

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL041060</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/27/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ABBOTSWOOD AT IRVING PARK ASSISTED LI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3506 FLINT STREET GREENSBORO, NC 27405</b>
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C 000	<p>Initial Comments</p> <p>Report of a Biennial Construction Survey by Ed Miller on February 18, 2015.</p> <p>Records Indicate the Facility was either first submitted or licensed on May 28, 1998. Therefore, we are requiring that this facility meet the 1996 "Regulations for Homes for the Aged and Disabled ; Minimum standards and Regulations and 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). Licensed for TWENTY EIGHT RESIDENTS.</p> <p>Physical plant deficiencies were noted which require a plan of correction.</p>	C 000		
C 111	<p>Must Have Current San. &amp; Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION( f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: 1. Based on Record review, and interview with Executive Director/Maintenance Director the facility failed to provide an environment in accordance with this Rule. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discover with annual inspections. Findings on February 27, 2015: a. The records indicated that the last Annual</p>	C 111		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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C 111	Continued From page 1  Fire Officials Safety Inspection Report was performed over a year ago on January 29, 2014.	C 111		
C 133	Bathrooms-Hand Grips  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;  This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that all resident commodes, tubs and showers are equipped with hand grips. This deficiency affects all residents who use theses fixtures by not providing increasing safety, stability/balance, and maneuverability at the fixtures. Findings on February 27, 2015: a. There was no hand grip (grab bar) in the first stall in the Women Toilet Room.	C 133		
C 153	Exit Door Locks-Single Hand Motion  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and	C 153		

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C 153	Continued From page 2  This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not proving single hand motion door hardware at exits. This would affect all residents, staff and visitors by requiring more time to exit the building during an emergency. Findings on February 27, 2015: a. The following exit doors have dead bolt with inside thumb turn release in addition to a lockset door handle requiring multiple hand motions to operate the door. i. Right side corridor exit near Kitchen.	C 153		
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 facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by potentially exposing them to unsanitary conditions. Findings on February 27, 2015: a. Some plumbing fixtures had hoses long enough to reach gray water that were not equipped with vacuum breakers to prevent backsiphonag of gray water back into the potable water plumbing lines. The hoses are at the	C 164		

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C 164	Continued From page 3  following locations to include but not limited to: i. Beauty Shop, ii. Both Showers to Bedroom 116.	C 164		
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. Based on Record review, and interview with Executive Director/Maintenance Director the facility failed to provide an environment in accordance with this Rule. This deficiency affects all residents, staff and visitors by not having trained staff and cooperative residents when a there is a need to evacuate the building. Findings on February 27, 2015: 1. There was no documentation of second shift's rehearsals for the second, and third quarter or third shift's rehearsals for the second and fourth quarters. 2. The records of fire plan rehearsals did not describe what the residents rehearsed and provided limited description of what staff rehearsed.	C 185		

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C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin.</p> <p>Findings on February 27, 2015:</p> <p>a. The front leaf of the Dining Room corridor door did not automatically latch into its frame when the fire alarm system released the doors.</p> <p>b. The left leaf of the Activity room corridor door did not automatically latch into its frame when the fire alarm system released the doors.</p> <p>c. The Right leaf of the Smoke Barrier wall near Bedroom 110, did not automatically latch into its frame when the fire alarm system released the doors.</p> <p>2. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and</p>	C 189		
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C 189	<p>Continued From page 5</p> <p>visitors if smoke/fire is not contained in Room or compartment of origin.</p> <p>Findings on February 27, 2015:</p> <p>a. The ceiling had a ½ Inch flexible metal conduit running through a 1 ½ inch hole in the Fire Control Valve Room,</p> <p>b. The back Exit Corridor near the Activity Room had a 1 inch by 2 inch hold through the ceiling,</p> <p>c. The ceiling had a 3 inch by 3 inch hole in the Soiled Utility Room's Electrical Room,</p> <p>d. The ceiling had a hole in the Janitor/Mech Room,</p> <p>e. The ceiling had a hole in the Janitor/Mech Room's Electrical Room.</p> <p>3. Based on observation, the facility did not meet the 1996 NC State Building Code as relates to exit signs.</p> <p>Findings on February 27, 2015:</p> <p>a. There is no directional exit sign directing you into the exit access corridor adjacent to the Kitchen when you exit the control doors near Women Toilet Room traveling to the right.</p>	C 189		
C 191	<p>Unvented &amp; Portable Elec. Heaters Prohibited</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances.</p> <p>(2) Unvented fuel burning room heaters and portable electric heaters are prohibited.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p>	C 191		

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C 191	Continued From page 6  This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This could affect all residents, staff and visitors if heater were the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on February 27, 2015: a. A portable electric heater was found in the Human Resource Director Office, deficiency corrected before Construction Surveyor departed the site, b. A portable electric heater was found in the Assisted Living Director Office, deficiency corrected before Construction Surveyor departed the site.	C 191		
C 199	Exhaust Ventilation  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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:	C 199		

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C 199	<p>Continued From page 7</p> <p>1. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not maintaining the ventilation where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors.</p> <p>Findings on February 27, 2015:</p> <p>a. The spot exhaust fan was not running, at the following locations to include but not limited to:</p> <ul style="list-style-type: none"> <li>i. Soiled Utility Room.</li> <li>ii. Laundry Room.</li> </ul>	C 199		