

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2016
NAME OF PROVIDER OR SUPPLIER GREENSBORO RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3301 GAR PLACE GREENSBORO, NC 27406		
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C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller on June 9 2016. Records indicate this facility was Licensed on January 10, 1990 as a Home for the Aged. The facility is currently licensed for 64 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1978 (Revision 10) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1987 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. Deficiencies were noted which require a Plan of Correction.	C 000		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that commodes, tubs and showers are equipped with stable hand grips. This deficiency affects all residents who use these unstable fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on June 9, 2016:	C 133		

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

TITLE

(X6) DATE

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C 133	Continued From page 1 a. Bedroom 212 - the commode's back hand grips (grab bar) was loose. b. Shower Room - the L shape grip (grab bar) had one of its support rusted away.	C 133		
C 135	Bathrooms-Not to Be Utilized for Storage SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (10) Resident toilet rooms and bathrooms shall not be utilized for storage or purposes other than those indicated in Item (4) of this Rule; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that resident toilet rooms and bathrooms are not utilized for storage or purposes other than those indicated in the Rule. This deficiency affects all residents and staff who would not have the fixtures and/or space for the services needed. Findings on June 9, 2016: a. Restroom near Activity - this area was being used to store supplies, wheelchairs and other devices.	C 135		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;	C 160		

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C 160	Continued From page 2 This Rule is not met as evidenced by: 1. Based on observation, the outside grounds were not maintained in a clean and safe condition. This could affect all residents, staff and visitors if the grounds are not free of obstructions, tripping hazards or have equipment in disrepair. Findings on June 9, 2016: a. Courtyard on 200 Hall - vegetation has taken over the unlocked gate, requiring extra force to open the gate.	C 160		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings kept clean and in good repair. Findings on June 9, 2016: a. Bedroom 403 - the bottom part of the wall was being torn-up with a Hoyer lift.	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and	C 166		

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C 166	Continued From page 3 orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment free of hazards by not maintaining the HVAC/ventilation grilles and their associated dampers. This could affect all residents, staff and visitors if in the event of a fire the dampers do not close completely to contain the fire within the room of origin. Findings on June 9, 2016: a. Entire Facility - the HVAC return and ventilation grilles with their radiation dampers have an excessive accumulation of dust/lint. 2. Based on Observation, a hazard was present due to the possibility of the backflow of contaminated water into the domestic water supply. Findings on June 9, 2016: a. Exterior Can Wash - the cold water hose bib did not have a vacuum breaker. 3. Based on Observation, the Building was not maintained free of hazards, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on June 9, 2016: a. Utility Closet - two portable medical oxygen cylinders were stored standing not secured to the structure. b. Executive Directors Office - two portable medical oxygen cylinders were stored standing not secured to the structure.	C 166		

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C 166	Continued From page 4 c. Bedroom 402 - two portable medical oxygen cylinders were stored standing not secured to the structure.	C 166		
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This would affect all residents, staff and visitors by not identifying emergency equipment not in proper working order. Findings on June 9, 2016: a. Entire Building - since the annual maintenance, performed in April 2016, there has been no documentation of the portable fire extinguisher's monthly inspections.	C 183		
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to	C 188		

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C 188	Continued From page 5 maintain in a safe manner, the electrical power receptacles in wet areas. This would affect all residents, staff and visitors by not providing ground fault protection to these devices. Findings on June 9, 2016: a. Shower Room - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip with a push of the test button and when tested with a circuit tester.	C 188		
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 and testing, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during power outages and there is no other illumination available. Findings on June 9, 2016: a. Activity Room - the wall-mounted self-contained emergency light did not provide a minimum of one footcandle of illumination at the floor level when the test button was pushed.	C 189		

