

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2016
NAME OF PROVIDER OR SUPPLIER GREENBRIER OF FAIRMONT		STREET ADDRESS, CITY, STATE, ZIP CODE 703 S. WALNUT STREET FAIRMONT, NC 28340		
(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}	Initial Comments This report is of a Followup Survey by Bob Getchell on September 7, 2016. The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.	{C 000}		
{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 keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Followup Findings on September 7, 2016 include: m. Bedroom 319 - the chest-of-drawers was missing some handles. o. Bedroom 109 - the chest-of-drawers had some loose handles. p. Bedroom 114 - the chest-of-drawers had some loose handles. r. Bedroom 317 - the Bathroom door hits its frame.	{C 164}		
{C 166}	Housekeeping-Maintained Free of Hazards	{C 166}		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2016
NAME OF PROVIDER OR SUPPLIER GREENBRIER OF FAIRMONT		STREET ADDRESS, CITY, STATE, ZIP CODE 703 S. WALNUT STREET FAIRMONT, NC 28340		
(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 166}	Continued From page 1 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and 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 maintain the building in an uncluttered, clean and orderly manner, free of all obstructions and hazards Followup Findings on September 7, 2016 include: a. Entire Building - the HVAC return and ventilation grilles with their radiation dampers have an excessive accumulation of dust/lint and my not close properly in an emergency.	{C 166}		
{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 Sprinkler	{C 189}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2016
NAME OF PROVIDER OR SUPPLIER GREENBRIER OF FAIRMONT		STREET ADDRESS, CITY, STATE, ZIP CODE 703 S. WALNUT STREET FAIRMONT, NC 28340		
(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 2 System was not maintained in a safe and operating condition. Followup Findings on September 7, 2016 include: b. Bedroom 302 - in the Corridor Side Closet the fire sprinkler escutcheon plate was missing, exposing openings through the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke. c. AL Activity Room - in the Closet the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling. allowing the spread of fire and smoke 4. Based on observations, the fire safety was not maintained in a safe and operating condition. Followup Findings on September 7, 2016 include: a. Left Smoke Barrier - the back leaf's door closure was not attached, allowing the spread of fire and smoke. b. Left Smoke Barrier - the back leaf hit its frame and will not close and latch, allowing the spread of fire and smoke. c. Attic Smoke Barrier wall near Bedroom 114 - there was a gap around a pipe not firestop as it penetrate the fire-resistance-rated smoke barrier wall, allowing the spread of fire and smoke. d. Attic Smoke Barrier wall near Bedroom 114 - there was a gap around a cable not firestop as it penetrate the fire-resistance-rated smoke barrier wall, allowing the spread of fire and smoke. e. Attic Smoke Barrier wall near Bedroom 202 - there was a gap around a pipe not firestop as it penetrate the fire-resistance-rated smoke barrier wall, allowing the spread of fire and smoke. f. Attic Smoke Barrier wall near Bedroom 202 - there was a gap around a cable not firestop as it	{C 189}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2016
NAME OF PROVIDER OR SUPPLIER GREENBRIER OF FAIRMONT		STREET ADDRESS, CITY, STATE, ZIP CODE 703 S. WALNUT STREET FAIRMONT, NC 28340		
(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 3 penetrate the fire-resistance-rated smoke barrier wall, allowing the spread of fire and smoke. g. Attic Smoke Barrier wall near Dinning - there were gaps around six 2 ½ PVC not firestop as it penetrate the fire-resistance-rated smoke barrier wall, allowing the spread of fire and smoke. h. Attic Draft wall near Kitchen - there were gaps around six 2 ½ PVC not sealed as it penetrate the Draft wall, allowing the spread of fire and smoke. k. Hopper Room - there was a hole not firestop as it penetrate the fire-resistance-rated smoke barrier wall, allowing the spread of fire and smoke. 5. Based on Observation, the Building was not maintained in a safe condition. Followup Findings on September 7, 2016 include: a. Bedroom 206 - the new resident's family tied open the corridor door, a device that does not release with a push or pull of the door.	{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	{C 199}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2016
NAME OF PROVIDER OR SUPPLIER GREENBRIER OF FAIRMONT		STREET ADDRESS, CITY, STATE, ZIP CODE 703 S. WALNUT STREET FAIRMONT, NC 28340		
(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 199}	Continued From page 4 (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: 2. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. Followup Findings on September 7, 2016 include: a. Housekeeping near Bedroom 212 - the local exhaust ventilation system did not work, allowing a build-up of odors.	{C 199}		