

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 11/02/2023
NAME OF PROVIDER OR SUPPLIER VERRA SPRINGS AT HERITAGE GREENS			STREET ADDRESS, CITY, STATE, ZIP CODE 803 MEADOWOOD STREET GREENSBORO, NC 27409		
(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 Construction Section Biennial Survey by Tod Hancock, conducted on November 2, 2023. Records indicate this facility was first licensed as a Home for the Aged on August 1, 1994. The facility is currently licensed for Forty-Five (45) Beds. Based on this information, we are requiring the facility to meet the 1993 Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1991 Edition of the North Carolina State Building Code, with 1993 Revision Section 409.1, Institutional Occupancy Group Deficiencies were cited that require a Plan of Correction.	C 000			
C 193	Ovens, Ranges in Activity or Res. Rooms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff. (5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner. (k) This Rule shall apply to new and existing	C 193			

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

634C21

If continuation sheet 1 of 2

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 11/02/2023
NAME OF PROVIDER OR SUPPLIER VERRA SPRINGS AT HERITAGE GREENS		STREET ADDRESS, CITY, STATE, ZIP CODE 803 MEADOWOOD STREET GREENSBORO, NC 27409			
(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 193	Continued From page 1 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 Ovens located in resident activity areas did not have a locking feature. Findings on November 2, 2023: a. The range located in the resident activity room does not have a staff-controlled locking feature.	C 193	Had a license electrician install a shut off for the stove above the microwave with a secure lock with key as requested.	12/23/2023	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 11/08/2023
NAME OF PROVIDER OR SUPPLIER THE ARBORETUM AT HERITAGE GREENS			STREET ADDRESS, CITY, STATE, ZIP CODE 709 MEADOWOOD STREET GREENSBORO, NC 27409		
(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 Construction Section Biennial Survey by Tod Hancock, conducted on November 8, 2023. Records indicate this facility was first licensed as a Home for the Aged, on March 11, 1998. The facility is currently licensed as a Sixty-Six (66) bed Special Care Unit. Based on this information, we are requiring the facility to meet the 1996 Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 Edition of the North Carolina State Building Code, Section 409.1, Group I Unrestrained Occupancy. Deficiencies were cited that require a Plan of Correction	C 000			
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 fire safety components were not maintained in a safe and effective condition. This could expose all to fire/smoke if not contained in the room of origin. Findings on November 8, 2023:	C 189			

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

B5GE21

If continuation sheet 1 of 2

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/08/2023
NAME OF PROVIDER OR SUPPLIER THE ARBORETUM AT HERITAGE GREENS		STREET ADDRESS, CITY, STATE, ZIP CODE 709 MEADOWOOD STREET GREENSBORO, NC 27409		
(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 189	Continued From page 1 a. C-D Hallway- Electrical Room- There is a hole in the rated wall assembly. b. B Hall- Electrical Room- There is a hole in the rated ceiling assembly. 2. Based on observation, the building's emergency equipment was not maintained in a safe and operable manner. Findings on November 8, 2023: a. Room A-10- The mag lock override box is not secured to the wall.	C 189	Repaired all necessary Sheetrock as requested. Re-secured mag lock Override box to the wall as requested.	12/5/2023 12/6/2023