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	HAL041072	A. BUILDING: **01** B. WING _____	**10/21/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON OAKS	**3004 DEXTER AVENUE GREENSBORO, NC 27407**

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C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller and Billy Bryant on October 21, 2016. Records indicate the original building on the left side of the firewall was built in 1949. Therefore this section must meet the 1971 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes. The rest of the facility was first licensed or submitted on December 1, 1978 as a Home for the Aged. The facility is currently licensed for 114 beds. Therefore the 1978 section of the facility must meet the 1977 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1978 North Carolina State Building Code, Revision 5, Section 409.1 (c), Institutional Occupancy- (I). Deficiencies were cited during the Survey and further action is required.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm",	C 101		

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C 101	Continued From page 1 copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction by not having all of the required components or procedures to properly operated doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s). Findings on October 21, 2016: a. Fire Alarm Control Panel - the special locking system's wiring diagram did not provide the electrical panel and circuit breaker number that energizes the system. 2. Based on observation and interview with SCU Staff, the facility failed to meet the Code requirements in effect at the time of construction by not having all of the required components or procedures to properly operate locked egress doors/gates. This could affect all occupants who would need to evacuate through these locked door(s)/gate(s). Findings on March 15, 2016: a. Med Room - the master emergency release switch for the special locking system was located in the locked Med Room. NC State Building Code requires the master emergency release switch to be at a Nurse's Station and any other control station responsible for the evacuation of the occupants which are manned 24 Hours. Because the Med Room is locked and not all staff responsible for the evacuation of occupants have keys the master emergency release switch should be located in a readily accessible location.	C 101		

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C 143	Continued From page 2	C 143		
C 143	Janitor's Closets-Locked SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having separate locked areas for substances that may be hazardous if ingested, inhaled or handled. This deficiency affects all residents, who my accidently use or come in contact with one of these hazardous substances. Findings on October 21, 2016: a. Housekeeping Closet near Courtyard 3-housed cleaning agents, bleaches, pesticides, and other hazardous substances and the door was not locked.	C 143		
C 148	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by:	C 148		

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C 148	Continued From page 3 1. Based on observation, the building was not providing handrails in the corridor that could support 250 pounds. This deficiency affects residents, staff and visitors who use unstable handrails by not providing increase safety, stability/balance, and maneuverability provide by these devices. Findings on October 21, 2016: a. Corridor near Maintenance Office - the handrail was loose, and may not support a 250 pound concentrated load.	C 148		
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 prevent chronic unpleasant odors. This would affect residents, staff and visitors by exposing them to an unpleasant environment. Findings on October 21, 2016: a. Soiled Linen near Bedroom 201 - the utility sink's plumbing trap had dried-up, allowing sewer gases to enter the Building. 2. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on October 21, 2016:	C 164		

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C 164	Continued From page 4 a. Kitchen - the Freezer had a deteriorated door seal that allowed cold air to escape and was condensing on the HVAC Grille and acoustic ceiling tiles before dripping down.	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 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 Building was not maintained free of hazards, because general maintenance was not being done or had not been completed. This could affect all residents, staff and visitors if items are broken or partially removed and left where they could injure all. Findings on October 21, 2016: a. Courtyard 2 - The concrete slab for the Courtyard has dropped at least 4 inches in the back left corner, cracking the slab. b. Courtyard 2 - The rain and roof runoff from the rain is funneling to this courtyard which has two small area drains that appear to not be capable of handling this amount of water as evident by water entering the building under the door. c. Courtyard 1 - The concrete slab for the Courtyard has dropped at least 1 1/2 inches in the back left corner, cracking the slab. d. Courtyard 1 - The rain and roof runoff from the rain is funnel to this courtyard which has two small area drains that may not be capable of	C 166		

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C 166	Continued From page 5 handling this amount of water as evident by water entering the building under the door. e. Fire/Smoke Barrier Right Side of Vending Area - the front leaf's electromagnetic hold open on the Cross-Corridor door was about to fall off the wall. f. Fire/Smoke Barrier near Bedroom 325 - the front leaf's electromagnetic hold open on the Cross-Corridor door was about to fall off the wall.	C 166		
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 provide electrical outlets in wet locations at sinks, bathrooms and outside of building with ground fault interrupters. This would affect residents, staff and visitors by not providing ground fault protection to these devices. Findings on October 21, 2016: a. Kitchen - the ground-fault circuit-interrupter (GFCI) electrical power receptacle above the sanitizing sink did not have electrical power and could not be tested for ground fault.	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	C 189		

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C 189	Continued From page 6 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 was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if the exit were blocked. Findings on October 21, 2016: a. Front Right Exit- this "Special Locking System" exit had an alarmed protective cover, over the emergency release toggle switch, which was taped shut. 2. Based on observation, the building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on October 21, 2016: a. Corridor across from Bedroom 319 - the wall-mounted self-contained emergency light did not illuminate on backup power when tested. b. Exterior Exits - the batteries suppling wall-mounted weatherproof emergency lights above the exterior door could not be found to test their backup power. c. Old Wing Ramp - there was no emergency lighting provided and the evacuation map directs you through this area. d. Basement Corridor from the Stair to Laundry - the combination self-contained exit sign and emergency light did not illuminate on backup	C 189		

