

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 08/22/2023
NAME OF PROVIDER OR SUPPLIER HARMONY AT GREENSBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 3420 WHITEHURST ROAD GREENSBORO, NC 27410		
(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 by Ed Miller, conducted on August 22, 2023. Deficiencies were cited that require a new Plan of Correction.	{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", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation, the building did not meet the 2018 NC State Building Code section 1011.3 at the time of initial Licensing by not providing headroom clearance of not less than 80 inches measured vertically from a line connecting the edge of the nosing. Findings on August 22, 2023: b. 2nd FL, Stairway 5 - the headroom reduces to 6'-0" at the top of the stairway.	{C 101}		

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

TITLE

(X6) DATE

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{C 148}	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: 1. Based on observation, the facility has not provided handrails on both sides of the corridors. This deficiency affects all residents, who need the use of handrails to provide increased safety, stability/balance, and maneuverability. Findings on August 22, 2023: c. 2nd FL, Corridor near Smoke Barrier - handrails are missing in the corridor.	{C 148}		
{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: 2. Based on observations, the fire-resistance-rated enclosures protecting the Incidental areas were not maintained in a safe and operating condition by not providing 1-hour	{C 189}		

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{C 189}	Continued From page 2 rated construction, and 45-minute rated self-closing doors. This could affect all if smoke/flames are not contained to the room of origin. Findings on August 22, 2023: a. 3rd FL, Storage (100+ SF) near Housekeeping - the corridor door (45 min rated, self-closing) did not close and latch into its frame, on its own power. 3. Based on observation, the building was not maintained in a safe and operating condition, because the door(s), protecting the opening in the Elevator Lobbies Enclosure and smoke barriers do not close completely and latch 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 August 22, 2023: a. 3rd FL, Elevator Lobby Smoke Barrier - the left leaf, of the pair of cross-corridor doors, did not latch into its frame, 0 out of 4 times when the fire alarm system released the doors. d. 2nd FL, Elevator Lobby - the pair of cross-corridor doors, are not labeled. 4. 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 August 22, 2023: b. 1st FL, Courtyard Gate near AL Dining - the combination exit sign/emergency light does not illuminate on backup power when tested. 6. Based on observations, the building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room or compartment of origin.	{C 189}		

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{C 189}	Continued From page 3 Findings on August 22, 2023: d. 1st FL, Mech Room in Resident Laundry - There is a gap around the refrigerant lines that is not sealed as it penetrates the smoke-resistant wall. e. 1st FL, Mech Room near Bedroom 117 - there is a gap around the refrigerant lines not sealed as it penetrates the smoke-resistant wall. 7. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This would affect all if fire/smoke is not contained in the room of origin. Findings on August 22, 2023: a. 3rd FL, Activity Room - the escutcheon plate on the fire sprinkler does not cover the complete hole through the fire-resistance-rated ceiling providing an opening that allows the spread of fire and smoke into the attic. b. 3rd FL, Storage/Roof Access Room - a fire sprinkler escutcheon plate has dropped from the ceiling, exposing an opening around the sprinkler that allows fire and smoke into the attic. d. 3rd FL, Nurse's Storage Room - the fire sprinkler is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of fire and smoke. e. 1st FL, Sprinkler Riser Room - the escutcheon plate on the fire sprinkler does not cover the complete hole through the fire-resistance-rated ceiling providing an opening that allows the spread of fire and smoke. 10. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on August 22, 2023: d. 1st FL, Bedroom H139 - the peep hole hardware is missing, providing a 1/2-inch +	{C 189}		

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{C 189}	Continued From page 4 diameter hole through the corridor door. 12. Based on Observation, the corridor doors were 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 room of origin. Findings on August 22, 2023: a. 3rd FL, Activity Room - the corridor door has a wedge holding the corridor door open. f. 1st FL, Bedroom H118 - the corridor door has a wedge holding the door open. h. 1st FL, Bedroom H114 - the corridor door has a door wedge holding the door open. 14. Based on Observation and interview with Maintenance, the Building is not completely accessible for inspections. This will prevent any deficiency that may be discovered with regular inspections from being corrected. Keeping the area free of hazards. Findings on August 22, 2023: b. 3rd FL, Medical Office - there was no key onsite to allow access into this area for inspection.	{C 189}		
{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	{C 199}		

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{C 199}	Continued From page 5 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 did not provide working exhaust ventilation in required spaces. Findings on August 22, 2023: a. 2nd FL, Residents Laundry - the exhaust ventilation system is not working.	{C 199}		