



Guilford House

5918 Netfield Rd Greensboro NC 27455

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To: DHSB - Construction From: Guilford House

Company: _____ Pages: 6

Fax: 919-733-6592 Date: 1/7/19

cc: _____

Re: _____

Urgent For Review Please Comment Please Reply Please Recycle

Plan of Correction

PRINTED: 12/28/2018
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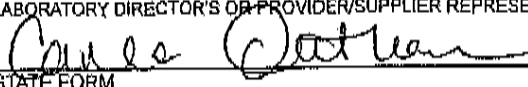
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2018
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NAME OF PROVIDER OR SUPPLIER GUILFORD HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 5918 NETFIELD RD GREENSBORO, NC 27455
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C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Ed Miller, conducted on December 14, 2018.</p> <p>Records indicate this facility was first licensed as a Home for the Aged serving 60 residents, including 32 residents in the Special Care Unit on 5-30-2013. Therefore the facility must meet the 2005 Rules for the Licensing of Adult Care Homes, and the 2009 North Carolina State Building Code, Section 409- Institutional.</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000	<p>Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of facts alleged or conclusions set forth in this statement of Deficiencies of Correction Action Report; the plan of correction is prepared solely as a matter of compliance of law.</p>	
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <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.</p> <p>Findings on December 14, 2018:</p> <p>a. AL Staff Station Restroom - the ventilation system with its radiation damper has an excessive accumulation of dust/lint.</p> <p>b. Laundry - the ventilation system with its radiation damper has an excessive accumulation of dust/lint.</p>	C 164	<p>The Ventilation system with its radiation Damper has been cleaned from dust and lint.</p> <p>The Laundry Ventilation system with its radiation damper Has cleaned from accumulation from dust and lint.</p>	<p>1/3/19</p> <p>1/3/19</p>

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X8) DATE 1/7/19
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C 164	Continued From page 1 2. Based on observation, the building floors are not kept clean and in good repair. Findings on December 14, 2018: a. Bedroom 403 Bathroom - the floor is were marred up and chipping at transition areas in this room b. Bedroom 405 Bathroom - the floor is were marred up and tape together with duct tape. c. Bedroom 405 Bathroom - the wall base is missing is spots and damaged in areas.	C 164	Bedroom 403 Bathroom The floor will be repaired. Estimated completion date: 1/21/18 Bedroom 405 Bathroom floor will be repaired. Estimated Completion date: 1/21/18 Bedroom 405 Bathroom wall base spots and damaged areas Will be replaced and repaired. Estimated Completion date: 1/21/18	
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Management Staff, fire safety rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on December 14, 2018: a. In the 1st quarter for the last 12 months, no rehearsal was performed during 3rd shift. b. In the 3rd quarter for the last 12 months, no	C 185	We will complete rehearsals of the fire plan quarterly on each shift in Accordance with the requirement of the local fire prevention Code Enforcement Official. We will also maintain records to include date and time, shift, staff members present and a short description of what the rehearsal involved.	1/4/19

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C 185	Continued From page 2 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. 2. Based on Record review and interview with Management Staff the Facility failed to document the, a short description of what the rehearsal 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 185	We will complete rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local fire prevention Code Enforcement Official. We will also maintain records to include date and time, shift, staff members present and a short description of what the rehearsal involved.	1/4/19
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. 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: a. Exit near Bedroom 105 - the ceiling-mounted self-contained emergency light does not have a test button to confirm backup power and the	C 189	Batteries have been ordered for Exit near Bedroom 105- for the Ceiling mounted self-contained emergency light. Estimated completion date: 1-20-19	

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C 189	<p>Continued From page 3</p> <p>facility's onsite generator is not equipped with an automatic transfer switch.</p> <p>b. Smoke Barrier Wall Exit near Bedroom 102 - the ceiling-mounted self-contained emergency light does not have a test button to confirm backup power and the facility's onsite generator is not equipped with an automatic transfer switch.</p> <p>c. AL Dining - on the front wall, the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed.</p> <p>d. SCU Med Room/General Storage -the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed.</p> <p>e. Corridor across from Bedroom 302 - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed.</p> <p>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 December 14, 2018:</p> <p>a. Smoke Barrier Wall Exit near Bedroom 102 - there is a gap around the exit sign base not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>b. Employee Lounge Bathroom - there is a 36x30 inches hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>c. IT Room - there are two sleeves with cable bundles, a grounded wire and a hole with cables not firestopped as they penetrate the fire-resistance-rated ceiling assembly.</p> <p>d. Laundry Dryer Room - there holes/gaps around the duct not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p>	C 189	<p>Batteries have been ordered for smoke area wall exit near bedroom 102 for the Ceiling mounted self-contained emergency light. Estimated completion date: 1-20-19</p> <p>Batteries have been ordered for AL Dining Room- Ceiling mounted self-contained emergency light. Estimated completion date: 1-20-19</p> <p>Batteries have been ordered for SCU Med Room/General Storage Ceiling mounted self-contained emergency light. Estimated completion date: 1-20-19</p> <p>Batteries have been ordered for Corridor across From Bedroom 302- Ceiling mounted self-contained emergency light Estimated completion date: 1-20-19</p> <p>Smoke Barrier wall Exit Near bedroom 102 gap around the exit sign base will be repaired after light is put up. Estimated Completion date 1-20-19</p> <p>Employee lounge Bathroom 36x30 inches hole has been fire stopped in order to penetrate the fire-resistance rated ceiling assembly.</p> <p>IT Room two sleeves with cable bundles, a grounded wire and a hole with cables have been corrected in order to firestop as they penetrate the fire resistance rate ceiling assembly.</p> <p>Laundry Dryer Room- holes/gaps around the duck has been repaired to firestop as they penetrate the fire resistance rate ceiling assembly.</p>	<p>12-14-18</p> <p>1-3-19</p> <p>1-3-19</p>

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C 189	<p>Continued From page 4</p> <p>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.</p> <p>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.</p> <p>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 devices.</p>	C 189	<p>Parts have been ordered to repair Smokers Patio -sidewall fire sprinkler head eschutenplate, exposing a Opening through the exterior wall that allows the Spread of smoke and heat. Estimated Completion date_-1/20/19</p> <p>Clean Linen near Bedroom 102 items have been removed To meet the minimum 18 Inch clearance area below The fire sprinkler deflector. 1-3-19</p> <p>Surge Protector has been replaced in bedroom 308- in place of the multiple plug adapter without Integral overcurrent protection, is attached to electrical pose receptacle. 1/7/19</p>