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C 189	Continued From page 6 b. Activity Room - one of the headlight supports on the wall-mounted self-contained emergency light was broken and could not be aimed to cover the required area. c. Corridor outside Activity Room - the wall-mounted self-contained emergency light did not provide a minimum of one footcandle of illumination at the floor level when the test button was pushed. d. Corridor near Beauty Shop - the wall-mounted self-contained emergency light did not work on backup power when the test button was pushed. e. Living Room - the wall-mounted self-contained emergency light did not work on backup power when the test button was pushed. f. Corridor between bedrooms 104 & 106 - the wall-mounted self-contained emergency light did not work on backup power when the test button was pushed. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the exit signs did not work properly, relay directional information properly or were missing. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on June 9, 2016: a. Exit between Business Office and Bedroom 308 - the exit sign did not work on backup power when tested. b. Dining Room near Tapestry - the exit sign did not work on backup power when tested. c. Kitchen Exterior Door - the exit sign did not work on backup power when tested. d. Cross-Corridor Doors near Dining - the exit sign did not have backup power. e. Cross-Corridor Doors near Bedroom 201 - the exit sign did not have backup power.	C 189		

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C 189	Continued From page 7 f. Chapel - the exit sign was not working on normal power. g. 200 Hall Exterior Exit - the exit sign did not work on backup power when tested. h. Corridor near Living Room - the exit sign did not work on backup power when tested. i. Living Room - the exit sign did not work on backup power when tested. 3. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps around penetration through the fire-resistance-rated construction. These breaches invalidate the fire-resistance-rated construction's integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on June 9, 2016: a. Furnace Room next to Activity Room - there were gaps around refrigerant lines penetrations through the fire-resistance-rated ceiling assembly. b. Dining Utility Closet - there was a gap around a cable penetration through the fire-resistance-rated ceiling assembly. c. Commercial Kitchen Hood's Fire Extinguishing System - there were gaps around conduit penetrations through the fire-resistance-rated ceiling assembly. 4. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documented required to ensure a properly working system. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed.	C 189		

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C 189	Continued From page 8 Findings on June 9, 2016: a. Kitchen -Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in November 2015, there has been no record keeping of the monthly inspections. b. Kitchen - the cooking devices under the commercial kitchen hood did not have an automatic gas cutoff valve. 5. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings through the fire-resistance-rated construction. This could affect all residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on June 9, 2016: a. Business Office - the fire sprinkler escutcheon plate had dropped down from the ceiling. b. Kitchen - the fire sprinkler escutcheon plate had dropped down from the ceiling. c. Clean Linen - the fire sprinkler escutcheon plate had dropped down from the ceiling. d. Bedroom 202 - the fire sprinkler escutcheon plate had dropped down from the ceiling. e. Bedroom 103 - the fire sprinkler escutcheon plate had dropped down from the ceiling. f. Utility Room with Hopper - the fire sprinkler escutcheon plate had dropped down from the ceiling. 6. Based on Observation, the Building was not maintained in a safe and operating condition, because some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all	C 189		

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C 189	Continued From page 9 residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on June 9, 2016: a. Business Office - the corridor door had a mechanical kick-down holding the door open. 7. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to door leafs not fitting into their frames with acceptable gaps under normal operating conditions. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on June 9, 2016: a. Activity Room - the corridor door hits the floor, preventing it from closing and latching without extra force. b. Women across from Beauty Shop - the corridor door hits its doorframe, preventing it from closing and latching without extra force. c. Bedroom 103 - the corridor door hits the floor, preventing it from closing and latching without extra force. 8. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components fail to function as originally intended. This could affect all residents, staff and visitors if insects, vermin or weather can enter the building or a component does not work Findings on June 9, 2016: a. Dining Room Exterior Exit - the door hits the threshold, preventing it from closing and latching without extra force. 9. Based on observation, the facility fire resistance rated components have not been maintained safe and operating condition because	C 189		

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C 189	Continued From page 10 the corridor doors are not smoke resisting. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on June 9, 2016: a. Bedroom 303 - the corridor door did not latch into its frame when closed.	C 189		
C 199	Exhaust Ventilation 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) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on June 9, 2016: a. Dining Utility Closet - the local exhaust ventilation system did not work, allowing a build-up of odors. b. Bedroom 407 Bathroom- the local exhaust	C 199		

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C 199	Continued From page 11 ventilation system did not work, allowing a build-up of odors. c. Bedroom 202 Bathroom - the local exhaust ventilation system did not work, allowing a build-up of odors. d. Mop Room - the local exhaust ventilation system did not work, allowing a build-up of odors.	C 199		