Tammy

From: Pusic, zographia H <zoe.pusic@dhhs.nc.gov>
Sent: Tuesday, November 19, 2024 10:54 AM
To: 'highgroveltcare@triad.twcbc.com'
Cc: 'mhankins@co.rockingham.nc.us'; 'twarner@ci.reidsville.nc.us'; Hancock, Tod; Sluder, Chris; Hoppin, Glenn
Subject: DHSR - Highgrove Long Term Care Center
Attachments: 20241119-Highgrove Long Term Care Center-letter.pdf; 20241119-Highgrove Long Term Care Center-sod.pdf

Importance: High

Attached is the Statement of Deficiencies and letter for the **DHSR – Construction Section Biennial Survey** conducted on **October 1, 2024 Tod Hancock.**

Write the date that the work will be completed and how it will be completed on the right-hand side of your Plan of Correction. The work does not have to be completed before you submit this form. You also need to sign and date the Plan of Correction at the bottom. The POC is due back by December 4, 2024.

The Plan of Correction can be:

Mailed to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Faxed to: (919) 733-6592

Emailed to: DHSR.Construction.Admin@dhhs.nc.gov

Thank you.

Zoe Pusic
Administrative Specialist I
Division of Health Service Regulation – Construction Section
NC Department of Health and Human Services

Office: 919-855-3857
Fax: 919-733-6592
Zoe.Pusic@dhhs.nc.gov

1800 Umstead Drive, Williams Building
2705 Mail Service Center
Raleigh, NC 27603

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

November 19, 2024
Tammy Niemczura, Executive Director (via email only)
2135 S. Scales Street
Reidsville, NC 27320

RE: Highgrove Long Term Care Center – ACH Biennial Construction Survey
2135 S Scales Street
Reidsville (Rockingham County)
FID #920542

Dear Ms. Niemczura:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on October 1, 2024. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

    1. Corrective action must begin immediately.
    2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR – Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to **SIGN, DATE, AND RETURN** the Plan of Correction to DHSR – Construction by December 4, 2024. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The

PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mailed to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Faxed to: (919) 733-6592

Emailed to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction."

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by December 4, 2024. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by December 4, 2024. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Jeff Harms, Acting Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: https://info.ncdhhs.gov/dhsr/.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Tod Hancock

Tod Hancock
Biennial Institutional Engineering Surveyor
DHSR – Construction Section

cc: DHSR – Adult Care Licensure Section
City Building Inspection Department – with attachment (via email only)
Rockingham County DSS – with attachment (via email only)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079002	A. BUILDING: 01 B. WING _____	10/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHGROVE LONG TERM CARE CENTER	2135 S SCALES STREET REIDSVILLE, NC 27320

(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 October 1, 2024. This facility was licensed on November 18, 1987, as a HA and is currently licensed for 62 Beds. Therefore, this 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 1978 (Revision 8) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1987 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. Deficiencies were cited that require a Plan of Correction.	C 000	IN REFERENCE TO SECTION .0300 - PHYSICAL PLANT 10ANCAC 13F.0310 ELECTRICAL OUTLETS 1A. ELECTRICIAN REPLACED/ REPAIRED GFI ON 10/2/24. SEE INVOICE ATTACHED. THE DIRECTOR AND MAINTENANCE MAN WILL MONITOR FOR SAFETY AND COMPLIANCE.	
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on observation the facility is not maintaining the electrical components located near a water source in a safe manner. Findings on October 1, 2024: a. Main Hall - Large Bath- Upon test, the receptacle adjacent to the sink indicated that the hot and ground were reversed.	C 188		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079002	A. BUILDING: 01 B. WING _____	10/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHGROVE LONG TERM CARE CENTER	2135 S SCALES STREET REIDSVILLE, NC 27320

(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	C 189	In Reference to Section .0300 - Physical Plant 10A NCAC 13F .0311 OTHER Requirements. 1A. Exterior - Left of Front Entrance - The Fire Alarm Audible Annunciator has been anchored back in place. This was completed on 10/2/24 by the maintenance man. Items noted have been corrected; Repaired; Replaced. The Director and maintenance man will continue to monitor on a monthly basis to maintain quality assurance and ensure that Deficient pratice does not reoccur.	
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 on October 1, 2024: a. Exterior-Left of Front Entrance- The fire alarm audible annunciator has become dislodged from its anchorage.	C 189		

Jamesia P. Nicomqua Director 11/19/24

STATEMENT

WAYNE JONES

174 County Line Road
Reidsville, NC 27320
Phone 336-349-4869

10/2, 2024

High Grove Long Term Care
2135 S Scales St. Reidsville, N.C.
Repair GFI circuits & fireplaces

1	GFI TR20 recept.	36.50
	Service & mileage	298.00
	Total	$334.50

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