

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 R 08/10/2016
NAME OF PROVIDER OR SUPPLIER GREENSBORO RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3301 GAR PLACE GREENSBORO, NC 27406		
(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 Report of a Follow-Up Construction Survey by Ed Miller on August 10, 2016. The following deficiencies cited during the Biennial Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction.	(C 000)	In Section .300 10A NCAC 13F.0305 the hand grip in the shower room has been replaced and fixed as of 9-9-16 the whole bar at the shower was taken down and replaced with new one.	
(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 August 10, 2016: b. Shower Room - the L shape grip (grab bar) had one of its support rusted away.	(C 133)		
(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	(C 189)		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6550

DWOH22

administrator

9-21-16

If continuation sheet 1 of 3

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(C 189)	Continued From page 1 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 August 10, 2016: 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.	(C 189)	In Section .300 10A NCAC 13F.0311 on the Emergency lighting back-up power lights right outside activity room. The light was replaced with new led battery back-up emergency light as of 9-1-16		
(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)	In section .0300		

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(C 199)	Continued From page 2 (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 August 10, 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 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)	10A NCAC 13F.0311 Contacted A.O.F. Electrician and two motors have been sent off to be fixed should have them back and in place by no later than October 28th 2016		

- o What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- o How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- o Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State. Any completion date greater than 15 days from date of survey requires a written waiver from DHSR-Construction Section.
 - Corrective action must begin immediately

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

If you have any questions concerning the instructions contained in this letter, please contact me.

Sincerely,

Ed Miller

Ed Miller
Architect
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
City Building Inspection Department - with attachment
Guilford County DSS - with attachment