STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041078				(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		B. WING			R 01/03/2019		
AME OF F			DDRESS, CITY, S	TATE. ZIP CODE	UIM	03/2019	
		AGE GREENS 709 ME	ADOWOOD ST	REET			
		GREEN	SBORO, 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 ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
{C 000}	Initial Comments		{C 000}				
		al Follow Up Construction r, conducted on January 3,					
	Deficiencies were of Plan of Correction.	cited that will require a new					
{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	HOUSEKEEPING AND					
	 Based on obse mechanical system good repair. Findings on Januar a. Women - the v 	et as evidenced by: ervation, the building as are not kept clean and in ry 3, 2019: entilation system with its as an excessive accumulation					
{C 188}	Electrical Outlets ir	Wet Locations	{C 188}				
	All adult care home locations at sinks,	PHYSICAL PLANT 310 ELECTRICAL OUTLETS a electrical outlets in wet bathrooms and outside of ground fault interrupters.	5				

H9N022

Division	of Health Service Re	gulation	T			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041078			(X2) MULTIPLE A. BUILDING: (E CONSTRUCTION D1	(X3) DATE SURVEY COMPLETED	
		B. WING		R 01/03/2019		
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
	BORETUM AT HERITA	GE GREENS 709 MEA	DOWOOD ST	REET		
		GREENS	BORO, NC 27	7409		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
{C 188}	Continued From pa	ige 1	{C 188}			
{C 189}	provide electrical ou with ground fault intresidents, staff, and ground fault protect Findings on Januar a. A & B Beauty S power receptacle w is not providing grou b. C & D Beauty S power receptacle w is not providing grou	ervation, the facility failed to utlets in wet locations at sinks, terrupters. This would affect d visitors by not providing tion to these devices.				
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex which shall not app This Rule is not me 2. Based on obse	PHYSICAL PLANT 11 OTHER ad all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing to paragraph (e) ly to existing facilities.				
	condition. This coul not contained in roc Findings on Januar d. B Wing Panel F there is an open-en	y 3, 2019: Room near Bedroom B4 - B5 - ided sleeve with a cable bed as it penetrates the				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041078		(X2) MULTIPLE A. BUILDING: 0			(X3) DATE SURVEY COMPLETED	
		A. BUILDING: UT		R		
		B. WING		01/	03/2019	
IAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
HE ARE	BORETUM AT HERITA	GE GREENS	DOWOOD STF BORO, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
				DEFICIENC	CY)	
{C 189}	Continued From pa	ge 2	{C 189}			
	 hazardous or Incide maintained in a safi not maintaining the doors, keeping roor Code defines as "H separated from the could affect resider smoke/fire is not co Findings on Januar New Citation b. C & D Soiled Li frame and will not co 4. Based on Obset Incidental areas are safe and operating residents, staff and contained in Room Findings on Januar a. Kitchen - under self-closing corridor frame. b. C & D Soiled Li self-closing 45 minution wedge holding the co 7. Based on Obset not maintained in a This affects all by n in the room of origin Findings on Januar a. Bedroom B1 - t shape device holding try to close the doo 	inen - the corridor door hit the close and latch. ervation, corridor door of e not being maintained in a condition. This could affect visitors if smoke/fire is not of origin. y 3, 2019: to its own power, the r door did not latch into its inen - the corridor door a ute fire rated door has a door open. ervation, the corridor doors are safe and operating condition. ot containing smoke and fire n.				

H9N022

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
		IDENTIFICATION NUMBER:	A. BUILDING. U I			COMPLETED R 01/03/2019	
		HAL041078					
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
THE ARE	BORETUM AT HERITA	AGE GREENS	DOWOOD STE 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 ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
{C 191}	Continued From pa	age 3	{C 191}				
{C 191}	Unvented & Portable Elec. Heaters Prohibited		{C 191}				
	maintain 75 degree winter design cond following shall appl appliances. (2) Unvented fuel I portable electric he (k) This Rule shall facilities with the ex which shall not app This Rule is not m 1. Based on Obse prevent the use of Adult Care Home. staff, and visitors if a fire. The danger i combustible materi Findings on Januar a. Receptionist - a	a heating system sufficient to es F (24 degrees C) under itions. In addition, the y to heaters and cooking burning room heaters and eaters are prohibited. apply to new and existing acception of Paragraph (e) bly to existing facilities. et as evidenced by: ervation, the facility failed to portable electric heaters in an This could affect residents, heater is the ignition source of increases if used by resident o ial is near. y 3, 2019: a portable electric heater is in ncy corrected before					

H9N022