

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041082	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2018
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NAME OF PROVIDER OR SUPPLIER ALPHA CONCORD OF GREENSBORO	STREET ADDRESS, CITY, STATE, ZIP CODE 3301 GAR PLACE GREENSBORO, NC 27406
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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller and Frank Strickland, conducted on April 4, 2018. Records indicate this facility was Licensed on January 10, 1990 as a Home for the Aged. The facility is currently licensed for 64 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1978 (Revision 10) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1987 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. Deficiencies were cited that require a 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: 1. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on April 4, 2018: a. Corridor near Bedroom 107 - the HVAC	C 164		

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

[Signature]

TITLE

CNA

(X6) DATE

5-4-18

Division of Health Service Regulation
STATE FORM

Division of Health Service Regulation

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C 166	Continued From page 2 b. Bathroom near Laundry - a valve is leaking onto the floor. c. Bathroom near Beauty Shop - is out of order.	C 166	All fixed	5/4/18
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger.. Findings on April 4, 2018: a. Entire Building - since the last annual maintenance, performed in November 2017, there has been no documentation of the portable fire extinguisher's monthly in-house inspections.	C 183	All fixed	5/4/18
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.	C 189	All documentation in place.	5/4/18

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C 189	Continued From page 3 This Rule is not met as evidenced by: 1. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on April 4, 2018: a. Kitchen - the exit sign did not illuminate on backup power when tested. Exit signs must work on backup power to provide directions during power outages. 2. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room of origin. Findings on April 4, 2018: a. Corridor near Bedroom 402 - there is an 18 inch x 15 inch hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 3. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier 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 April 4, 2018: a. Smoke Barrier near Bedroom 302 - the left leaf, of the cross-corridor double-egress doors, hits the floor and does not completely close, producing gaps that exceed acceptable clearances when the fire alarm system released the doors. 4. Based on observation, the Fire Alarm system	C 189	All fixed hole covered fire door fixed	5/4/18 5/4/18 5/4/18

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C 189	Continued From page 4 was not maintained in a safe and operating condition. This would affect all by not providing early detection and activating the fire alarm system. Findings on April 4, 2018: a. Corridor near Bedroom 405 - the fire alarm system's smoke detector has dropped from the ceiling. 5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on April 4, 2018: a. 400 Corridor - an electric panel is missing its door latch/lock. Deficiency made harmless before Construction Surveyors departed site b. Bedroom 105 - a call system pull station is falling out of the wall. 6. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance, and documentation required to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on April 4, 2018: a. Kitchen -since the last semi-annual maintenance of the commercial kitchen hood's fire suppression system, performed in November 2017, there has been no documentation of the monthly in-house/owner's inspections. 7. Based on observations, the Building was not maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler heads' spray cannot reach are area of a room.	C 189	Added to the ceiling. The electric panel door fixed. - Call system fixed Documentation in place. Work in progress.	5/4/18 5/4/18 5/4/18 5/1/18 5/7/18

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C 189	Continued From page 5 Findings on April 4, 2018: a. Pantry - items are stored within 18 inches below the fire sprinkler head. 8. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on April 4, 2018: a. Bedroom 103 - the corridor door requires extra force to close and latch the door. b. Bedroom 407 - the corridor door close and latch but will unlatch with a slight touch on the door. 9. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on April 4, 2018: a. Bedroom 206 - the corridor door has a wedge holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. 10. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on April 4, 2018: a. Bedroom 105 - the fire sprinkler escutcheon plate near the door has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. b. Bedroom 105 window side Closet- the fire sprinkler escutcheon plate has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. c. Living Room window side Closet- the fire	C 189	All moved. 9 → All fixed and in good Condition 10 → All fixed. Door in good Condition All fixed All fixed	4/4/18 5/5/18 5/4/18 5/7/18 5/7/18

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C 189	Continued From page 6 sprinkler escutcheon plate has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. 11. Based on Observation, the Building was not kept clean and in good repair, because the doors failed to function as originally intended. This could affect all residents, staff and visitors if a component does not work properly or is missing limiting use of equipment/spaces. Findings on April 4, 2018: a. Laundry - the 45 min fire-resistance-rated door is split down its jamb and does not close and latch properly. b. Laundry - the corridor door does not have all the parts of the door closer to function as intended. c. Bedroom 205 - the corridor door handle is loose, and may not function properly when used. d. Bedroom 203 - the corridor door handle is loose, and may not function properly when used. e. Bedroom 201 - the corridor door handle is loose, and may not function properly when used. f. Bedroom 201 Bathroom - the door handle is loose, and may not function properly when used. g. Main Office - the corridor door handle is loose, and may not function properly when used. h. Bedroom 308 Bathroom - the door handle is loose, and may not function properly when used. i. Bedroom 403 Bathroom - the door handle is loose, and may not function properly when used.	C 189	All fixed	5/7/18
		a	All fixed	5/11/18 9
		b	All fixed	5/11/18 6
		c	All fixed	5/14/18 c
		d	All fixed	5/14/18 d
		e	All fixed	5/14/18 e
		f	All fixed	5/14/18 f
		g	All fixed	5/14/18 g
		h	All fixed	5/14/18 h
		i	All fixed	5/14/18 i