STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041072	A. BUILDING: **01** B. WING _____	**09/20/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON OAKS	**3004 DEXTER AVENUE GREENSBORO, NC 27407**

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C 000	Initial Comments Report of a Construction Section Biennial Survey conducted by Suzanna Fay and Frank Strickland on September 20, 2018. Records indicate the original building on the left side of the firewall was built in 1949 and is currently only approved for non-resident use. There were several additions prior to December 1, 1978 and several additions in 1984. The facility is currently licensed for 85 Special Care beds. Therefore the pre 1978 section of the facility must meet the 1967 NC State Building Code, Institutional Occupancy. The 1984 sections of the facility must meet the 1978 NC State Building Code, Institutional Occupancy. The entire facility must meet the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes. Deficiencies were cited during the Survey and further action is required.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm",	C 101		

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C 101	Continued From page 1 copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Observations revealed that the facility does not meet the licensure and code requirements in effect at the time of construction. Findings on September 20, 2018: a. Based on review of UL labeling for the stock ceiling tile, the ceiling tile does not appear to meet the UL requirements for a fire resistant ceiling. The facility is designed to have a 1 hour ceiling assembly and all ceiling tiles should meet the requirements of that rating. b. The 2x4 light fixtures along the 200 Hall, and the 300 and 400 Halls did not have 'boxing' around the fixtures to prevent the spread of fire or smoke at the light fixtures. The 200 Hall and the front halves of the 300 and 400 Halls did not have radiation dampers or other alternate protection for the mechanical ductwork. A letter from the local Authority Having Jurisdiction dated October 21, 2002 permitted existing conditions which were not modified from original installation to remain. However, renovations to the lights or mechanical ductwork would be required to be performed under permits and penetrations in rated assemblies to be protected as required. This will be further investigated in the follow up survey.	C 101		
C 164	Housekeeping and Furnishings-Clean, Repaired	C 164		

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C 164	Continued From page 2 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. Observations revealed that the furnishings were not maintained in good repair. Findings on September 20, 2018: a. Clean Linen across from Room 308 - the door hardware is loose. 2. Observations revealed that the floors were not kept in good repair. Findings on September 20, 2018: a. Exit by Room 314 - the door does not have a threshold.	C 164		
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.	C 166		

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C 166	Continued From page 3 This Rule is not met as evidenced by: 1. Based on observation the facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on September 20, 2018: a. Activity Room/Consultation Room Closet- there were several unsecured oxygen bottles stored in the closet.	C 166		
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 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 could allow fire and smoke to spread beyond the area of origin. Findings on September 20, 2018: a. Sitting Room by Administrator's Office - one of the ceiling tile along the corridor wall does not fit	C 189		

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C 189	Continued From page 4 in the grid opening and leaves a large gap between the tile and grid. b. Sitting Room by Administrator's Office - there is an open cable penetration in the back corner of the room. c. 100 Hall - the Office by the ramp - one of the ceiling tiles is out. Interview with staff revealed that the tile was removed due to a roof leak revealed during the recent storm. d. Activity Office - the fire caulk material has fallen out at the cable penetration. e. Room 303 - there is an unsealed cable penetration along the corridor wall. f. General Storage across from Room 317 - there are two damaged ceiling tiles and the heat detector is no longer secure to the ceiling. g. Clean Linen across from Room 308 - the ceiling tile is off of the grid leaving gaps in the fire rated ceiling assembly. There are large water stains around the heat detector and on the tile near the 2x4 light fixture. h. Maintenance Office toilet - a section of the ceiling tile is out at the exhaust fan leaving a 2x12 inch hole in the ceiling. i. Basement - some of the pipes in the hot water heater room, in the main room and over the electric panel behind the stair door had been filled with rock wool, which is acceptable as a backing material and not provided with a final sealant such as fire caulk. j. Basement Storage - there is leaking along the back wall of the room. The ceiling tiles have been removed along the back wall at the interior block wall. The walls are heavily stained by moisture. 2. 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	C 189		

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C 189	Continued From page 5 doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on September 20, 2018: a. Room 105 - the door does not close and latch. b. Room 201 - the door does not latch when closed. c. Room 319 - the door does not latch. d. Room 416 - the latch plate is missing from the door and the door does not latch securely. 3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have gaps between the door and the door frame stops. Findings on September 20, 2018: a. Bath by Room 105 - the door hardware is missing leaving a large hole in the door. b. 200 Hall Housekeeping - the door trim is broken off leaving a gap when the door closes. There are tiny sharp nail heads protruding from the frame. 4. Based on observation electrical equipment has not been maintained in a safe manner. Findings on September 20, 2018: a. 100 Hall - Office by the ramp - there is an open junction box above the ceiling. 5. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Findings on September 20, 2018: a. Spa bath beside the fire alarm panel - the sewer system has backed up and the tub is full of	C 189		

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C 189	Continued From page 6 sewage. There is a strong, unpleasant odor in the room. b. 200 Hall Housekeeping - the floor sink has been removed and is sitting in the middle of the floor. c. Room 303 - the toilet does not flush. d. Men's and Women's Toilets by Room 408 - both of the toilet fixtures in these bathrooms were not secure at the floor. 6. Observations revealed that the mechanical equipment was not maintained in a safe and operating condition. Findings on September 20, 2018: a. There was a pattern of dust accumulation in the supply and return air ducts throughout the facility. Some of the radiation dampers in the ducts had a thick coating of dust, especially in the basement area outside the laundry. 7. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin. Findings on September 20, 2018: a. Basement Laundry - the door was propped open. 8. Based on observation the facility's fire safety equipment is not maintained in operating condition. Occupants of the facility could be effected if the equipment did not operate during a fire or 12	C 189		

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C 189	Continued From page 7 9. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be effected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Findings on September 20, 2018: a. Fire doors by Consultation Office - one of the leafs did not latch when the fire alarm was activated. b. 300 Hall Fire doors - the right hand leaf was difficult to open after closing during the fire alarm test.	C 189		