

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 04/30/2024
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 by Suzanna Fay conducted on April 30, 2024. There are deficiencies cited in the Biennial Construction Survey that remain to be corrected.	{C 000}	Responses to the cited deficiencies do not constitute an admission by the facility of the truth of the facts alleged or conclusions, set forth in the statement of deficiencies or corrective action report. 10A NCAC 13F .0301 Applicant of Physical Plant Requirements. Community has sourced company First Fire to check system and repair as needed	Ongoing	

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{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: New Deficiency: 3. Observations revealed that the facility does not meet the requirements of NFPA 72. All doors that are required to be unlocked by the fire alarm system shall remain unlocked until the fire alarm condition is manually reset. Findings on April 30, 2024:	{C 101}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

7TH422

If continuation sheet 1 of 5

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{C 101}	Continued From page 1 a. The magnetic hold-open devices at the cross corridor doors re-engaged when the alarm was placed in silence mode.	{C 101}	10A NCAC 13F .0306 HOUSEKEEPING AND FURSHINGS ED and maintenance director partnered with dietary manager ensured the range hood filters were cleaned.	04/30/2024
{C 164}	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the mechanical systems were not kept clean and in good repair. Findings on April 30, 2024: a. Kitchen - the commercial kitchen range hood filters were greasy at the time of the re-survey.	{C 164}		
{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.	{C 166}		

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{C 166}	Continued From page 2 This Rule is not met as evidenced by: 1. Based on Observation, the Building was not maintained free of hazards, because general maintenance was not being done or has not been completed. This could affect all residents, staff, and visitors if items were broken or partially removed and left where they could harm all. Findings on April 30, 2024: a. 300 Hall, Exit near Bedroom 301, Door Header - nails were protruding through the wooden header on the side near the door alarm.	{C 166}	10A NCAC 13F .0311 OTHER REQUIREMENTS 2(A) corridor near bedroom 311 right side panic hardware has been adjusted. 2(C) Panic Hardware has been ordered to correct. 4 (a &b) Corridor near bedroom 406 left & leaf cross corridor has been adjustable 8(a) Maintenance director repaired GFCI	05/13/2024
{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 Observation, the Building was not maintained in a safe and operating condition, because some building components failed to function as originally intended or are missing. This could affect all if the component does not function, trapping occupants inside. Findings on April 30, 2024: a. 300 Hall, Corridor near Bedroom 311, Smoke Barrier - the push of the right-side panic hardware released the door only after several attempts at	{C 189}		

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{C 189}	Continued From page 3 pushing the panic bar with excessive force. c. Cross Corridor, Corridor, Smoke Barrier - the panic hardware was missing its infill plate beside the panic bar. Interview with staff revealed that the cover had been installed and did not realize it was currently missing. 3. Based on observation, the building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier 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 April 30, 2024: a. 400 Hall, Corridor near Bedroom 406, Smoke Barrier - the left leaf, of the double-egress cross-corridor doors closed but the latch did not hold the door in the frame when the fire alarm system released the doors. b. Cross Corridor, Corridor, Smoke Barrier - the front leaf, of the double-egress cross-corridor doors closed but the latch did not hold to secure the door in the frame when the fire alarm system released the doors. 8. Based on observation, the facility failed to maintain the electrical system in a safe and operating condition. Findings on April 30, 2024: a. 400 Hall, Bedroom 413 Bath - the ground fault circuit interrupter (GFCI) electrical power receptacle did not have power to the receptacle. 10. Based on observation, the building was not maintained in operating condition because the exterior doors do not operate properly. This could affect all by delaying egress from the	{C 189}		

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{C 189}	Continued From page 4 building. Findings on April 30, 2024: a. Exterior, Front Entrance, Entrance Door - the exit door cannot swing open beyond 75 degrees because of limitations set on the door closer. Interview with staff revealed that this had not been completed because they were going to have to replace the door.	{C 189}		