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	HAL041079	A. BUILDING: **01** B. WING _____	**09/27/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VERRA SPRINGS AT HERITAGE GREENS	**803 MEADOWOOD STREET GREENSBORO, NC 27409**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on September 27, 2018. Records indicate this facility was first licensed as a Home for the Aged on August 1, 1994. The facility is currently licensed for Forty-Five (45) Beds. Based on this information, we are requiring the facility to meet the 1993 Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1991 Edition of the North Carolina State Building Code, with 1993 Revision Section 409.1, Institutional Occupancy Group Deficiencies were cited that 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 maintain current sanitation inspections in the facility and available for review. Findings on September 27, 2018: a. The last building sanitation inspection report available was conducted in 2016.	C 111		

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C 116	Continued From page 1	C 116		
C 116	Plans Submittals and Approvals SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents. (b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained. (c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division. (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder.	C 116		

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C 116	Continued From page 2 (f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion. This Rule is not met as evidenced by: 1. Observations revealed that the facility was remodeling some areas of the facility without undergoing review by DHSR Construction. Findings on September 27, 2018: a. At the time of the survey, the wall between the Activity Room and the TV Room had been removed. The door to the TV Room had been removed and filled in with a corridor wall. Kitchen cabinets were being installed in the area of the TV Room. No records were found in the DHSR database indicating that these renovations had been submitted to DHSR for review prior to construction. Submit plans to DHSR/Construction and provide copies of all building permits for the renovations as well. b. It was observed that at some point, modifications were made to the rooms along the corridor connecting A and B Halls. Our plans indicate a cards/computer room and a med room which are now converted to one large physical therapy room. An Activity Room at the end of the hall is now the Med Room. No records were found in the DHSR database indicating that plans were submitted to DHSR/Construction for approval.	C 116		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 164		

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C 164	Continued From page 3 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. Observations revealed that the ceilings were kept in good repair. Findings on September 27, 2018: a. Library - the corner was broken off of one of the ceiling tiles. b. Staff bathroom - two of the ceiling tiles have large yellow water stains on the tile.	C 164		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by:	C 185		

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C 185	Continued From page 4 1. Review of records revealed that the facility is not conducting and recording fire rehearsals in accordance with the licensure rules. Findings on September 27, 2018: a. Records for 2018 did not show any fire rehearsals for the second quarter. One drill per shift per quarter should be conducted. b. The records do not provide a short description of what the rehearsal involved. The description should include the location of the "fire" and how the residents were relocated.	C 185		
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. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Findings on September 27, 2018: a. Foyer - one of the recessed can lights outside of the library did not have bulbs. b. Kitchen - the electrical outlet at the tray shelf did not have a cover plate. 2. Based on observation fire safety equipment	C 189		

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C 189	Continued From page 5 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 did not operate when needed to provide fire protection. Findings on September 27, 2018: a. In house monthly checks of the fire extinguishers are not being conducted and logged onto the fire extinguisher tag. b. The fire extinguishers in the outside mechanical rooms have not been serviced since January of 2017. The extinguishers were resting on the concrete floors and not properly mounted. 3. 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 September 27, 2018: a. The kitchen entry door on the right is hitting the frame and does not close. b. Room 118 - the door hardware is damaged so that the latch does not release and the door does not latch when closed. 4. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings or walls could allow fire and smoke to spread beyond the area of origin. Findings on September 27, 2018: a. Electrical Room outside of Kitchen - there is a hole at the conduit penetrations over panel AL.	C 189		

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C 189	Continued From page 6 b. North Electrical Room outside of A Hall - one of the ceiling cable penetrations was sealed with orange foam fire block which does not have an approved fire rating for this use. c. Activity Room - the escutcheon plate for the sprinkler head along the right wall was missing leaving a hole in the rated ceiling assembly. d. Activity Room Storage - the new water line for the kitchen equipment penetrates the one hour smoke wall and the opening is not sealed. e. Activity Room Storage - there is a small hole in the ceiling at the front corner of the room where a cable or conduit was removed. f. Outside Mechanical room at 133 - there is a hole at the sprinkler head. g. B Hall Residential Laundry - there is a hole, approximately 8"x12" cut into the wall behind the washer to make repairs. The hole has not been patched and sealed. h. B Hall South side Mechanical Room - there a cable bundle at the A/C unit that has pulled away from the ceiling. The fire caulking has pulled away as well as the finish tape leaving a hole in the ceiling. 5. 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 could not operate properly to suppress a fire. Findings on September 27, 2018: a. Storage Room across from the guest bath - items were stored to the ceiling. Some were so high, the ceiling tiles were getting knocked out of place. 6. Observations revealed that the mechanical equipment was not being maintained in a safe	C 189		

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C 189	Continued From page 7 and operating condition. Findings on September 27, 2018: a. About 50% of the doors to the outside mechanical rooms that housed the resident apartment units could not be opened. b. Mechanical closet for Room 110 - the cover for the unit was missing. c. The dryer vent outside of the B Hall South Mechanical Room has a heavy build up of lint around the vent and on the ground below.	C 189		
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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 hot water temperature was not maintained between 100 and 116 degrees Fahrenheit. Findings on September 27, 2018: a. The water temperature taken at the Spa bathroom was 120 degrees Fahrenheit.	C 195		

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C 199	Continued From page 8	C 199		
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 facility did not provide working exhaust ventilation in required areas. Findings on September 27, 2018: a. Staff bathroom - the exhaust fan was not working and there was a heavy accumulation of dust on the fan.	C 199		