

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041078 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 10/12/2018 |
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| NAME OF PROVIDER OR SUPPLIER THE ARBORETUM AT HERITAGE GREENS | STREET ADDRESS, CITY, STATE, ZIP CODE 709 MEADOWOOD STREET GREENSBORO, NC 27409 |
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| C 000 | <p>Initial Comments</p> <p>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.</p> <p>Records indicate this facility was first licensed as a Home for the Aged on March 11, 1998. The facility is currently licensed as a Forty-Eight (48) bed Special Care Unit. Based on this information, we are requiring the facility to meet the 1996 Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 Edition of the North Carolina State Building Code, Section 409.1, Group I Unrestrained Occupancy.</p> <p>Deficiencies were cited that require a Plan of Correction.</p> | C 000 | | |
| C 150 | <p>Corridors-Free of equipment and Obstructions</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, corridors are not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on October 12, 2018: a. Exit near Bedroom A9-A10 - the exit is blocked from opening with a ladder positioned behind the door.</p> | C 150 | A) ✓ LADDER REMOVED | 10/15/18 |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature] 10/15/18

TITLE

(X6) DATE

1. Corrective action must begin immediately.
2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to **SIGN, DATE AND RETURN** the Plan of Correction to DHSR-Construction by November 14, 2018. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by November 14, 2018. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by November 14, 2018. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Steven C. Lewis, Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: <http://www.ncdhhs.gov/dhsr/acls/idr.html>.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Ed Miller

Ed Miller

Architect

DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
City Building Inspection Department - with attachment-(via e-mail only)
Guilford County DSS - with attachment-(via e-mail only)

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NAME OF PROVIDER OR SUPPLIER
THE ARBORETUM AT HERITAGE GREENS

STREET ADDRESS, CITY, STATE, ZIP CODE
**709 MEADOWOOD STREET
GREENSBORO, NC 27409**

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| C 164 | Continued From page 1 | C 164 | | |
| C 164 | Housekeeping and Furnishings-Clean, Repaired | C 164 | | |
| | <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on October 12, 2018:</p> <p>a. Women - the ventilation system with its radiation damper has an excessive accumulation of dust/lint.</p> <p>b. A Wing Restroom - the ventilation system with its radiation damper has an excessive accumulation of dust/lint.</p> <p>c. B Wing Laundry - the ventilation system with its radiation damper has an excessive accumulation of dust/lint.</p> <p>d. C Wing Laundry - the ventilation system with its radiation damper has an excessive accumulation of dust/lint.</p> <p>e. D Wing Laundry - the ventilation system with its radiation damper has an excessive accumulation of dust/lint.</p> <p>2. Based on observation, the building ceiling are not kept clean and in good repair. Findings on October 12, 2018:</p> <p>a. Beauty Shop - there is an acoustical ceiling</p> | | <p>1.</p> <p>A. ✓ HSKG CLEANED OFF LINT 11/2/18</p> <p>B. ✓ VENTS CLEANED / LINT REMOVED 11/2/18</p> <p>C. ✓ VENTS CLEANED 11/2/18</p> <p>D. ✓ VENTS CLEANED LINT REMOVED - 11/2/18</p> <p>E. ✓ VENTS CLEANED LINT REMOVED 11/2/18</p> <p>2A). ✓ CEILING TILE REPLACED 11/2/18</p> | |

wp-up 11/15/18

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| C 164 | Continued From page 2 tile stained from a past leak. | C 164 | | |
| C 188 | Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide electrical outlets in wet locations at sinks, with ground fault interrupters. This would affect residents, staff, and visitors by not providing ground fault protection to these devices. Findings on October 12, 2018: a. A & B Beauty Shop - there is an electrical power receptacle within six feet of the sink, and it is not providing ground fault protection. b. C & D Beauty Shop - there is an electrical power receptacle within six feet of the sink, and it is not providing ground fault protection. | C 188 | A. GFCI - INSTALLED B. GFCI - INSTALLED | 10/12/18 10/12/18 |
| 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. | C 189 | | |

