STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034003	A. BUILDING: 01 B. WING _____	03/29/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VERRA SPRINGS AT HERITAGE WOODS	3812 FORESTGATES DRIVE WINSTON SALEM, NC 27103

(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 Construction Section Biennial Survey by Ed Miller, conducted on March 29, 2018. Records indicate this facility was first licensed on 8-15-1988, for 29 residents. Therefore the facility must meet the 1987 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and the 1978 North Carolina State Building Code (Revision 8), Section 409-Institutional Occupancy (Group I) Note: This facility is licensed for 29 beds, which are all located on the Ground Floor, while floors 1, 2, and 3 are occupied by Independent Living beds. Deficiencies were cited that require a Plan of Correction.	C 000		
C 144	Med Prep Area-Sink with Lever Handles SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (5) Handwashing facilities with wrist type lever handles shall be provided immediately adjacent to the drug storage area; This Rule is not met as evidenced by: 1. Based on observation and interview of staff, the building was not maintained in a safe manner by not having properly working wrist type lever handles on the handwashing facilities adjacent to the drug storage area. Findings on March 29, 2018: a. Med Room - the faucet for the medication preparation sink was equipped with knob	C 144	C144 Medication prep area sink handles will be replaced with wrist lever handles. The Maintenance Director will be responsible for this task and will ensure that these wrist levers are used for any future changes or repairs.	4/30/18

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C 144	Continued From page 1 handles. Provide this faucet with wrist type lever handles.	C 144		
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 March 29, 2018: a. C Hall Bathroom - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint. b. Bedroom 14 Bathroom - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint. c. Bedroom 5 Bathroom - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint. d. Bedroom 4 Bathroom - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint. e. Bulk Laundry - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint.	C 164	C164 1. a-e All ventilation grills will be cleaned. They will be monitored monthly for cleaning/repair need The Maintenance Director will be responsible for either completing or delegating this task and will ensure that quarterly safety inspections take place to include the ventilation grills.	4/25/18
C 166	Housekeeping-Maintained Free of Hazards	C 166		

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C 166	Continued From page 2 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 plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff, and visitors by not protecting them from falls or injury due to broken or missing parts. Findings on March 29, 2018: a. Bedroom 05 Bathroom - the connection of the commode to the floor is loose. 2. Based on Observation, the Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on March 29, 2018: a. Bedroom 4 - a portable medical oxygen cylinder is stored standing up and not secured.	C 166	C166 1. a. The commode in room 05 will be secured. The Maintenance Director will complete and inspection to ensure all commodes are secure. The Maintenance Director or a designee will ensure continued compliance by including this item on the quarterly safety inspection. 2. All oxygen tanks will be secured in crates or other appropriate storage device The Maintenance Director will ensure this is met and will include it on the quarterly safety inspection to ensure continued compliance.	4-30-18 5-1-18
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	C 189		

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C 189	Continued From page 3 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, the Fire Alarm system 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 March 29, 2018: a. Lobby interior pair of Exits - this exit did not have a manual fire pull station. The nearest manual pull station is down a feeder corridor 20 feet away. b. Sprinkler Riser room - the HVAC duct mounted smoke detector had no access door to inspect and clean the duct detector's sample tubes. Dirty sampling tube may become obstructed and my not detect the existence of smoke in the air stream. 2. 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 March 29, 2018: a. Lobby interior pair of Exits - the exit sign did not illuminate on backup power when tested. b. C Hall Smoke Barrier NS side - the exit sign did not illuminate on backup power when tested. c. Exit near Bedroom 31 - the exit sign did not illuminate on backup power when tested. d. Exit near Bedroom 10 - the exit sign did not illuminate on backup power when tested. e. Exit near Main Electrical Room - the exit sign's directs you to turn and exit through Maintenance, which no longer has an exit sign. Adjust the chevron directional indicators	C 189	C189 1. A A fire pull station will be installed near lobby exit. The Maintenance Director will be responsible for scheduling an oversight of this task. We will ensure compliance to all safety related regulations through our quarterly safety inspection. 1. B An access door to the HVAC duct mounted smoke detector will be installed. The Maintenance director will be responsible for this installation and for monitoring all smoke detectors during the quarterly safety inspection. 2. A-d &f All Exit signs will be repaired/replaced to operate on back-up power. The Maintenance Director will be responsible for this repair. Compliance will be monitored through the quarterly safety inspection.	5-13-18 5-13-18 5-10-18

