STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	hal041085	A. BUILDING: **01** B. WING _____	**08/23/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ELMS AT ABBOTSWOOD	**3508 FLINT STREET GREENSBORO, NC 27405**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller, conducted on August 23, 2023. Records indicate this facility was first licensed on August 3, 2018. The facility is currently licensed for 48 beds. Therefore, the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 2012 Edition of the North Carolina Building Code(s), Institutional Occupancy, in effect at the time of licensure. Deficiencies were cited which require a 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:	C 101		

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C 101	Continued From page 1 1. Based on observation and interviews with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having the required procedures and components to comply and properly operate doors equipped with Special Locking. Per the NC State Building Code, if on/off emergency release switches are of the locking type (metal keyed), then all staff responsible for the evacuation of the locked Building must carry emergency release switch keys. Per the NC State Building Code, "an on/off emergency release switch must be capable of interrupting power to all electromagnetically locked doors in the facility. Release switches shall be located and identified at each nurse station serving the locked units". Findings on August 23, 2023: a. Parkside & Lakeside Wings - none of the staff interviewed had knowledge they were carrying a key to operate the on/off emergency release switches at the Building's exits. b. Parkside & Lakeside Wings - there were no emergency release switches located at the Nurse Stations and none were shown on the System Component Map, located at the FACP. 2. Based on observation, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all the required fire-resistance-rated construction required by NC State Building Code. This could affect all occupants who need time to evacuate the building. Findings on August 23, 2023: a. Service Wing, Laundry (100+ SF) Corridor Door - the door, part of the fire-resistance-rated enclosure of an Incidental Use area, did not have the minimum 45-minute fire-resistance-rated label. b. Service Wing, Environmental Services Room	C 101		

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C 101	Continued From page 2 - the door, part of the fire-resistance-rated enclosure of an Incidental Use area, did not have the minimum 45-minute fire-resistance-rated label, and is not self-closing or automatic-closing upon detection of smoke.	C 101		
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 Maintenance Technician, and Staff in Charge, the facility failed to maintain in the facility, current (completed within the last twelve months) fire and building safety inspection reports available for review. Findings on August 23, 2023: a. There was no Fire Official (Fire Marshal) report available for review. b. There was no National Fire Alarm and Signaling Code (NFPA 72) report available for review. c. There was no Standard for the Inspection, Testing, and Maintenance of Water-Base Fire Protection System (NFPA 25) report available for review.	C 111		
C 143	Janitor's Closets-Locked SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT	C 143		

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C 143	Continued From page 3 (f) The requirements for storage rooms and closets are: (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having separate locked areas for substances that may be hazardous if ingested, inhaled or handled. This deficiency affects all residents, who may accidentally use or encounter one of these hazardous substances. Findings on August 23, 2023: a. Service Wing, right side Housekeeping Closet - the corridor door to this room was not locked and there were cleaning agents, & bleach in this room.	C 143		
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. This Rule is not met as evidenced by: 1. Based on Observation, the Building was not maintained free of hazards because the compressed gas cylinders are not properly	C 166		

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C 166	Continued From page 4 secured. They may fall and break their valves off. This would turn the compressed gas cylinder into a dangerous projectile. Findings on August 23, 2023: a. Lake Side Wing, Nurse Station - six portable oxygen cylinders were standing up on the floor, not properly chained or supported by the wall or in a stan or cart.	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, the building was not maintained in a safe and operating condition, because obstructions had impeded egressing to a public way. This would affect all if they could not promptly exit during an emergency. Findings on August 23, 2023: a. Server Wing, Short Corridor to Back Door - the right leaf, to a pair of exterior exit doors, was blocked from opening with a large delivery of supplies. 2. Based on observation, the facility was not maintained in a safe and operating condition by not having fire rated doors closed to contain fire and smoke. This could affect all by not containing	C 189		

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C 189	Continued From page 5 fire and smoke in the room of origin. Findings on August 23, 2023: a. Laundry (100+ SF) Clean Linen Door- the required self-closing door was being held open with a 5-gallon bucket of laundry supplies. b. Laundry (100+ SF) Corridor Door- the required self-closing door was being held open with a 5-gallon bucket of laundry supplies. 3. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on August 23, 2023: a. Service Hall, Warming Kitchen - a warming cabinet and a dish cart were stored in front of the electrical panel "KC", limiting the required 36-inches by 30-inches minimum clear working space. b. Service Hall, Kitchen - two serving carts were stored in front of the electrical panels "KA", & "KB" limiting the required 36-inches by 30-inches minimum clear working space. 4. Based on observation and interview with the Staff in Charge the fire safety equipment was not being maintained to ensure safety. Portable fire extinguishers are subject to maintenance at intervals of not more than 1 year. This could hamper the staff's ability to extinguish a small fire, permitting it to grow. Findings on August 23, 2023: a. Service Wing, Main Electrical Room - the portable fire extinguisher had its last annual maintenance performed in October of 2017. 5. 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	C 189		

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C 189	Continued From page 6 the area of origin. Findings on August 23, 2023: a. Lakeside Wing, Warming Kitchen - a wooden wedge was holding the corridor door open. b. Service Wing, Activity Room Left Entrance - a wooden wedge was holding the corridor door open. c. Parkside Wing, Activity Magnolia Room - a wedge was holding the corridor door open.	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 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 failed to maintain the exhaust ventilation equipment in rooms required to be exhausted. Findings on August 23, 2023: a. Lakeside Wing, Bedroom 24 - the exhaust ventilation system was not working. b. Lakeside Wing, Bedroom 25 - the exhaust	C 199		

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C 199	Continued From page 7 ventilation system was not working. c. Service Wing Left Housekeeping - the exhaust fan was missing from its mounting device.	C 199		