

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL079002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 01/04/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER HIGHGROVE LONG TERM CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2135 S SCALES STREET REIDSVILLE, NC 27320
---	---

(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 January 4, 2018.

Records indicate this facility was first licensed on 11/18/1987 as a HA. This facility is currently licensed for 62 Beds. Therefore, this 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 8) 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 153 Exit Door Locks-Single Hand Motion

SECTION .0300 - PHYSICAL PLANT
10A NCAC 13F .0305 PHYSICAL ENVIRONMENT

(h) The requirements for outside entrances and exits are:
(3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and

This Rule is not met as evidenced by:
1. Based on observation, the building did not provide exit door locks that are easily operable, by a single hand motion, from the inside at all times. This would affect residents, staff, and visitors by requiring more time to exit the building during an emergency.
Findings on January 4, 2018:

C 000

C 153

IN REFERENCE TO
SECTION .0300 Physical
PLANT 10A NCAC 13F.0305
PHYSICAL ENVIRONMENT.
MAINTENANCE MAN REPLACED
EXIT DOOR LOCK NEAR BEDROOM
9B ON 1/5/2018. DOOR
LOCK WAS CHANGED TO
PROVIDE EASY OPERABLE
SINGLE HAND MOTION FROM
THE INSIDE AT ALL TIMES.
DIRECTOR WILL MONITOR
ONGOING TO ENSURE
COMPLIANCE.

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

TITLE

(X6) DATE

STATE FORM

Jamesia Niemcuna

000621

3/29/18
If continuation sheet 1 of 5

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL079002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 01/04/2018
NAME OF PROVIDER OR SUPPLIER HIGHGROVE LONG TERM CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2135 S SCALES STREET REIDSVILLE, NC 27320		
(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 153	Continued From page 1 a. Exit near Bedroom 9B- the replacement door handle has a thumb button/turn that must be operated before the door handle could release the door.	C 153	IN REFERENCE TO SECTION .0300-Physical Plant 10A NCAC 13F.0305 PHYSICAL ENVIRONMENT AT FOLLOW UP - GATHER INFO ON CONDITION OF SOIL UTILITY ROOM - I AM NOT SURE IT IS TOO COSTLY TO ADD A UTILITY SINK AND BE IN COMPLIANCE! LAUNDRY Room. At my very first building survey, IT WAS RECOMMENDED TO TAKE THE HOPPER OUT SINCE WE DO NOT USE IT. AS RECOMMENDED, WE TOOK IT OUT. WE DO NOT ALLOW OR HAVE bed pans OR bed side toilets in our ASSISTED living Facility.	
C 156	Soil Utility Room SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F.0305 PHYSICAL ENVIRONMENT (j) Soil Utility Room. A separate room shall be provided and equipped for the cleaning and sanitizing of bed pans and shall have handwashing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the soiled utility room is not equipped for the cleaning and sanitizing of bed pans as required by this current Rule and by the 1987 Minimum Standards. Findings on January 4, 2018: a. Soiled Utility Room - the utility sink has been removed.	C 156		
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	C 164		

Jamesia Niemsqua
Director 3/29/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL079002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 01/04/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HIGHGROVE LONG TERM CARE CENTER

2135 S SCALES STREET
REIDSVILLE, NC 27320

(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 164	Continued From page 2 mechanical systems are not kept clean and in good repair. Findings on January 4, 2018: a. Kitchen Pantry - the HVAC return with its radiation damper has an excessive accumulation of dust/lint.	C 164	It will be VERY costly AND IS NOT VERY REALISTIC SINCE WE WOULD NEVER USE IT.	
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, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on January 4, 2018: a. Nurse Office - seven portable medical oxygen cylinders are stored standing up in beverage crates not secured. b. Bedroom 26 - one portable medical oxygen cylinder is stored standing up not secured. c. Bedroom 21 - sixteen portable medical oxygen cylinders are stored standing up in beverage crates not secured. 2. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working parts. Findings on January 4, 2018: a. Bath near Bedroom 17 - the connection of the	C 166	IN REFERENCE TO SECTION .0300-Physical Plant 10A NCAC 13F.0306 House Keeping and Furnishings. MAINTENANCE MAN CLEANED THE HVAC RETURN/RADIATION damper 1/5/18. MAINTENANCE MAN WILL monitor ongoing. IN REFERENCE TO SECTION .0300-Physical Plant 10A NCAC 13F.0306 House Keeping and Furnishings.	

