

Guilford House 5918 Netfield Rd Greensboro NC 27455

Phone: (336) 553-02⁻² Fax: (336) 553-0651

TO: DHSR - Construction	From:	Guilfird	House
Company:	Pages:	6	
Fax: 919-733-6592	Date:	117119	
cc:			
Re:		<u> </u>	
Turgant ZFor Raview Thease Comm	nent ⊡Pla	ease Reply □ Pleas	se Recycle

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
	HAL041077	B. WING		12/14/2018	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE. ZIP CODE	.,	
GUILFORD HOUSE	5918 NET GREENSE	FIELD RD BORO, NC 1	27455		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG : REGULATORY OR LSC IDENTIFYING INFORMATION)		IO 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		C 000			
by Ed Miller, conductive to a Home for the Age including 32 reside 5-30-2013. Therefore 2005 Rules for the Homes, and the 20 Building Code, Section. C 164 Housekeeping and SECTION .0300 - 110A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceicoverings kept cleat (2) have no chronic (3) have furniture of the summer of th	06 HOUSEKEEPING AND	C 164	Responses to the cited deficienci constitute an admission or agreed facility of the truth of facts alleged conclusions set forth in this stated Deficiencies of Correction Action the plan of correction is prepared as a matter of compliance of law.	ment by the d or ment of Report; soley	
 Based on obse mechanical system good repair. Findings on Decen a. AL Staff Statio system with its rad excessive accumu b. Laundry - the v radiation damper h of dust/lint. 	n Restroom - the ventilation iation damper has an lation of dust/lint. ventilation system with its has an excessive accumulation		The Ventilation system with its radiation Damper has been cleaned from dust and The Laundry Ventilation system with its r Has cleaned from accumulation from dus	adlation damp	1/3/19 \ er 1/3/19
Division of Health Service Regulation LABORATORY DIRECTOR'S OF PROVI	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE	other o	(6) DATE
STATE FORM	OT Uan	ÇAQ9	+ HUETUU DIN	tf continuation	on sheet 1 of 5

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AND PLAN OF CORRECTION DENTIFICA		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		HAL041077	B. WING		12/14/2018	
	PROVIDER OR SUPPLIER RD HOUSE	5918 NET	DRESS, CITY. FIELD RD BORO, NC	STATE, ZIP CODE 27455		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG J	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLET DATE
	not kept clean and Findings on Decema. Bedroom 403 E marred up and chip room b. Bedroom 405 E marred up and tape c. Bedroom 405 E missing is spots and Fire Safety-Reheard SECTION .0300 - F 10A NCAC 13F .03 EVACUATION (b) There shall be requirement of the I Enforcement Official (c) Records of rehe and copies furnishe social services annotation and services annotations.	rvation, the building floors are in good repair. ber 14, 2018: Bathroom - the floor is were ping at transition areas in this sathroom - the floor is were together with duct tape. Bathroom - the wall base is didamaged in areas. Sals on Each Shift PHYSICAL PLANT OP PLAN FOR Tehearsals of the fire plan in accordance with the ocal Fire Prevention Code	C 164	Bedroom 403 Bathroom The floor will be Estimated completion date: 1/21/18 Bedroom 405 Bathroom floor will be rep Estimated Completion date: 1/21/18 Bedroom 405 Bathroom wall base spots will be replaced and repaired. Estimated Completion date: 1/21/18	aired.	areas
	description of what (f) This Rule shall a facilities. This Rule is not me 1. Based on Recommand Staff, being performed reshift for each quarter Findings on Decema. In the 1st quarter hearsal was performed was performed was performed was performed to the staff.	rd review and interview with fire safety rehearsals are not gularly with at least one per er.		We will complete rehearsals of the fire p quarterly on each shift in Accordance wi requirement of the local fire prevention Code Enforcement Official. We will also include date and time, shift, staff memb description of what the rehearsal involv	th the maintain reci ers present a	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B, WING HAL041077 12/14/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5918 NETFIELD RD **GUILFORD HOUSE** GREENSBORO, NC 27455 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) C 185 Continued From page 2 C 185 rehearsal was performed during 1st shift. c. In the 4th quarter for the last 12 months, no rehearsals were performed during 1st and 3rd shifts. We will complete rehearsals of the fire plan quarterly on each shift in Accordance with the 1/4/19 2. Based on Record review and interview with requirement of the local fire prevention Management Staff the Facility failed to document Code Enforcement Official. We will also maintain records to the, a short description of what the rehearsal include date and time, shift, staff members present and a short description of what the rehearsal involved. involved. Findings on December 14, 2018: a. There is no description of what the rehearsal involved such as where the simulated fire was located and how/if staff directed/moved the residents from the fire area. C 189 Building Equipment Maintained Safe, Operating C 189 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 building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on December 14, 2018: Batteries have been ordered for Exit near Bedroom a. Exit near Bedroom 105 - the ceiling-mounted 105- for theCeiling mounted self-contained self-contained emergency light does not have a emergency light, test button to confirm backup power and the Estimated completion date: 1-20-19

