Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041015	A. BUILDING: 01 B. WING _____	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWSON'S ADULT ENRICHMENT CENTER	1319 WOODBRIAR AVENUE 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 by Suzanna Fay conducted on January 8, 2025. Records indicate this facility was Licensed as a Home of the Aged serving eighteen residents on July 7, 1994. Therefore, the facility must meet the 1991 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes and the 1991 NC State Building Code, Section 409, Special Institutional Occupancy - Group I Unrestrained Occupancies. Deficiencies were cited that require a Plan of Correction.	C 000	All plumbing and GFCI receptacles will be checked on a biweekly basis by maintance man, any issues are to be reported immediately to Administrator / designee for repair.	1/15/25
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside grounds were not maintained in a safe condition. Findings on January 8, 2025: a. Back porch - the top railing has dry rotted and there are gaps at the joints with nails protruding. The right side rail is loose.	C 160	All railings have been repaired/replaced. Staff will notify the Administrator / designee of any unsafe conditions immediately for repairs. Administrator / designee will conduct a weekly building inspection for 2 months, then monthly there after.	2/15/25
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT	C 164		

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C 164	Continued From page 1 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. Observations revealed that the walls, ceilings and floors were not kept clean and in good repair. Findings on January 8, 2025: a. Room 5 - the floors were dirty. There was dust and trash under the beds and nightstand. The floor around the toilet has dark brown stains. The room was cleaned at the time of survey. b. Room 5 - the bathroom door is rubbing on the floor and gouging out an indentation in the floor. c. Bedroom 1 Bath - there is a soft spot in the ceiling near the right wall and the area around the soft spot is water stained. d. Community Bath - the tile grout around the tub has black mildew stains. 2. Observations revealed that the facility was not maintained free of chronic, unpleasant odors. Findings on January 8, 2025: a. Housekeeping by Room 5 - there is a strong sewer gas odor in the room. Interview with staff revealed that the plumbing in this room was not used indicating that the traps may have dried out creating the unpleasant odor. b. Guest Bath - there was a strong sewer odor due to a clogged toilet. This was corrected at the time of survey.	C 164	A. Staff cleared room immediately. Administrator/ designee adjusted cleaning assignment to ensure room cleanliness at all times. 1/8/25 B. Bathroom door has been adjusted. No longer scrapping tile. 2/15/25 C. Spot in ceiling has been fixed, and ceiling has repaired and painted. 2/15/25 D. Tile around the bath tub has been replaced, grout has been cleaned and regrouted. 2/15/25	

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C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Review of records revealed that the fire rehearsals logs did not include all required information. Findings on January 8, 2025: a. The records did not include a short description of what the rehearsal involved.	C 185	Administrator / designee will conduct a building inspection weekly for 2 months then biweekly thereafter, to ensure that everything is working properly and maintained. Fire drills will include recommended information on forms. 2/5/25 Administrator / designee will ensure description is included at the time fire drills are conducted. Administrator / designee will inspect forms monthly for accuracy.	
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.	C 189		

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C 189	Continued From page 3 This Rule is not met as evidenced by: 1. Based on observation and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be affected if the equipment failed to alert the occupants in case of a fire. Findings on January 8, 2025: a. Four out of five smoke detectors were sprayed with "smoke check" and none of the detectors activated the fire alarm. It appeared that there was no power supplied to the detectors as the indicator lights were not illuminated. b. The smoke detector in the lobby had paint residue on the head. 2. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could affect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on January 8, 2025: a. Kitchen - the emergency light did not illuminate on test. 3. Based on observation there is a failure to maintain the building's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be affected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin. Findings on January 8, 2025: a. Both pairs of cross corridor doors were propped open with wedges or weights.	C 189	1/8/25 Inspector from northamerican came out 1/8/25. One dector was bad, he replaced it and checked wiring throughout system. All dectors are currently working properly. Administrator/designee will perform biweekly alarm checks to ensure equipment is working properly. 1/8/25 - Emergency lighting was replaced. Administrator/designee will perform biweekly testing to ensure all equipment is working properly. 1-8/25 - All props/items blocking doors have been removed. Administrator/designee will ensure all doors are properly closed on a daily basis.	

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C 189	Continued From page 4 4. Based on observation the electrical equipment has not been maintained in a safe manner. This is a potential shock hazard if receptacles near water sources do not function to provide shock protection. Findings on January 8, 2025: a. Room 8 Bathroom - the GFCI outlet at the sink did not have power. 5. Based on observation electrical equipment has not been maintained in a safe manner. Findings on January 8, 2025: a. Room 7 Bath - the light in the bathroom was out. b. Guest Bath - the overhead light is out. 6. Observations revealed that the plumbing equipment was not maintained in operating condition. Findings on January 8, 2025: a. Guest Bath- the toilet was clogged and would not flush. This was corrected at the time of survey.	C 189	11/15/25 - GFCI has been replaced and tested, and operating properly. 2/15/25 - All light fixtures have been replaced and operating properly. 11/15/25 - Plumbing throughout the community is working and operating properly. Staff will ensure all lights are working properly on a daily basis. Any problems/ issues will be reported to Administrator/designee immediately for repair. Administrator/designee will perform a weekly building inspection to ensure proper lighting is being maintained.	