Jamesia Niemgwa
Director 3/29/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL079002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 01/04/2018
NAME OF PROVIDER OR SUPPLIER HIGHGROVE LONG TERM CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2135 S SCALES STREET REIDSVILLE, NC 27320		
(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 166	Continued From page 3 commode to the floor is loose.	C 166	ON 1/4/18, 1. A,B,C - DIRECTOR CALLED ADVANCED HOME CARE (OA supplier) to immediately deliver APPROVED OA RACKS. THEY DELIVERED ON 1/4/18. DIRECTOR AND FLOOR SUPERVISOR ARE MONITORING FOR ONGOING COMPLIANCE.	
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, 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 January 4, 2018: a. Mech Room 1 - the sample tubes for the HVAC duct mounted smoke detector(s) are dirty, and my not detect the existence of smoke in the air stream. b. Mech Room 3 - the sample tubes for the HVAC duct mounted smoke detector(s) are dirty, and my not detect the existence of smoke in the air stream. c. Mech Room 5 - the sample tubes for the HVAC duct mounted smoke detector(s) are dirty, and my not detect the existence of smoke in the air stream. d. Mech Room 6 - the sample tubes for the HVAC duct mounted smoke detector(s) are dirty, and my not detect the existence of smoke in the air stream.	C 189	2. MAINTENANCE MAN SECURED commode TO THE FLOOR NEAR Bedroom 17 ON 1/8/18. All commodes IN building WERE CHECKED TO ENSURE THEY WERE SECURE AND TIGHTEN. MAINTENANCE WILL CONTINUE TO MONITOR.	

Jamesia Nnamaguer
Director 3/29/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL079002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 01/04/2018
NAME OF PROVIDER OR SUPPLIER HIGHGROVE LONG TERM CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2135 S SCALES STREET REIDSVILLE, NC 27320		
(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 189	Continued From page 4 e. Mech Room 7 - the sample tubes for the HVAC duct mounted smoke detector(s) are dirty, and my not detect the existence of smoke in the air stream. f. Mech Room in Laundry - the HVAC duct mounted smoke detector had no access doors 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 January 4, 2018: a. Exit near 4B - the exit sign did not illuminate on backup power when tested. 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 January 4, 2018: a. Smoke Barrier near Bedroom 15 - the back leaf, of the cross-corridor double-egress doors, hits the doorframe and did not completely close, and latch. 4. 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 January 4, 2018: a. Bedroom 9B Closet - there is a gap around a cable not firestopped as it penetrates the	C 189	IN REFERENCE TO SECTION .0300 PHYSICAL PLANT 10A NCAC 13F.0311 OTHER REQUIREMENTS. 1. A, B, C, D, E, & F. Reidsville HEATING & AIR CLEANED & SERVICED ALL sampling tubes AND Added ACCESS DOOR TO HVAC DUCT IN MECH ROOM IN LAUNDRY. PLEASE SEE ATTACHED bill. Completed ON 1/12/18. 2.A. MAINTENANCE MAN REPLACED EXIT SIGN ON 1/22/18. MAINTENANCE WILL monitor ongoing FOR COMPLIANCE.		

Jamesia Neamequa
Director 3/29/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL079002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 01/04/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER

HIGHGROVE LONG TERM CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

**2135 S SCALES STREET
REIDSVILLE, NC 27320**

(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 189	Continued From page 5 fire-resistance-rated ceiling assembly. Deficiency corrected before Construction Surveyors departed site. b. Bedroom 9B - the heat detector did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. Deficiency corrected before Construction Surveyors departed site. c. Bedroom 5B Closet - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. Deficiency corrected before Construction Surveyors departed site. d. Janitor near 5B - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. Deficiency corrected before Construction Surveyors departed site. e. Dining - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. Deficiency corrected before Construction Surveyors departed site. f. Draftstop near Bedroom 10 - there is a gap around a cable. g. Firewall near Bedroom 15 - there is a gap around a cable not firestopped as it penetrates the firewall. h. Draftstop near Bedroom 5B - there are 2-two inch PVC sleeves through the draftstop. i. Draftstop near Bedroom 6B - there are 2-two inch PVC sleeves through the draftstop.	C 189	3A. MAINTANANCE Adjusted doors to latch completely. FIRE MARSHAL checked For Compliance. DIRECTOR AND MAINTENANCE will monitor ongoing. 4A.; B; C; D; E; F; g; H; I. MAINTENANCE MAN INSPECTED AND CHAULKED ALL NEED AREAS WITH FIRE-RESISTANCE-RATED CHAULKING. AREAS INCLUDED AROUND CABLES; PVC SLEEVES; ETC. MAINTANANCE will CONTINUE TO MONITOR. ALL ITEMS NOTED HAVE BEEN CORRECTED AND COMPLETED EXCEPT REQUESTED EXTENSIONS. DIRECTOR AND MAINTENANCE STAFF will CONTINUE TO MONITOR ON A	

MONTHLY BASIS TO MAINTAIN quality ASSURANCE AND ENSURE THAT DEFICIENT PRACTICE DOES NOT RE OCCUR.

Jamesia Neemsqua
Director 3/29/18

