(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL041074 06/13/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5125 MICHAUX ROAD** SPRING ARBOR OF GREENSBORO GREENSBORO, NC 27410 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Construction Section Biennial Survey by Ed Miller and Suzanna Fay, conducted on June 13, 2019. Records indicate that this facility was first licensed 09/11/2011 for One Hundred (100) residents with a Twenty-Eight (28) Special Care Unit. Based on this information, we are requiring that this facility meet the 2005 Regulations for Adult Care Homes, and the 2009 Edition of the North Carolina State Building Code-Institutional Occupancy. Deficiencies were cited that require a Plan of Correction. C 101 C 101 Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction. change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by:

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			SURVEY LETED
	HAI 041074	B. WING		06/1	3/2019
VIDER OR SLIPPLIER				1 00/1	3/2013
	5125 MICI				
BOR OF GREENSI	GREENSE GREENSE	BORO, NC 2	7410		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETE DATE
ontinued From pa	ge 1	C 101			
aff, the facility fail quirements in effer alteration by not imponents for documents locking arraits by potentially delement and accordings on June 13 200 Hall Cottagues locked doors adily visible sign rease device that	ed to meet the Code ect at the time of construction having all the required ors equipped with Delayed ngements. This could affect aying exiting in an emergency cceptable time. 3, 2019: e 2 Entrance - the delayed s do not have the required, mounted on the door near the reads "PUSH UNTIL ALARM				
ECTION .0300 - FINANCAC 13F .030 JRNISHINGS ) Adult care home ) have walls, ceiliverings kept clea ) have no chronic ) have furniture of ) This Rule shall cilities.  This Rule is not me Based on observed and system and repair. Indings on June 130 Bedroom 130 E	PHYSICAL PLANT 06 HOUSEKEEPING AND es shall: ings, and floors or floor in and in good repair; c unpleasant odors; elean and in good repair; apply to new and existing et as evidenced by: rvation, the building is are not kept clean and in 3, 2019: Bathroom- the exhaust fan is	C 164			
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS  ontinued From pa  Based on observation by not land and and and and and and and and and	MALO41074  WIDER OR SUPPLIER  STREET ADISTRICTION NUMBER:  BOR OF GREENSBORO  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Intinued From page 1  Based on observation and interview with aff, the facility failed to meet the Code quirements in effect at the time of construction alteration by not having all the required mponents for doors equipped with Delayed press locking arrangements. This could affect by potentially delaying exiting in an emergency more than an acceptable time. Indings on June 13, 2019:  200 Hall Cottage 2 Entrance - the delayed ress locked doors do not have the required, adily visible sign mounted on the door near the ease device that reads "PUSH UNTIL ALARM DUNDS. DOOR CAN BE OPENED IN 15 ECONDS".  Dusekeeping and Furnishings-Clean, Repaired ECTION .0300 - PHYSICAL PLANT A NCAC 13F .0306 HOUSEKEEPING AND JRNISHINGS  Adult care homes shall:  That have molks, ceilings, and floors or floor verings kept clean and in good repair;  This Rule shall apply to new and existing cilities.  The Rule is not met as evidenced by:  Based on observation, the building echanical systems are not kept clean and in	FDEFICIENCIES 20RRECTION (X1) PROVIDER/SUPPLIER/CLIA A BUILDING:  HAL041074 B. WING GREENSBORO ST25 MICHAUX ROAD GREENSBORO GREENSBORO GREENSBORO, NC 2 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG  Intinued From page 1  Based on observation and interview with aff, the facility failed to meet the Code quirements in effect at the time of construction alteration by not having all the required mponents for doors equipped with Delayed gress locking arrangements. This could affect by potentially delaying exiting in an emergency more than an acceptable time. Indings on June 13, 2019: 200 Hall Cottage 2 Entrance - the delayed ress locked doors do not have the required, addity visible sign mounted on the door near the ease device that reads "PUSH UNTIL ALARM DUNDS. DOOR CAN BE OPENED IN 15 CONDS".  PUSH DOOR CAN BE OPENED IN 15 CONDS".  PUSH PUSH UNTIL ALARM DUNDS. DOOR CAN BE OPENED IN 15 CONDS".  PUSH SECTION .0300 - PHYSICAL PLANT A NCAC 13F .0306 HOUSEKEEPING AND JRNISHINGS (Adult care homes shall: have walls, ceilings, and floors or floor verings kept clean and in good repair; have no chronic unpleasant odors; have furniture clean and in good repair; have no chronic unpleasant odors; have furniture clean and in good repair; have no chronic unpleasant odors; have furniture clean and in good repair; have no chronic unpleasant odors; have furniture clean and in good repair; have no chronic unpleasant odors; have furniture clean and in good repair; have no chronic unpleasant odors; have furniture clean and in good repair; have no chronic unpleasant odors; have furniture clean and in good repair; have no chronic unpleasant odors; have furniture clean and in good repair; have no chronic unpleasant odors; have furniture clean and in good repair; have no chronic unpleasant odors; have furniture clean and in good repair. This Rule shall apply to new and existing clifties.	A BUILDING: 01  HALO41074  B. WING  JUDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  5125 MICHAUX ROAD  GREENSBORO  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  DITILITY OR LSC IDENTIFYING INFORMATION  DITILITY OR LSC IDENTIFY INFORMATION  CE 101  DITILITY OR LSC IDENTIFY INFORMATIO	CALL DATE   COMPENSURPLIENCIAN   DATE   COMPENSURPLENCIAN   DATE   COMPEN