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
, ,	1	A BUILDING	3; 01	COMPCETED	
	HAL041077	B. WING		12/14/2018	
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE	***************************************	
OUR FORD HOUSE	5918 NET	FIELD RD			
GUILFORD HOUSE	GREENSE	BORO, NC	27455		
(X4) JD SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON : ****	
PREFIX (EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D 86 COMPLETE	
C 189 Continued From pa	ige 3	C 189			
facility's oneite can	erator is not equipped with an				
automatic transfer			Batteries have been ordered for smoke a	rea wall exit	
	Wall Exit near Bedroom 102 -		near bedroom 102 for the Ceiling mount	ed	
	self-contained emergency		self-contained emergency light.		
	a test button to confirm		Estimated completion date: 1-20-19	,	
	the facility's onsite generator is				
not equipped with a	in automatic transfer switch.		Batteries have been ordered for AL Dining	- D	
c. AL Dining - on			Ceiling mounted self-contained emergence	v light	
	contained emergency light did		Estimated completion date: 1-20-19	, 1161122	
	ckup power when the test				
button is pushed.			Batteries have been ordered for SCU	ĺ	
	m/General Storage -the		Med Room/General Storage		
	contained emergency light did		Ceiling mounted self-contained emergence	y light.	
button is pushed.	ckup power when the test		Estimated completion date: 1-20-19		
	from Bedroom 302 - the			j	
	ontained emergency light did		Batteries have been ordered for Corridor :	ecross	
	ickup power when the test		From Bedroom 302- Ceiling mounted		
button is pushed.	, ,		self-contained emergency light		
			Estimated completion date: 1-20-19		
	rvations, the Building fire				
	ntained in a safe and operating				
	d expose all to fire/smoke if				
not contained in roo			:		
Findings on December 14, 2018: a. Smoke Barrier Wall Exit near Bedroom 102 - there is a gap around the exit sign base not			Smoke Barrier wall Exit Near bedroom 1(12 ean around	
			the exit sign base will be repaired after it	ght is not up	
firestopped as it pe			Estimated Completion date 1-20-19	and the second	
fire-resistance-rate				ı	
	nge Bathroom - there is a		Employee lounge Bathroom 36x30 inches	s hole has	
	not firestopped as it penetrates		been fire stopped in order to penetrate		
	ated ceiling assembly.		fire-resistance rated ceiling assembly.		
c. IT Room - there	e are two sleeves with cable		· ·	12-14-18	
	d wire and a hole with cables		IT Room two sleeves with cable bundles, a	grounded	
not firestopped as t			wire and a hole with cables have been corr in order to firestop as they penetrate the	ected	
fire-resistance-rate			rate ceiling assembly.	ure resistance	
	Room - there holes/gaps		Laundry Dryer Room- holes/gaps around	the duck	
	firestopped as it penetrates		has been repaired to firestop as they		
the tire-resistance-i	ated ceiling assembly.		penetrate the fire resistance rate ceiling :	assembly.: 1-3-19	
Division of Health Service Regulation			<u> </u>	1	

