STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041072	A. BUILDING: 01 B. WING _____	R 12/14/2016

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 Follow Up Construction Survey by Ed Miller, conducted on December 14, 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 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", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 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	{C 101}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
Jennifer C Palmer Executive Director 2-3-2017

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{C 101}	Continued From page 1 door(s)/gate(s). Findings on March 21, 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}	10A NCAC 13F .0301 2a. Master emergency release switch to be relocated to the fire alarm panel box for staff accessibility. To be completed by December 30, 2016.	
{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	{C 166}	10A NCAC 13F .0306 1a & b An estimate is being created. Courtyard 2-concrete slab to be repaired and/or replaced. Drainage to repaired or replaced. To be completed by March 1st, 2017.	

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{C 166}	Continued From page 2 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 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.	{C 166}	10A NCAC 13F .0306 1c & d An estimate is being created. Courtyard 1-concrete slab to be repaired and/or replaced. Drainage to repaired or replaced. To be completed by March 1st, 2017. 10A NCAC 13F .0306 1e. Electromagnetic hold wil be repaired by December 30, 2016.	
{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: 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 December 14, 2016: e. Fire/Smoke Barrier at the front side of the	{C 189}	10A NCAC 13F .0311 2e. Exit sign will be installed by December 30, 2016.	

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{C 189}	Continued From page 3 Activity Room - this Exit has no exit sign directing you to egress through these doors, on the Activity Room Side. 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 December 14, 2016: a. Fire/Smoke Barrier near Bedroom 203 - Front leaf, 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 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 - Back leaf, of the double-egress cross-corridor doors, did not latch into their frame when the fire alarm system released the doors.	{C 189}	10A NCAC 13F .0311 4a. Fire/ Smoke Barrier double-egress door near bedroom 203 will latch properly and be completed by December 30, 2016. 4b. Fire/ Smoke Barrier double-egress door near right side of activity room will latch properly and be completed by December 30, 2016. 4c. Fire/ Smoke Barrier double-egress door right of vending area will latch properly and be completed by December 30, 2016. 4d. Fire/ Smoke Barrier double-egress door near bedroom 407 will latch properly and be completed by December 30, 2016. 4e. Fire/ Smoke Barrier near bedroom 407 to be completed by December 30, 2016. The bracket will be repaired and mounted properly. 4a. Fire/ Smoke Barrier double-egress door near bedroom 325 will latch properly and be completed by December 30, 2016.	

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{C 189}	Continued From page 4 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 f. Basement General Storage - there were many missing acoustical ceiling tiles, part of the fire-resistance-rated roof/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. 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: 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.	{C 189}	10A NCAC 13F .0311 5a. Door closure on laundry chute room door will be installed by December 30, 2016. 5f. Basement general storage acoustical tiles will be installed and completed by December 30, 2016. 5i. Med Room radiation damper will be installed by December 30, 2016. 5k. Fire collar will be installed by December 30, 2016. 10 NCAC 13 F .0311 6d & e. Old wing administrator door will be replaced by December 30, 2016.	