| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL079002 | A. BUILDING: **01**<br>B. WING _____ | R<br>**06/20/2018** |

| 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 000} | Initial Comments<br><br>Report of a Biennial Follow Up Construction Survey by Ed Miller, conducted on June 20, 2018.<br><br>Deficiencies were cited that will require a new Plan of Correction. | {C 000} | | |
| {C 156} | Soil Utility Room<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT<br>(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.<br><br>This Rule is not met as evidenced by:<br>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.<br>Findings on June 20, 2018:<br>a. Soiled Utility Room - the utility sink is still removed.<br><br>Interview with facility director revealed the facility is asking for permission to install a 'utility sink' in the laundry area which could be used to clean and sanitize bed pans. However, this does not meet the Rule or its intent to have a separate soil utility room and could decrease the facility's ability to prevent the spread of an illness.<br><br>Review of email exchanges and interview with facility director revealed the facility requested an equivalency. However, the facility did not demonstrate an unreasonable hardship is caused nor that the facility could be as operationally effective and safe as a facility with a soiled utility | {C 156} | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|---|---|---|
| {C 156} | Continued From page 1<br>room equipped for the cleaning and sanitizing of bed pans. | {C 156} | | |