

Wellington Oaks

3004 Dexter Avenue
Greensboro, NC 27407
Phone: 336-553-3917
Fax: 336-553-3920
gbic.adm@affinitylivinggroup.com

FAX

To

Name: *Construction survey*
Phone number:
Fax number: *(919) 733 6592*

From: Jennifer Palmisano

Date sent:
of pages including cover page:

Urgent

Message:

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041072	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/29/2018
NAME OF PROVIDER OR SUPPLIER WELLINGTON OAKS		STREET ADDRESS, CITY, STATE, ZIP CODE 3004 DEXTER AVENUE GREENSBORO, NC 27407		
(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 Biennial Follow Up Construction Survey report by Frank Strickland on 11/29/2018: There are previous deficiencies cited from the Biennial Construction Survey that require corrective action and a new Plan of Correction is required.	{C 000}	Responses to cited deficiencies do not constitute an admission or agreement by the facility of the truth of facts alleged or conclusions set forth in this statement of Deficiencies of Correction Action Report; the plan of Correction is prepared solely as a matter of compliance law.	
{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", 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 or alteration Findings on 11/29/2018: (a) This facility was designed to have a 1 hour ceiling assembly and all ceiling tiles should meet the requirements of that rating. Throughout the	{C 101}		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

WPLF22

If continuation sheet 1 of 2

Division of Health Service Regulation
STATE FORM