

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 12/13/2016
NAME OF PROVIDER OR SUPPLIER CRESCENT GREEN OF CARRBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 624 JONES FERRY ROAD CARRBORO, NC 27510		
(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 Biennial Follow Up Construction Survey by Ed Miller, conducted on December 13, 2016. The following deficiencies cited during the previous Construction Section Biennial Survey, have not been satisfactorily corrected and will require a new 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: 2-Based on observation, this facility has not maintained the finish and operating condition of the resident room furniture. Findings on 09/02/2016: The resident room dresser tops and construction are not maintained in the following rooms: (a) Room 121 (b) Room 302 3-Based on observation, this facility has not maintained the finishes and construction of interior and exterior doors. Findings on 09/02/2016: The following interior doors are damaged,	{C 164}		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 12/13/2016
NAME OF PROVIDER OR SUPPLIER CRESCENT GREEN OF CARRBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 624 JONES FERRY ROAD CARRBORO, NC 27510		
(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 164}	Continued From page 1 scratched and have damaged finishes: (b) Room 121 Entry and Bathroom doors (c) Room 206 Bathroom door. 5-Based on observation, this facility has not maintained the installation and service of the plumbing fixtures. Findings on 09/02/2016: The following Rooms have plumbing fixtures that are not properly mounted: (b) Room 218 toilet	{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: 3-Based on observations, this facility has failed to maintain and service water heaters. Findings on 09/02/2016: The water heater that is located in the Laundry Room/300 Hall is leaking at the supply side pipe joint on the top of the unit and the piping for the pressure relief valve is garden hose. 4-Based on observations, this facility has not maintained the exit signage.	{C 189}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 12/13/2016
NAME OF PROVIDER OR SUPPLIER CRESCENT GREEN OF CARRBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 624 JONES FERRY ROAD CARRBORO, NC 27510		
(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 189}	Continued From page 2 Findings on 09/02/2016: The exit sign is not illuminated located at the 100/200 Hall exit door. 5-Based on observation, this facility has not completed the required maintenance for the kitchen range fire suppression systems. Findings on 09/02/2016: The range hood fire suppression system was red tagged on 08/4/16. The report listed the following deficiencies. a) The (12 year) hydrostatic testing is due. b) The exhaust fan was not working. c) loose piping - could cause system to activate unnecesarily. d) A fryguard is needed to properly separate deep fryer from cook top flame.	{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.	{C 199}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 12/13/2016
NAME OF PROVIDER OR SUPPLIER CRESCENT GREEN OF CARRBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 624 JONES FERRY ROAD CARRBORO, NC 27510		
(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 199}	Continued From page 3 This Rule is not met as evidenced by: 1-Based on Observation, the facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. This could affect residents and staff by subjecting them to house-keeping odors. Findings on 09/02/2016: The following rooms and spaces have non-operational exhaust systems: (a) Laundry Room-200 Hall (b) Soiled Linen Room-200 Hall (c) Storage Room C	{C 199}		