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C 189	Continued From page 7 power when the test button was pushed. e. Fire/Smoke Barrier at the front side of the Activity Room - this Exit has no exit sign directing you to egress through these doors.. 3. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect residents, staff and visitors by not providing early detection and activating the fire alarm system. Findings on October 21, 2016: a. Linens near Bedroom 319 - the fire alarm system's heat smoke detector was dangling from the ceiling by its power/operational wires. 4. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke/fire barriers did not close completely and latch to restrict fire and smoke. This could affect all residents, staff and visitors by not containing the smoke of the fire in the compartment of origin. Findings on October 21, 2016: a. Fire/Smoke Barrier near Bedroom 203 - both leafs, of the double-egress cross-corridor doors, did not latch into their frame when the fire alarm system released the doors. b. Fire/Smoke Barrier at the front side of the Activity Room - the right leaf, of the double-egress cross-corridor doors, did not latch into its frame when the fire alarm system released the doors. c. Fire/Smoke Barrier Right Side of Vending Area - the back leaf, of the double-egress cross-corridor doors, did not latch into its frame when the fire alarm system released the doors. d. Fire/Smoke Barrier near Bedroom 407 - left leaf, of the double-egress cross-corridor doors, did not latch into its frame when the fire alarm	C 189		

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C 189	Continued From page 8 system released the doors even with the bottom rod latch's mounting bracket being held up. e. Fire/Smoke Barrier near Bedroom 407 - the left leaf bottom rod latch's mounting bracket was being supported by one screw, allowing the bracket to rotate and hit the floor propping the door open. f. Fire/Smoke Barrier near Bedroom 325 - both leafs, of the double-egress cross-corridor doors, did not latch into their frame when the fire alarm system released the doors. g. Fire/Smoke Barriers - 6 out of 6 fire/smoke barriers reviewed had penetration or holes not firestopped on both sides. 5. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, staff and visitors to fire/smoke if not contained in Room or compartment of origin Findings on October 21, 2016: a. Basement Laundry Chute Room - the door to this area was not equipped with a door closers required for fire-resistance-rated enclosures protecting verticle openings and the corridor door did not latch into its frame b. General Storage Room Closet near Bedroom 317 - there were missing acoustical ceiling tiles, part of the fire-resistance-rated roof/ceiling assembly. c. Copy Room -there were several broken acoustical ceiling tiles, part of the fire-resistance-rated roof/ceiling assembly. d. Old Wing Administrator Office - there were missing acoustical ceiling tiles, part of the fire-resistance-rated roof/ceiling assembly. e. Pantry - there was a hole through an acoustical ceiling tile and several broken acoustical ceiling tiles, part of the fire-resistance-rated roof/ceiling assembly.	C 189		

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C 189	Continued From page 9 f. Basement General Storage - there were many missing acoustical ceiling tiles, part of the fire-resistance-rated roof/ceiling assembly. g. Basement Loading Dock Storage - there were many missing acoustical ceiling tiles, part of the fire-resistance-rated roof/ceiling assembly. h. RCC Office - there was a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. i. Med Room - the ceiling had several HVAC grilles penetrating the fire-resistance-rated ceiling assembly without radiation damper or other forms of fire protection. j. Fire/Smoke Barriers - 6 out of 6 fire/smoke barriers reviewed had penetration or holes not firestopped on both sides. k. Main Floor Laundry Chute Room - had a four inch PVC pipe not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 6. Based on Observation, the Building was not maintained in a safe condition. This could affect residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on October 21, 2016: a. Basement Stair - the stair tower door was blocked open with a heavy bucket. b. Basement Laundry - the corridor door was blocked open with concrete block unit. c. Basement General Storage - the corridor door was blocked open with concrete block unit. d. Old Wing Administrator Office - the corridor door had a mechanical kick-down holding the door open. e. Old Wing Administrator Office - the corridor door had a hole through the door. 7. Based on observation, the electrical system was not being maintained safe.	C 189		

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C 189	Continued From page 10 Findings on October 21, 2016: a. General Storage Room near Bedroom 317 - an electrical receptacle with energized components, was missing its cover plate. b. Kitchen - an extension cord was being used to power the dishwasher. Extension cords cannot substitute for permanent wiring.	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 October 21, 2016: a. Soiled Linen near Bedroom 201 - the exhaust ventilation system did not work, allowing a build-up of odors. b. Women near Fire Alarm Control Panel - the	C 199		

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C 199	Continued From page 11 exhaust ventilation system did not work, allowing a build-up of odors.	C 199		