

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/08/2023
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NAME OF PROVIDER OR SUPPLIER THE ARBORETUM AT HERITAGE GREENS	STREET ADDRESS, CITY, STATE, ZIP CODE 709 MEADOWOOD STREET GREENSBORO, NC 27409
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(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 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Tod Hancock, conducted on November 8, 2023.</p> <p>Records indicate this facility was first licensed as a Home for the Aged, on March 11, 1998. The facility is currently licensed as a Sixty-Six (66) bed Special Care Unit. Based on this information, we are requiring the facility to meet the 1996 Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 Edition of the North Carolina State Building Code, Section 409.1, Group I Unrestrained Occupancy.</p> <p>Deficiencies were cited that require a Plan of Correction</p>	C 000		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the building fire safety components were not maintained in a safe and effective condition. This could expose all to fire/smoke if not contained in the room of origin. Findings on November 8, 2023:</p>	C 189		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

B5GE21

If continuation sheet 1 of 2



EVS Director

Division of Health Service Regulation

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C 189	<p>Continued From page 1</p> <p>a. C-D Hallway- Electrical Room- There is a hole in the rated wall assembly. b. B Hall- Electrical Room- There is a hole in the rated ceiling assembly.</p> <p>2. Based on observation, the building's emergency equipment was not maintained in a safe and operable manner. Findings on November 8, 2023: a. Room A-10- The mag lock override box is not secured to the wall.</p>	C 189	<p>Repaired all necessary Sheetrock as requested.</p> <p>Re-secured mag lock Override box to the wall as requested.</p>	<p>12/5/2023</p> <p>12/6/2023</p>