITA	GE GREENS	ADOWOOD STI BORO, NC 27			
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
C 191	Continued From pa	ge 6	C 191			
	prevent the use of p Adult Care Home. T staff, and visitors if a fire. The danger i combustible materi Findings on Octobe	ervation, the facility failed to portable electric heaters in an This could affect residents, heater is the ignition source o ncreases if used by resident o al is near.	f			
C 199	Exhaust Ventilation		C 199			
	provided with exhau two cubic feet per r requirement does n before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room (3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall facilities with the ex	11 OTHER ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed b, with natural ventilation in nces: rage; ; toilet rooms;				
	plastic sheet, the fa ventilation system i	ervation and testing with a thin icility failed to maintain the n proper working order. This dents, staff, and visitors by austing of odors.				

of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
	HAL 041078	B. WING		10/	12/2018
				10/	12/2010
	AGE GREENS 709 ME	ADOWOOD STR	REET		
(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	ION SHOULD BE	(X5) COMPLET DATE
Continued From pa	age 7	C 199			
ventilation system of b. B Wing Laundr	did not work y - the required exhaust				
	T OF DEFICIENCIES OF CORRECTION ROVIDER OR SUPPLIER ORETUM AT HERITA SUMMARY STA (EACH DEFICIENC' REGULATORY OR L Continued From pa a. A Wing Laundr ventilation system o b. B Wing Laundr	OF CORRECTION IDENTIFICATION NUMBER: HAL041078 ROVIDER OR SUPPLIER STREET A ORETLIM AT HERITAGE GREENS	IDENTIFICATION NUMBER: A. BUILDING: C HAL041078 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, S' ORETUM AT HERITAGE GREENS 709 MEADOWOOD STI GREENSBORO, NC 27 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 7 C 199 a. A Wing Laundry - the required exhaust ventilation system did not work C 199 b. B Wing Laundry - the required exhaust Street exhaust	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 HAL041078 B. WING B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ORETUM AT HERITAGE GREENS 709 MEADOWOOD STREET GREENSBORO, NC 27409 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC Continued From page 7 C 199 C 199 C 199 a. A Wing Laundry - the required exhaust ventilation system did not work b. B Wing Laundry - the required exhaust C 199	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 COM HAL041078 B. WING 10/ ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10/ ORETUM AT HERITAGE GREENS 709 MEADOWOOD STREET GREENSBORO, NC 27409 PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID FREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 7 C 199 C 190 C 190