Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041015	A. BUILDING: 01 B. WING _____	04/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWSON'S ADULT ENRICHMENT CENTER	1319 WOODBRIAR AVENUE GREENSBORO, NC 27405

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller, conducted on April 13, 2023. Records indicate this facility was Licensed as a Home of the Aged serving eighteen residents on July 7, 1994. Therefore, the facility must meet the 1991 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes and the 1991 NC State Building Code, Section 409, Special Institutional Occupancy - Group I Unrestrained Occupancies. 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. Based on record review, and interviews with the Administrator, the facility failed to maintain in the facility, current (completed within the last twelve months) sanitation and fire and building safety inspection reports available for review. Findings on April 13, 2023: a. The last annual Kitchen Sanitation Inspection Report, was performed on March 7, 2022, exceeding the requirement to have the system inspected at least annually.	C 111	5-11-23 All reports/inspections will be placed in a binder and kept in office for immediate review. The Administrator/Designee will review all inspections when reports are completed and available on a monthly basis.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Hazel Foreman, ED

TITLE: ED

(X6) DATE: 5-11-2023

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C 164	Continued From page 2 This Rule is not met as evidenced by: 1. Based on observation, the floors were not kept clean and in good repair. Findings on April 13, 2023: a. Corridors Throughout the Facility - the tile floors have an excessive amount of wax and dirt built-up found around the doorframes and at the intersection of the floor and walls. b. Bedroom 1 - the tile floor has an excessive amount of wax and dirt built-up found around the doorframes and at the intersection of the floor and walls c. Residents' In-Room Restrooms - most of the floor between the bedrooms and their restrooms was broken or had chipped. 2. Based on observation, the walls were not kept clean and in good repair. Findings on April 13, 2023: a. Bedroom 1 Bathroom - the door frame is rusting at the floor. 3. Based on Observation, the plumbing systems was not kept clean and in good repair. Findings on April 13, 2023: a. Bathroom between Bedroom 2 & 3 - the commode is not secure to the floor. b. Exterior Right Side Back - a PVC sewer clean-out line in the yard, was open and was discharging a liquid substance onto the ground.	C 164	5-11-23 All floors and corridors thraigh out the community have been cleaned and repaired. Staff will report any needed repairs to the Administrator/ED immediately for needed repairs. ED/Administrator will perform a building inspection on a weekly basis to ensure cleanliness and all housekeeping and furnishings are in good standing. 5-11-23 Toilet and sewer line has been repaired. The staff will immediately report any needed repairs to management Administrator/ED will conduct weekly building inspections to ensure all plumbing is adequately working.	
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	C 166		

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C 166	Continued From page 3 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 handrails are not free of all obstructions and hazards. Findings on April 13, 2023: a. Corridor between Lobby doors and Med Room - the handrail's bracket strap is missing or is broken. This allows the handrail to move and is currently pushed up against the wood support. 2. Based on observation, the mechanical systems were not kept clean and in good repair. Findings on April 13, 2023: a. Kitchen - the range hood filters were dirty and grease laden.	C 166	All handrails have been repaired and are in good safety conditions. Staff will report any needed repairs to the management immediately. Administrator / ED will conduct building inspection on a weekly basis to ensure safety compliance.	5-11-23
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide residents areas with the required individual towel bar for each resident. Findings on April 13, 2023:	C 175	Range hood filters have been cleaned and inspected by ED. Dietary staff are now scheduled to clean filters Every Monday. Administrator/ED will conduct a weekly inspection to ensure compliance is kept.	5-11-23

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C 175	Continued From page 4 a. Entire Building - many of the Bedrooms and their adjoining Restrooms did not have the correct quantity of functioning individual towel bars.	C 175	Towel racks have been placed in the rooms to accomadate each individual resident. Administrator/ ED will conduct weekly building inspection to ensure compliance.	5-11-23
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: 1. Based on Record review and interview with the Administrator, fire safety rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on April 13, 2023: a. In the 2nd quarter, during the last 12 months, no rehearsals occurred during the 2nd and 3rd shifts. b. In the 4th quarter during the last 12 months, no rehearsal occurred during the 3rd shift.	C 185	Fire drills will continue to be conducted on a monthly basis for all shifts and documented properly. Administrator / ED will conduct a monthly review of drill da to ensure compliance and proper documentation.	5-11-2
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 189		

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C 189	Continued From page 5 (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 is not maintained in a safe and operating condition. This would affect all by not providing early detection and activation of the fire alarm system. Findings on April 13, 2023: a. Laundry - the fire alarm control panel (FACP) shows a trouble signal. The trouble signal shown on the panel is "Ground Fault." The surveyor evaluated the fire alarm system by spraying "Smoke Check" on a smoke detector. The notification devices (horns and strobes) did actuate. 2. Based on observation, the building's emergency equipment is 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 April 13, 2023: a. Smoke Barrier Front Side - the exit sign did not illuminate on backup power when evaluated. 3. Based on observation, the facility is not maintained in a safe manner by not having fire rated doors closed to contain fire and smoke. This could affect all residents and staff by not containing fire and smoke in the room of origin. Findings on April 13, 2023: a. Smoke Barrier - the required self-closing	C 189	5-11-23 The fire alarm has been repaired and operating properly. All exit signs have been repaired, or replaced, and are operating properly. All emergency lights have been repaired or replaced and are operating properly. All doors will be kept closed for fire compliance	

