

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER ABBOTSWOOD AT IRVING PARK ASSISTED LI		STREET ADDRESS, CITY, STATE, ZIP CODE 3506 FLINT STREET GREENSBORO, NC 27405		
(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 Tod Hancock, conducted on May 29, 2024. Records indicate this facility was first licensed on May 28, 1998, for 28 residents. Therefore, we are requiring that this facility meet the 1996 Regulations for Homes for the Aged and Disabled; Minimum standards and Regulations, the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds, and the 1996 edition of the North Carolina State Building Code Volume I - General Construction - Section 409 Institutional Occupancy (Group I). 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 facility failed to maintain the fire system safety components in a safe and operating condition. This could affect all occupants who rely on timely notification of emergencies. Findings May 29, 2024:	C 189		

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

TITLE

(X6) DATE

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C 189	Continued From page 1 a. The Fire Alarm Control Panel (FACP) was indicating trouble with the relay. An interview with staff revealed a work order had been issued for the repairs to be made. 2. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings May 29, 2024: a. Fire Panel Room- There is sleeve penetrating the ceiling containing communication conductors that is not fire stopped. 3. Observations revealed that the plumbing equipment was not maintained in a safe operating condition. Findings May 29, 2024: a. Kitchen- The ice machine drain does not have a 2" air gap	C 189		