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MI II TIDI	E CONSTRUCTION	(X3) D∆T⊑	SURVEY
	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			, DOILDING.			
		HAL041074	B. WING		06/1	3/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
CDDING	ADDOD OF OBERNO	5125 MIC	HAUX ROAD			
SPRING	ARBOR OF GREENS	GREENS GREENS	BORO, NC 2	7410		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 164	Continued From pa	ge 2	C 164			
	accumulation of ducc. MCU Soiled Lir with its radiation da accumulation of ducd. MCU Clean Lin radiation damper had of dust/lint.  e. MCU Beauty shout of the ceiling.  f. MCU Kitchen-tof the ceiling.  2. Based on obse not kept clean and Findings on June 1: a. 100 Hall near Estained.  3. Based on obse not kept clean and Findings on June 1: a. 100 Hall near Estained.	st/lint. sen - the ventilation system imper has an excessive st/lint. en - the HVAC return with its as an excessive accumulation hop- the exhaust fan is falling the HVAC return is falling out rvation, the building floors are in good repair. 3, 2019: sedroom 133 - the carpet is rvation, the building walls are in good repair.				
C 166	Housekeeping-Mair	ntained Free of Hazards	C 166			
	orderly manner, fre hazards;	06 HOUSEKEEPING AND				
	This Rule is not me 1. Based on obse	et as evidenced by: rvations, this facility has failed				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		HAL041074	B. WING		06/1	3/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SPRING	ARBOR OF GREENS	RORO	HAUX ROAD			
(VA) ID	STAMMAD V STA	TEMENT OF DEFICIENCIES	BORO, NC 2	PROVIDER'S PLAN OF CORRECTION	)N	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 166	Continued From pa	ge 3	C 166			
	Room entry door have findings on June 1 a. Bedroom 227 - door handle is dam jagged edge to all. b. Bedroom 229 -					
C 185	Fire Safety-Rehear	sals on Each Shift	C 185			
	quarterly on each s requirement of the Enforcement Officia (c) Records of rehe and copies furnishe social services ann include the date an shift, staff members description of what	op PLAN FOR rehearsals of the fire plan hift in accordance with the local Fire Prevention Code				
	Executive Director/. Director/Technician rehearsals are not lat least one per shi Findings on June 1 a. In the 1st quart rehearsals occurred	ord review and interview with Administrator/Maintenance /Manager, fire safety peing performed regularly with ft for each quarter. 3, 2019: er for the last 12 months, no d during 2nd shift. er for the last 12 months, no				

DIVISION	of Health Service Re	guiation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01	COMP	LETED
		HAL041074	B. WING	<del> </del>	06/1	3/2019
NAME OF I		OTDEET AD		274TE 7ID 00DE		
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SPRING	ARBOR OF GREENS	RORO	HAUX ROAD			
		GREENSI	BORO, NC 2	7410		1
(X4) ID		TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
C 185	Continued From pa	ge 4	C 185			
0 100	•		0 100			
		er for the last 12 months, no				
	rehearsals occurred	d during 2nd and 3rd shifts.				
C 189	Building Equipment	: Maintained Safe, Operating	C 189			
	OFOTION OOO	NINOLOAL DI ANIT				
	SECTION .0300 - F					
	10A NCAC 13F .03 REQUIREMENTS	11 OTHER				
		d all fire safety, electrical,				
		umbing equipment in an adult				
		maintained in a safe and				
	operating condition					
		apply to new and existing				
		ception of Paragraph (e)				
	which shall not app	ly to existing facilities.				
	This Dule is not as	at an aviidamaad buu				
	This Rule is not me					
		rvation, the building's ent was not maintained in a				
		condition. This would affect all				
		emptly find their way to an exit				
	during an emergen					
	Findings on June 1					
		/ - the ceiling-mounted				
	self-contained eme	rgency light did not illuminate				
		hen the test button is pushed.				
		lousekeeping and Sitting Area				
		ot illuminate on backup power				
	when tested.	wall mounted self centained				
		wall-mounted self-contained I not illuminate on backup				
	power when the tes					
		are two wall-mounted				
		rgency lights that did not				
		p power when the test buttons				
	are pushed.					
		all-mounted self-contained				