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| C 189 | Continued From page 3 This Rule is not met as evidenced by: 1. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing early detection and activating the fire alarm system. Findings on October 12, 2018: a. A & B Janitor - the fire alarm system's smoke detector is dangling from the ceiling by its power/operational wires. 2. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin. Findings on October 12, 2018: a. Lobby - there is a gap around a plastic tube not sealed as it penetrates the smoke tight assembly. b. A & B Panel Room - there are gaps around two conduits not firestopped as they penetrate the fire-resistance-rated ceiling assembly. c. Exit Corridor near Bedroom A9 - A10 - the attic door is open, allowing fire and smoke access through the fire-resistance-rated ceiling assembly. d. B Wing Panel Room near Bedroom B4 - B5 - there is an open-ended sleeve with a cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly. e. A & B Maintenance Shop Room - there are gaps around two conduits not firestopped as they penetrate the fire-resistance-rated ceiling assembly. f. C & D Panel Room - there is a gap around a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 3. Based on Observation, fire rated doors of hazardous or incidental areas are not being | C 189 | IA. ✓ Smoke Detector Secured ZA. ✓ TUBE REMOVED / WALL PATCH B. ✓ FIRE STOP ADDED C. ✓ ATTIC DOOR IS LOCKED D. ✓ FIRE STOP ADDED E. ✓ FIRE STOP ADDED F. ✓ FIRE STOP ADDED | 11/9/18 11/9/18 11/9/18 11/9/18 11/9/18 |

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| C 189 | <p>Continued From page 4</p> <p>maintained in a safe and operating condition. By not maintaining the fire and smoke resistance of doors, keeping rooms the NC State Building Code defines as "Hazardous or Incidental Area" separated from the rest of the Building. This could affect residents, staff and visitors if smoke/fire is not contained in Room of origin. Findings on October 12, 2018:</p> <p>a. C & D Soiled Linen - the corridor door was not self-closing or automatic closing by smoke detection.</p> <p>4. Based on Observation, corridor door of Incidental areas are not being maintained in a safe and operating condition. This could affect residents, staff and visitors if smoke/fire is not contained in Room of origin. Findings on October 12, 2018:</p> <p>a. Kitchen - under its own power, the self-closing corridor door did not latch into its frame.</p> <p>b. C & D Soiled Linen - the corridor door a self-closing 45 minute fire rated door has a wedge holding the door open</p> <p>5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on October 12, 2018:</p> <p>a. Kitchen - a rack is stored in front of the electrical panel, limiting the required 36-inches by 30-inches minimum clear working space to 24-inches.</p> <p>6. Based on observation, the Building was not maintained in a safe and operating condition, because of required periodic testing requirements, some fire sprinkler head have been removed and submitted to a testing laboratory for evaluation. This has left some areas without fire</p> | C 189 | <p>A. ✓ DOOR ADJUSTED & TESTED LATCHES AS DESIGNED</p> <p>4A. ✓ LBBBY to Kitchen & W/PER Kitchen Door repaired ADJUST DOOR</p> <p>B. ✓ WEDGE WAS REMOVED</p> <p>5A. ✓ RACK RELOCATED / STAFF IN-SERVICE . . .</p> | <p>11/8</p> <p>12/14/18</p> <p>10/12/18</p> <p>10/12/18</p> |

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| C 189 | Continued From page 5 sprinkler protection. This would affect all, by not providing the required protection that fire sprinklers provide. Findings on October 12, 2018: a. B Wing Panel Room near Bedroom B4 - B5 - the escutcheon plate on the fire sprinkler does not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat. 7. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on October 12, 2018: a. Bedroom B1 - the corridor door has a shoe holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. b. Bedroom C9 - C10 - the corridor door has a wedge holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. | C 189 | 6A - Fire Stop Applied 7A) - DOOR STOPS / WEDGES REMOVED B) - DOOR STOPS / WEDGES REMOVED | 10/12/18 10/12/18 10/12/18 |
| C 191 | Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. | C 191 | | |

W. J. ... 11/15/18

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| C 191 | Continued From page 6 This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to prevent the use of portable electric heaters in an Adult Care Home. This could affect residents, staff, and visitors if heater is the ignition source of a fire. The danger increases if used by resident or combustible material is near. Findings on October 4, 2018: a. Receptionist - a portable electric heater is in this space. | C 191 | A.) PORTABLE SPACE HEATER REMOVED | 10/12/18 |
| C 199 | Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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 and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on October 12, 2018: | C 199 | | |

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| C 199 | Continued From page 7 a. A Wing Laundry - the required exhaust ventilation system did not work b. B Wing Laundry - the required exhaust ventilation system did not work | C 199 | A. VENT FAN MTR REPLACED B. VENT FAN MTR REPLACED W87 | 11/30/18 11/30/18 |

Wagon W87 11/15/18