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C 189	Continued From page 4 punch-outs to direct you to the Lobby exit. f. Corridor near Bulk Laundry - the exit sign did not illuminate on backup power when tested. 3. 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 March 29, 2018: a. Lobby Mech Room - there is a gap around a plastic drain tube not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Lobby Mech Room - there are gaps around pipes not firestopped as they penetrate the fire-resistance-rated ceiling assembly. c. Sprinkler Riser Room - there is a gap around a conduit not fully firestopped as it penetrates the fire-resistance-rated ceiling assembly. d. Sprinkler Riser Room - a firestopped conduit penetration had its sealant pulled out of the penetration of fire-resistance-rated ceiling, leaving an unprotected opening. e. Electrical Room near Lobby - a cable bundle is only sealed with gypsum joint compound. This method of sealing cable bundles is not approved for this application. f. Electrical Room near Lobby - there are several open-ended sleeve with a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. g. Nurse Station - there is a cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly. h. Nurse Station - there is a hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. i. Housekeeping - there is old leak that has a hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. j. Maintenance Office Mech Room - there are	C 189	2. E This exit sign will be directed toward the main exit. The Maintenance Director will ensure this task is complete. All fire safety compliance issues will be monitored with the quarterly safety inspection. 3. A-K All areas will be fire caulked or sealed as appropriate. The Maintenance Director will take responsibility for ensuring this is completed. The Maintenance Director will also work with any plumbing, wiring, electrical, or other vendors to ensure that any penetrations to ceilings are walls are sealed with approved fire caulking as jobs are completed. This will ensure our future compliance.	4/25/18 4-25-18

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C 189	Continued From page 5 gaps around pipes not firestopped as they penetrate the fire-resistance-rated ceiling assembly. k. Maintenance Office - there are two holes not firestopped as they penetrate the fire-resistance-rated ceiling assembly. 4. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on March 29, 2018: a. Bedroom 14 Bathroom - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip with a push of the test button and when tested with a circuit tester. b. Residents Laundry - an electrical power receptacle has a broke cover plate. 5. Based on observations, the Building was not maintained in a safe and operating condition. The fire sprinkler heads have become obstructed with storage. This could affect all if the fire sprinkler heads' spray cannot reach are area of a room. Findings on March 29, 2018: a. Bedroom 32 Closet - items are being stored within 18 inches below the fire sprinkler head. 6. 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 March 29, 2018: a. Bedroom 20 - 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. b. Residents Laundry - the corridor door has a kick down device 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.	C 189	4. A Apartment #14 ground fault circuit interrupter will be replaced. B Resident laundry receptacle cover plate will be replaced. The Maintenance Director will be responsible to ensure these are complete. Safety of electrical outlets will be included on our quarterly safety inspection to ensure compliance going forward. 5. All closets will be inspected and any items above the 18 inch clearance removed. The Maintenance Director or his designee will be responsible for completing this task. This storage issue will be addressed for continued compliance in our quarterly safety inspection. 6. A & b In apartment 20, the wedge was removed and the resident instructed not to use items to block closure of the door. The resident's laundry door flip down latch will be removed. If the door is to be propped open, we will install a rapid release devise. The Maintenance Director will be responsible for this change. This fire safety issue will be addressed for continued compliance through the quarterly safety inspection.	4/22/18 4/22/18 4/22/18 5-13-18

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C 189	Continued From page 6 c. Residents Laundry - the corridor door hits the doorframe, preventing it from closing and latching.	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. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on March 29, 2018: a. Bedroom 32 Bathroom - the required exhaust ventilation system did not work, and there is a slight odor. b. Residents Laundry - the required exhaust ventilation system did not work, and there is an odor. c. Housekeeping - the required exhaust ventilation system did not work, and there is an	C 199	C199 1. A-D Exhaust will be repaired and maintained in working order. The Maintenance Director will be responsible for getting this exhaust repair completed. Compliance will continually be monitored through our quarterly safety inspection. * The completion date for C199 1a a-d is beyond the 45 day mark. Due to the need for a lift to inspect and/or replace exhaust fans, we have had difficulty finding a vendor to complete and the concern that motors may need to be ordered. We are requesting approval for a 30 day extension.	6/13/18

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C 199	Continued From page 7 odor. d. Bulk Laundry - the required exhaust ventilation system did not work, and there is an odor.	C 199		