Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041003	A. BUILDING: 01 B. WING CONSTRUCTION SECTION	R 10/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENSBORO RETIREMENT CENTER	3301 GAR PLACE GREENSBORO, NC 27406

DEC 6 2016
RECEIVED

(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 Survey by Billy S. Bryant conducted on 10/28/2016. Deficiencies noted during the previous Follow Up Survey on 08/10/2016 remain to be corrected.	{C 000}	10A NCAC 13F .0311 The exhaust fans was diagnosed by A OK electrical company the two main vent motors had gone out they took the motors and sent them off to be fixed as of 11-20-16 we found out they cannot be fixed and nothing compatible was available so A ok electrical sent	
{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 10/28/2016: 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	{C 199}		

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{C 199}	Continued From page 1 build-up of odors. d. Mop Room - the local exhaust ventilation system did not work, allowing a build-up of odors.	{C 199}	out a Hvac Company to access the motors and re size and order new ones williams Heating and plumbing came out on 11-29-16 and got the sizes we need and have ordered the parts to fix I am hoping they get the job done by 12-24-16 due to parts could take a week to get their service plan is included	

WILLIAMS

PLUMBING HEATING & AIR CONDITIONING

www.williamspha.com

N.C. Lic. # 13248

275-1328
Fax 273-8246

1051 Grecade St.
Greensboro, N.C. 27408

Acct. # 3445 **Job No.** 265134 | 11-29-2016

OWNER'S NAME	Greensboro Retirement
ADDRESS	3301 Gar Place
CITY, STATE, ZIP	Greensboro N.C. 27406
JOB NAME	
ADDRESS	

OWNER'S PHONE #
BUSINESS PHONE
AUTHORIZATION
JOB PHONE
BUSINESS PHONE
CUSTOMER ORDER N

PROBLEM: Exhaust Fan Bad

DIAGNOSIS: Bad Exhaust fans

SOLUTION: Replace Fans & replace motors to the fans

1		DSQ-75 ▷ Greenleaf
		89I05121
		DSQ-90 ▷
S		89I05125
P		
X		
2		
S		
P		
X		Thank you
3		
S		
P		
X		
M		
L		
L		
T		

JOB COMPLETE ☐ YES ☐ NO

My signature below affirms that I hold Larry Williams Plumbing, Heating and Air Conditioning blameless for any fungi of any form such as mold, mildew, mycotoxins, spores, scents or by products produced or released by fungi resulting from repair, replacement or installation.

STICKERS ☐ YES ☐ NO

PERMIT REQUIRED ☐ YES

WORK AUTHORIZATION - PAYMENT OF THIS INVOICE / CONTRACT DUE UPON COMPLETION OF WC

I hereby authorize the work described above and agree to the terms and conditions as stated on both sides of this form. I recognize that aged and deteriorated plumbing fixtures, piping, existing wiring, chimney and other appurtenances may no longer be serviceable, and I agree to hold Larry Williams Plumbing, Heating & Air conditioning blameless for any damage or destruction to those items as a result of these conventional repair efforts. I agree to pay for all work, goods, and services received. I represent that I am either the owner of the property or the owner's agent, and have authority to order said work. service charge of 1-1/2% per month (18% per annum) will be charged on all balances 30 days or more past due.

SIGNATURE X

PAID BY ☐ Cash ☐ Check No. ☐ Visa ☐ Mastercard # Exp.

Service Technicians Signature Steve Wood

SIGNATURE X (I hereby acknowledge the satisfactory completion of the above described work.)

WARRANTY

- MATERIAL WE SUPPLY WARRANTED ACCORDING TO MANUFACTURE TERMS AND CONDITIONS UNLESS OTHERWISE SPECIFIED.
- WORKMANSHIP IS WARRANTED FOR 1-YEAR UNLESS OTHERWISE SPECIFIED.
- CUSTOMER MUST HAVE RECEIPT FOR WARRANTY.

WILL NOT BE RESPONSIBLE FOR DAMAGE DUE TO DEFECTIVE MATERIAL

I decline to have the work done at this time. Service charge will be paid.

X

SERVICE FEE	
TOTAL JOB	
LESS DEPOSIT	
AMOUNT DUE	