STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041079	A. BUILDING: **01** B. WING _____	**11/22/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VERRA SPRINGS AT HERITAGE GREENS	**803 MEADOWOOD STREET GREENSBORO, NC 27409**

(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 Construction Section Biennial Survey by Ed Miller conducted on November 22, 2016. Records indicate this facility was first licensed as a Home for the Aged on August 1, 1994. The facility is currently licensed for Forty-Five (45) Beds. Based on this information, we are requiring the facility to meet the 1993 Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1991 Edition of the North Carolina State Building Code, with 1993 Revision Section 409.1, Institutional Occupancy Group Deficiencies were cited that require a Plan of Correction.	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 prevent chronic unpleasant odors. This would affect residents, staff and visitors by exposing them to an unpleasant environment. Findings on November 22, 2016: a. Bedroom 120 - there was a strong pet odor that persisted during the Construction Survey.	C 164		

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C 164	Continued From page 1 2. Based on Observation, the Building was not maintained in good repair. Findings on November 22, 2016: a. Multiple Purpose Meeting Room - there was a chipped acoustical ceiling tile. b. Bathroom in Bedroom 107 - the connection of the commode to the floor was loose.	C 164		
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 interior doors were not maintained in a safe and operating condition. Findings on November 22, 2016: a. Kitchen to Dining Room - the door closest to the exterior wall requires extra force to close and latch the door. b. A Hall Front Smoke Barrier - the right cross corridor door leaf's hardware did not latch into its frame. 2. 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	C 189		

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C 189	Continued From page 2 Findings on November 22, 2016: a. Wellness Center - there was a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Main Electrical Room - there was a penetration of the fire-resistance-rated wall that was sealed with unapproved orange foam. c. Sprinkler Riser Room - there was a 3 inch hole not firestopped in the fire-resistance-rated ceiling assembly. d. Attic Smoke Barrier Wall - there were gaps around three cables not firestopped as they penetrated the fire-resistance-rated wall assembly. 3. Based on observation, the electrical system was not being maintained safe. Findings on November 22, 2016: a. Kitchen Exterior Entrance - the ground-fault circuit-interrupter (GFCI) electrical power receptacle had a ground prong broken off in its socket. 4. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on November 22, 2016: a. Kitchen - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. 5. Based on Observation, fire rated doors of hazardous areas were not being maintained in a safe and operating condition. Findings on November 22, 2016: a. Soiled Linen - the corridor door did not have a label denoting that the door was	C 189		

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C 189	Continued From page 3 fire-resistance-rated for 45 minutes. 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 November 22, 2016: a. A Hall Housekeeping - the corridor door had a wedge holding the door open, preventing the rapid release of the door with a push or pull of the door, to close and latch	C 189		
C 201	Newly Licensed Facilities-Call System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (i) In newly licensed facilities without live-in staff, an electrically operated call system shall be provided connecting each resident bedroom and bathroom to a staff station. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed. (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 electrically operated call system did not provide the ability to call for assistance when activated. This could affect all residents, and staff if the system fails to notify staff that assistance is requested. Findings on November 22, 2016: a. A Hall Residence Laundry - the call system's pull station did not notify staff.	C 201		

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