PRINTED: 10/26/2023 FORM APPROVED

Division of Health Service Regulation

(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 HAL041081 09/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3823 LAWNDALE DRIVE RICHLAND PLACE** GREENSBORO, NC 27455 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Biennial Construction Survey conducted by Tod Hancock on September 20, 2023. This facility was first licensed as a Home for the Aged on January 16, 1996. The facility is currently licensed as a 70 bed Special Care Unit. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes and the 1996 North Carolina State Building Code-Section 409-Institutional, Unrestrained Occupancy; built as Type V-Protected construction. Deficiencies were noted which will require a plan of correction. C 111 Must Have Current San. & Fire Safety Reports C 111 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review and interview with staff, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this rule. Findings September 20, 2023: a. There were no records available to indicate the Fire Alarm system had been inspected.

Division of Health Service Regulation

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

TITLE (X6) DATE

PRINTED: 10/26/2023 FORM APPROVED

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01	(X3) DATE SURVEY COMPLETED
		HAL041081	B. WING	09/20/2023
NAME OF PROVIDER OR CURRUER				

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

RICHLAND PLACE

3823 LAWNDALE DRIVE GREENSBORO. NC 27455

RICHLAND PLACE GREENSBORO, NC 27455					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
C 189	Continued From page 1	C 189			
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 buildings plumbing system is not maintained in a safe manner.				
C 199	Findings September 20, 2023: a. Kitchen- The ice machine drain does not have the required 2 inch air gap.	C 199			
0 199	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)	C 199			

Division of Health Service Regulation

STATE FORM 6899 6PTX21 If continuation sheet 2 of 3

PRINTED: 10/26/2023 FORM APPROVED

Division of Health Service Regulation

	HAL041081			(X3) DATE SURVEY COMPLETED				
	TALU4 100 I	B. WING		09/20/2023				
NAME OF PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, S	STATE, ZIP CODE					
3823 I AWNDALE DRIVE								
RICHLAND PLACE GREENSBORO, NC 27455								
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETE				
C 199 Continued From pa	age 2	C 199						
which shall not app	oly to existing facilities.							
1.Observation reversal maintain exhaust of Lack of ventilation humidity that can of prevent the dissipation findings September a. Laundry- The explosion by Lack Hall/Staff I working. c. Back Hall/Soiled working.								

6899

Division of Health Service Regulation STATE FORM

6PTX21 If continuation sheet 3 of 3