

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041060	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/09/2017
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NAME OF PROVIDER OR SUPPLIER
ABBOTSWOOD AT IRVING PARK ASSISTED LI

STREET ADDRESS, CITY, STATE, ZIP CODE
3506 FLINT STREET
GREENSBORO, NC 27405

(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 Construction Section Biennial Survey by Dennis Harrell on 3-9-2017. Records indicate this facility was first licensed on 5-28-1998, for 28 residents. Therefore, we are requiring that this facility meet the 1996 Regulations for Homes for the Aged and Disabled ; Minimum standards and Regulations, the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds, and the 1996 edition of the North Carolina State Building Code Volume I - General Construction - Section 409 Institutional Occupancy (Group I).	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on a review of documents, the most recent Sanitation inspection for the building was dated 8-3-2015, and for the kitchen 5-5-2015.	C 111	Guilford County has been notified that the inspector is behind and a written acknowledgment has been requested, but not received to date. Request made for Kitchen & sanitation inspection.	4/3/17
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known	C 154	Range on each device has been tested & daily monitoring has been established for all exit doors	3/9/17

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

[Signature]

(X6) DATE

4/10/17

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C 154	Continued From page 1 to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: Based on observation, the facility is equipped with wander bracelet initiated wanderer alarms. Some of the wanderer alarms provided were not working which could allow resident elopement. Malfunctioning alarms include the following exits: a. Back door, b. Exit near kitchen.	C 154		
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: Based on observation, the waste trap for the mop sink in the janitor's closet had been allowed to become dry. Dry waste traps allow noxious, combustible odors and possibly harmful bacteria to enter the facility.	C 166	Addressed same day - Water run through ptrap. Will be monitored daily as part of maintenance rounds.	3/9/17

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C 185	Continued From page 2	C 185		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings include: a. In the 1st quarter of this year, there was no rehearsal done during the 2nd shift. b. In the 2nd quarter of this year, there were no rehearsal done. c. In the 3rd quarter of this year, there were no rehearsals done during the 1st or 2nd shifts. 2. Based on a review of documents, most records available onsite included no description of what the rehearsal involved.	C 185 C 185	Record keeping has been addressed w/ a new process. Rehearsals that happen Once per quarter / shift are now being executed and emailed to environmental services director, as well as kept in notebook at front desk.	3/9/17
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT	C 189		

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C 189	Continued From page 3 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, a corridor door was prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Finding includes: The door from the kitchen to the corridor was blocked from closing by 2 large trash cans. 2. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Unsealed sleeve through the ceiling of the mechanical room off the dining room, b. Sprinkler escutcheon was missing in the corridor near 103.	C 189	Automatic doors were adjusted same day	3/9/17
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT	C 191		

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C 191	Continued From page 4 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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: Based on observation the facility failed to adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could effect all occupants of the facility. Findings include: a. There was a portable electric heater found in the RCC office. b. There was a portable electric heater found in the Directors office.	C 191	Heaters were removed same day and will be replaced, when it necessary, with wall mounted units.	3/9/17