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C 189	Continued From page 6 doors were being held open with a set of door wedges. Fire rated doors must stay closed or be held open with a hold-open device that releases on fire alarm activation. 4. Based on observation, the building is not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier do not close completely 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 April 13, 2023: a. Smoke Barrier - the left leaf, of the double-egress cross-corridor doors, was missing the seal part of the astragal gasket, leaving a 3/8-inch gap between the meeting stiles. 5. Based on observation the building is not maintained in a safe and operating condition and Code compliant because doors take more opening force than allowed by the North Carolina State Building Code. Findings on April 13, 2023: a. Dining - the marked exterior exit door, requires more than 40 pounds of force to set the door in motion and to operate the panic bar hardware. 30 pounds is the maximum force allowed to set the door in motion and 15 pounds to move the door to the fully open position. A force of 15 pounds applied to the touchpad must release the latch. 6. Based on observations, the building fire safety is not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in the room of origin. Findings on April 13, 2023: a. Service Corridor to Laundry-Front Storage - there are two cables not firestopped as they	C 189	5-11-23 Door strips have been replaced on both corridors. Dining exit door has been adjusted and now allows a slight push to open. The two cables at laundry storage has been repaired with fire caulking.	

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C 189	Continued From page 7 penetrate the fire-resistance-rated wall assemblies. b. Bedroom 4, Hall Side Closet - there is a hole around a pipe not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 7. Based on observation, the building was not maintained in a safe manner by failing to ensure that clothes dryer duct can exhaust freely to an open free area. This could affect all by allowing lint to accumulate (fuel for a fire). Findings on April 13, 2023: a. Laundry - behind the washer, dryer and water heater is a build-up of lint. The dryer exhaust duct is stretched out in this space and must be leaking. 8. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on April 13, 2023: a. Service Corridor to Laundry-Back Storage - the door handle loosely fits the hole through the door. This produces gaps around the handle that do not allow this door to be smoke tight. b. Service Corridor to Laundry-Back Storage - the strike plate was held in with one of two screws. The plate leans out and could obstruct the door's function to close and latch. c. Bedroom 1 - when the corridor door is closed, there is a 5/8-inch gap between the face of the door leaf and the doorframe stops. This exceeds the allowable gap of 1/4 inch for a non-sprinklered building. d. Bedroom 6 - when the corridor door is closed, there is a 3/4-inch gap between the face of the door leaf and the doorframe stops. This exceeds the allowable gap of 1/4 inch for a non-sprinklered building. e. Bedroom 4 - when the corridor door is closed,	C 189	5-11-23 Closet has been repaired Ceiling and hole around the pipe has been repaired and fire caulked. 5-11-23 Dryer and washer has been moved and thrauh is cleaned behind. The exhaust duct has been replaced 5-11-23 All issues have been repaired or replaced. Staff will report ans needed repairs to Administrator/ED immediately. Administrator/ED will conduct building inspections on a weekly basis to ensure compliance in all areas.	

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C 189	Continued From page 8 there is a 1/2-inch gap between the face of the door leaf and the doorframe stops. This exceeds the allowable gap of 1/4 inch for a non-sprinklered building. 9. Based on observation, the building's fire safety equipment was not being maintained to ensure safety. This could hamper the staff's ability to extinguish a small fire, permitting it to grow. Findings on April 13, 2023: a. Pantry- the portable fire extinguisher was sitting on the floor, not mounted on its hook. 10. Based on Observation, corridor doors are not maintained in a safe and operating condition. Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin. Findings on April 13, 2023: a. Living Room - the corridor door has a wedge holding the door open. 11. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on April 13, 2023: a. Office - a multiple plug adaptor, without integral overcurrent protection, is attached to an electrical power receptacle.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 191		

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C 191	Continued From page 9 (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 facility failed to prevent the use of portable electric heaters in an Adult Care Home. This could affect residents, staff, and visitors if the heater is the ignition source of a fire. The danger increases if used by residents or combustible material is near. Findings on April 13, 2023: a. Office - a portable electric heater was found in this room	C 191	5-11-23 Portable heater has been removed from office. Administrator / ED will do a weekly building inspection to ensure compliance.	
C 197	General Lighting SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (f) In addition to the required emergency lighting, minimum lighting shall be as follows: (1) 30 foot-candle power for reading; (2) 10 foot-candle power for general lighting; and (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 facility failed to maintain the required lighting levels. Findings on April 13, 2023:	C 197	5-11-23 All lighting has been replaced or repaired. Staff will report any issues with the lighting immediately to the Administrator / ED. Administrator / ED will conduct a daily walk through to ensure lighting is adequate.	

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C 197	Continued From page 10 a. Med Room - the light in this room did not work and there was no other light in the room.	C 197		
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. Based on observation and testing with a thin plastic sheet, the facility does not provide working exhaust ventilation in required space. Findings on April 13, 2023: a. Staff Restroom - the mechanical exhaust ventilation system is not working.	C 199	5-11-23 Ventilation system has been repaired and is working properly. Staff will report any repairs immediately to the Administrator ED. Administrator / ED will conduct a building inspection on a weekly basis to ensure compliance is kept.	