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emergency light did not illuminate on backup

<u>Division</u>	<u>of Health Service Re</u>	egulation					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		HAL041074	B. WING		06/1	3/2019	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
SPRING	ARBOR OF GREENS	BORO	HAUX ROAD BORO, NC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 189	emergency light is read has no light output or pushed. g. 300 Hall near Sign did not illuminatested. h. 200 Hall Cottag self-contained combight unit did not illuminatested that the test button is putted.  2. Based on obsemaintained in a safe because exit doors usage of exits. This staff and visitors if their way to an exit Findings on June 13 a. 100 Hall Back Ea sign that reads "VEXIT", but this is a provide a path of eg.  3. Based on obsemaintained in a safe because the door(s smoke barrier did not or restrict fire and s residents, staff, and smoke of the fire in Findings on June 13 a. Smoke Barrier leaf, of the double-cell.	at button is pushed.  Ing -the self-contained making a buzzing sound and when the test button is  Sitting Area bulkhead - the exit ate on backup power when  Ing 2 Entrance - the bination exit sign/emergency minate on backup power when Inshed  Invation, the Building was not the and operating condition, have signage that deters to would affect all residents, they could not promptly find during an emergency.  Institute this exit is equipped with Varning! THIS IS NOT AN Inmarked exit, required to Ingress for the 100 hall.  Invation, the Building was not the and operating condition, In protecting the opening in the ot close completely and latch moke. This could affect all It visitors by not containing the the compartment of origin.	C 189	DEFICIENCY)			
	4. Based on obse	rvation, the smoke tight					

6899

corridor doors are not maintained in a safe and

If continuation sheet 6 of 11

DIVISION	of Health Service Re	guiation	_			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01	COMP	LETED
		HAL041074	B. WING		06/1	3/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		5125 MIC	HAUX ROAD			
SPRING	ARBOR OF GREENS	RORO	BORO, NC 2			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	)N	(X5)
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
	_			,		
C 189	Continued From pa	ge 6	C 189			
	operating condition.					
	Findings on June 1					
	a. 100 Hall Library	/ - the corridor door does not				
	latch into its frame					
	_	the right set of corridor doors,				
		open devices release on fire e not coordinated so the				
	,	before the active leaf for				
	doors to latch prope					
		oom - the corridor door hits its				
		more than normal effect and				
	force close the doo	r.				
	maintain the electric operating condition. Findings on June 13 a. Bedroom 122 - without integral ove attached to an elect b. Kitchen Electric stored in front of the required 36-inches	3, 2019: a multiple plug adaptor, rcurrent protection, is trical power receptacle. cal Room - a food warmer is e electrical panels, limiting the by 30-inches minimum clear iciency corrected before				
	safety was not mair condition. This coul not contained in roc Findings on June 13 a. Kitchen Electric here is a gap aroun penetrates the fire-rassembly.  b. Public Restroor base of the ventilati					

Division of Health Service Regulation

STATE FORM 6899 Y2JI21 If continuation sheet 7 of 11

Division	<u>of Health Service Re</u>	egulation				
AND DLAN OF CORRECTION INTERPRETATION NUMBERS		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
, WAD I LAIN	O. CONNECTION	DENTI TOATTON NOMBER.	A. BUILDING: <b>01</b>		CONF	,
		HAL041074		B. WING		3/2019
					1 00/1	312013
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SPRING	ARBOR OF GREENS	BORO	HAUX ROAD			
	OLIMANA DV. OTA		BORO, NC 2		DNI.	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 7	C 189			
	assembly. c. 300 Hall Mech the perimeter of an as it penetrates the assembly. d. 300 Breezeway around the refrigera penetrates the fire- assembly. e. Al Laundry Rod around the refrigera penetrates the fire- assembly.  8. Based on Obse not maintained in a This affects all by n in the room of origin Findings on June 15	room - there is a gap around access door not firestopped fire-resistance-rated wall  Mech Room - there is a gap and line not firestopped as it resistance-rated ceiling  m Mech - there is a gap and line not firestopped as it resistance-rated ceiling  ervation, the corridor doors are safe and operating condition. ot containing smoke and fire in.  3, 2019:	C 109			
	holding the door op release of the door door, to close and lab. Beauty Shop - the holding the door op	the corridor door has a wedge en. This prevents the rapid with a light push or pull of the				
	c. MCU Med Stati wedge holding the or rapid release of the of the door, to close d. Al Laundry - the fire-resistance-rate hanger and plastic. This prevents the ralight push or pull of	door open. This prevents the door open. This prevents the door with a light push or pulle and latch. door in the 1-hour dwall is tied open with a coat bag holding the door open. Apid release of the door with a the door, to close and latch.				
	being maintained in	rvations, the Building is not a safe and operating sprinkler heads have become				