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STATEMENT OF DEFICIENCES AND PLAN OF CORRECTIONS MALE OF PROVIDER OR SUPPLIER THAT DEPARTMENT OF DEFICIENCY MUSTER PRECEDED BY PLAN. MALE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE ZIP CODE S918 NETFIELD RD OREENSBORD, NO 27455 PREFR [RACH DEFICIENCY MUST BE PRECEDED BY PLAN. TAD TAD TAD SECULTION ON LIST BE PRECEDED BY PLAN. TAD C 189 C 1	Division of Health Service Regulation							
NAME OF PROVIDER OR SUPPLIER STREETADORESS, CITY, STATE ZIP CODE Systam Name or provider or supplier Systam variation of the provider of th	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (
MAKE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE. ZIP CODE 5918 NETFIELD RD GREENSBORO, NC 27455 SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSG IDENTIFYING INFORMATION) COMPLETE TAG COntinued From page 4 3. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the room or compartment of origin. Findings on December 14, 2018: 4. Based on observations, the Building is not being maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler discharge pattern cannot reach all areas of a room. Findings on December 14, 2018: a. Clean Linen near Bedroom 102 - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. 5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on December 14, 2018: a. Bedroom 308 - a multiple plug adaptor, without integral overcurrent protection, is attached to an electrical power receptacle. This multiple plug adaptor has attached flexibile electrical power cords connected to electrical	AND PLAN	OF CORRECTION	DENTIFICATION NUMBER.	A. BUILDING: 01		COMPL		
MAKE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE_ZIP CODE 5918 NETFIELD RD GREENSBORO, NC 27455 SUMMARY STATEMENT OF DEFICIENCY SHIPS BY PRICE DEPORT BY FULL REGULATORY OR US (DENTIFYING INFORMATION) C 188 COntinued From page 4 3. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the room or compartment of origin. Findings on December 14, 2018: a. Smoker's Patio - the sidewall fire sprinkler discharge pattern cannot reach all areas of a room. Findings on December 14, 2018: a. Clean Linen near Bedroom 102 - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. 5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on December 14, 2018: a. Clean Linen near Bedroom 308 - a multiple plug adaptor, without integral overcurrent protection, is attached to an electrical power receptacle. This multiple plug adaptor has attached flexible electrical power cords connected to electrical pose receptacle.				6 4444		l		
GUILFORD HOUSE SUMMARY STATEMENT OF DEFICIENCYS REGULATORY OR LSC IDENTIFYING INFORMATION) C 189 Parts have been ardered to repair Smokers Patiosidewall fire sprinkler head is chutenplate, exposing a opening through the exterior wall that allows the spread of smoke and heat. S 1. Based on observations, the Building is not being maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler discharace area below the fire sprinkler deflector. S 1. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on December 14, 2018: a 2. Bedroom 308 - a multiple plug adaptor, without integral overcurrent protection, is attached to an electrical power receptacle. This multiple plug adaptor receptacle. This multiple plug adaptor receptacle. This multiple plug adaptor cords connected to electrical power cords connected to electrical			HAL041077	B, WING		1 12/14	1/2018	
GREENSBORO, NC 27455 CAST DESCRIPTION SUMMARY STATEMENT OF DEFICIENCIES CACH DEFICIENCY MUST BE PRECEDED BY FULL PROFITE CACH DEFICIENCY MUST BE PRECEDED BY FULL PROFITE CACH CORRECTION SHOULD BE COMPLETE CACH CORRECTION SHOULD BE CACH COMPLETE CACH CORRECTION SHOULD BE CACH CACH CORRECTION SHOULD BE CACH CORRECTION SHOULD BE CACH CORRECTIO	NAME OF F	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, 9	STATE, ZIP CODE			
C 189 Continued From page 4 3. Based on observation, the Building Sprinkler system was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the room or compartment of origin. Findings on December 14, 2018: a. Smoker's Patio - the sidewall fire sprinkler head is missing its escutcheon plate, exposing an opening through the exterior wall that allows the spread of smoke and heat. 4. Based on observations, the Building is not being maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler discharge pattern cannot reach all areas of a room. 5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on December 14, 2018: a. Clean Linen near Bedroom 102 items have been removed area below the fire sprinkler deflector. 5. Based on observation, the Facility failed to maintain the electrical power receptacle. This multiple plug adaptor without integral overcurrent protection, is attached to an electrical power cords connected to electrical pow	CULEÓS	O HOUSE						
