

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/28/2018
NAME OF PROVIDER OR SUPPLIER LAWSON'S ADULT ENRICHMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1319 WOODBRIAR AVENUE 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 a Biennial Construction Survey by Suzanna Fay on March 28, 2018.. Records indicate this facility was Licensed as a Home or the Aged serving eighteen residents on July 7, 1994. Therefore the facility must meet the 1991 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes and the 1991 N.C. State Building Code, Section 409, Special Institutional Occupancy - Group I Unrestrained Occupancies. Deficiencies were noted which require a Plan of Correction.	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: 1. Review of records revealed that the facility did not have a copy of the most current fire inspection report. Findings on March 28, 2018: a. Interview with staff revealed that the local fire official had inspected the facility last week and had not sent the updated report.	C 111	All inspection reports have been placed in a stationary binder in the office where the manager will maintain at all times. Administrator will ensure items are update, and compliance Keep on a monthly basis.	4-11-18
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT	C 160		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Hazel Feeman - Administrator 4-18-18

STATE FORM

6899

HXR121

If continuation sheet 1 of 5

If continuation sheet 2 of 5

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C 164	Continued From page 2 ceiling where the sheetrock tape has pulled loose along a seam. 2. Observations revealed that the furnishings were not maintained in good repair. Findings on March 28, 2018: a. Room 8 - the door hardware was loose making it difficult to operate.	C 164	Administrator will follow up weekly for one month, then monthly thereafter.	4-12-18
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 fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be effected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on March 28, 2018: a. The facility was not performing in-house monthly inspections of the fire extinguishers. 2. Based on observation the electrical equipment has not been maintained in a safe manner. This	C 189	All fire equipment has been repaired or replaced and is checked by manager on weekly basis. manager will perform monthly fire extinguishers check and record on proper form for a monthly check to be completed by Administrator.	4-11-18

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C 189	Continued From page 3 is a potential shock hazard if receptacles near water sources do not function to provide shock protection. Findings on March 28, 2018: a. Bedroom 1 bath - the electrical outlet at the sink did not have power. 3. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect occupants of the facility if the equipment did not function in a fire or other emergency. Findings on March 28, 2018: a. Bedroom 9 - at the time of survey, the smoke detector was detached from the base and lying on a chest of drawers. 4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on March 28, 2018: a. Room 9 - the bedroom door was dragging on the doorframe and did not close and latch. b. Room 7 - the bedroom door did not latch. 5. Based on observation electrical equipment has not been maintained in a safe manner. Failure to maintain electrical equipment in a safe manner could effect the safety of person exposed to the unsafe condition. Findings on March 28, 2018:	C 189	Electrical outlets has been repaired, and smoke dector has been replaced. The manager will perform visual safety checks daily and performance checks weekly for one month, then monthly thereafter. The Administrator will follow up on a monthly basis. 4-11-18 All doors have been repaired and latching is working properly. Electrical outlet has been replaced. manager will ensure all items remain in operable condition on daily basis. 4-11-18	

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C 189	Continued From page 4 a. The cover plate for the electrical outlet outside of Room 9 was broken along the bottom receptacle.	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. This Rule is not met as evidenced by: 1. Observations revealed that the exhaust ventilation was not maintained in required areas. Findings on March 29, 2018: a. Bedroom 1 bath - the exhaust fan was not working. b. There was a heavy accumulation of dust on the exhaust fan vents in the staff bath and in the Residents' tub bath.	C 199	<i>Exhaust fan is operating properly. Cleaning schedule has been created and being carried out by each shift to ensure cleanliness. manager will perform wkly checks, and Administrator will follow up monthly.</i>	