	of Health Service IN				I	ı	
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01	COMP	LETED	
1		HAL041074	B. WING		06/4	3/2019	
		IIAEV41V/4			1 00/1	314013	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
ODDING	ADDOD OF OBSESSO	5125 MICH	HAUX ROAD				
SPRING	ARBOR OF GREENS	BORO GREENSE	BORO, NC 2	7410			
(X4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	)N	(X5)	
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIES	PRIATE	DATE	
				DEFICIENCY)			
C 189	Continued From pa	ne 8	C 189				
0 100	·		0 .00				
		uld affect all if the fire sprinkler					
	discharge pattern c	annot reach all areas of a					
	room.						
	Findings on June 1						
	-	- a large inflatable disk is					
		inimum 18-inch clearance					
	area below the fire						
		cal Room - items are stored					
		18-inch clearance area below					
	the fire sprinkler de	flector.					
		rvation, the Building Sprinkler					
		aintained in a safe and					
		. This could affect all					
		d visitors if smoke/fire is not					
	contained in the roo						
	Findings on June 1						
		Porch - the fire sprinkler head					
		cheon plate, exposing an					
		e fire-resistance-rated ceiling					
		ad of smoke and heat.					
		n - there are two escutcheon					
		inklers that have dropped					
		resistance-rated ceiling					
		that allows the spread of					
	smoke and heat.						
		escutcheon plate on the fire					
	sprinkler has dropp						
		d ceiling exposing an opening					
		ead of smoke and heat.					
		ge 2 Lounge - the					
		sprinkler dropped down below					
		te on the fire-resistance-rated					
		opening that allows the					
	spread of smoke ar	nd heat.					
C 191	Unvented & Portab	le Elec. Heaters Prohibited	C 191				
	SECTION 0300 - F	PHYSICAL DLANT					

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION <b>01</b>	(X3) DATE COMP	SURVEY LETED
		HAL041074	B. WING		06/1	3/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SPRING	ARBOR OF GREENS	BORO	HAUX ROAD BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
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 exwhich shall not appoint the use of padult Care Home. Staff, and visitors if a fire. The danger i combustible materi Findings on June 1	a heating system sufficient to as F (24 degrees C) under tions. In addition, the y to heaters and cooking burning room heaters and aters are prohibited. apply to new and existing apply to new and existing apply to existing facilities. But as evidenced by:  ervation, the facility failed to coortable electric heaters in an of this could affect residents, heater is the ignition source of an is near.  3, 2019: ers Office - a portable electric	C 191			
C 199	provided with exhautwo cubic feet per rrequirement does r	PHYSICAL PLANT 11 OTHER  ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed with natural ventilation in inces: rage; toilet rooms;	C 199			

DIVISION	of Health Service Re	eguiation			T	
	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	D PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	01	COMP	LETED
		HAL041074	B. WING		06/1	3/2019
		111.12011011	<u>I</u>		00/1	0/2010
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SDDING	ARBOR OF GREENS	BOPO 5125 MIC	HAUX ROAD			
SFIGNO	ANDON OF GILLING	GREENS	BORO, NC 2	7410		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX		/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIAIE	DATE
				,		
C 199	Continued From pa	ige 10	C 199			
	(5) laundry area.					
		apply to new and existing				
		ception of Paragraph (e)				
		ly to existing facilities.				
		,				
	This Rule is not me	et as evidenced by:				
	<ol> <li>Based on Obset</li> </ol>	ervation and testing with a thin				
		icility failed to maintain the				
		n proper working order. This				
		dents, staff, and visitors by				
	preventing the exha					
	Findings on June 1					
		the required exhaust				
	ventilation system of	ie required exhaust ventilation				
	system does not we					
		yee Lounge Restroom - the				
		entilation system does not				
	work.	entilation system does not				
	WOTK.					