

PRINTED: 09/08/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED R 08/10/2016
NAME OF PROVIDER OR SUPPLIER LAWSON'S ADULT ENRICHMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1319 WOODBRIAR AVENUE GREENSBORO, NC 27405			
(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}	SEE ATTACHMENT FOR ALL ENTRIES		
{C 164}	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 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 August 10, 2016: a. Corridors Throughout the Facility - the VCT floor covering was dirty, especially at the intersection with the walls and around the doorframes, where there was a build-up of wax and dirt. b. Dining Room - the VCT floor covering was dirty, especially at the intersection with the walls, and around the doorframes, where there was a build-up of wax and dirt. c. Bathing - the plastic laminate edge band on the counter mounted sink was coming off. g. Bedroom 1 Restroom - the plastic laminate sink counter was all scratched-up.	{C 164}			

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

David Ancrum

TITLE

Manager

(X6) DATE

9/19/2016

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED R 08/10/2016
NAME OF PROVIDER OR SUPPLIER LAWSON'S ADULT ENRICHMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1319 WOODBRIAR AVENUE GREENSBORO, NC 27405		
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Lawson Adult Enrichment Center



1319 Woodbriar Avenue
Greensboro, N.C. 27405
Phone: (336) 273-0017
Fax: (336) 273-0964

September 19, 2016

Ed Miller
Architectural Engineering Technician
DHSR – Construction Section

Re: Lawson Adult Enrichment Center HA Biennial Survey
1319 Woodbriar Avenue
Greensboro Guilford County
FID #944966 HAL 041-015

Attachment #1

C 164 Housekeeping and Furnishings-Clean, Repaired

- a. Corridors stripped of dirt and old wax around door frames and close to walls. Rewaxed. (Completion 9-22-16) Facility maintenance will insure all floors are kept cleaned and waxed.
- b. Dining Room – Floor stripped of old wax and cleaned. Rewaxed. (Completion 9-22-16) Facility maintenance will insure all floors are kept cleaned and waxed.
- c. Plastic laminate edge band on sink in residents' big bathroom repaired. (Completed 9-22-16) Facility staff will insure all furnishings are kept in good repair and will report any damage to Facility Manager.
- g. Bedroom #1 restroom laminate on sink scratched. Restroom sink counter repaired (Completed 9-22-16) Facility staff will insure all furnishings are kept in good repair and will report any damage to Facility Manager.