C 189 Continued From page 4 3. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the room or compartment of origin. Findings on December 14, 2018: a. Smoker's Patio - the sidewall fire sprinkler head is missing its escutcheon plate, exposing an opening through the exterior wall that allows the spread of smoke and heat. 4. Based on observations, the Building is not being maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler discharge pattern cannot reach all areas of a room. Findings on December 14, 2018: a. Clean Linen near 8edroom 102 items have been removed to maintain the electrical system in a safe and operating condition. The fire sprinkler deflector. 5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on December 14, 2018: a. Bedroom 308 - a multiple plug adaptor, without integral overcurrent protection, is attached to an electrical power cereptacle. This multiple plug adaptor has attached flexible electrical power cords connected to electrical power cords connec	GUILFOR	(D HOOSE	GREENSB	IORO, NC 2	7455			
3. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all if residents, staff, and visitors if smoke/fire is not contained in the room or compartment of origin. Findings on December 14, 2018: a. Smoker's Patio - the sidewall fire sprinkler head is missing its escutcheon plate, exposing an opening through the exterior wall that allows the spread of smoke and heat. 4. Based on observations, the Building is not being maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler discharge pattern cannot reach all areas of a room. Findings on December 14, 2018: a. Clean Linen near Bedroom 102 - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. 5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on December 14, 2018: a. Bedroom 308 - a multiple plug adaptor, without integral overcurrent protection, is attached to an electrical power receptacle. This multiple plug adaptor has attached flexible electrical power cords connected to electrical power regretacle.	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	LDBE		
System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the room or compartment of origin. Findings on December 14, 2018: a. Smoker's Patio - the sidewall fire sprinkler head is missing its escutcheon plate, exposing an opening through the exterior wall that allows the spread of smoke and heat. 4. Based on observations, the Building is not being maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler discharge pattern cannot reach all areas of a room. Findings on December 14, 2018: a. Clean Linen near Bedroom 102 - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. 5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on December 14, 2018: a. Bedroom 308 - a multiple plug adaptor, without integral overcurrent protection, is attached to an electrical power receptacle. This multiple plug adaptor has attached flexible electrical power cords connected to electrical	C 189	Continued From pa	ge 4	C 189				
	C 189	3. Based on obsersystem was not made operating condition. residents, staff, and contained in the roof-indings on Decema. Smoker's Pation head is missing its opening through the spread of smoke and 4. Based on obserbeing maintained in condition. The fire substructed. This condischarge pattern coroom. Findings on Decema. Clean Linen nestored within the made area below the fire. 5. Based on obsermaintain the electric perating condition. Findings on Decema. Bedroom 308 without integral over attached to an electrical power contains the electrical power contains and the plug adapt electrical power contains.	rvation, the Building Sprinkler aintained in a safe and. This could affect all divisitors if smoke/fire is not or compartment of origin, aber 14, 2018: The sidewall fire sprinkler escutcheon plate, exposing an electric wall that allows the highest and operating sprinkler heads have become all affect all if the fire sprinkler reach all areas of a sprinkler deflector. The Bedroom 102 - items are inimum 18-inch clearance sprinkler deflector. The recurrent protection, is a multiple plug adaptor, ercurrent protection, is strical power receptacle. This for has attached flexible	C 189	-sidewall fire sprinkler head eschutenplat Opening through the exterior wall that all Spread of smoke and heat. Estimated Completion date1/20/19 Clean Linen near Bedroom 102 items have To meet the minimum 18 Inch clearance at The fire sprinkler deflector. Surge Protector has been replaced in be in place of the multiple plug adapter wi overcurrent protection, is attached to e	e been remo e been remo erea below	ved ₁₋₃₋₁₉	

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