

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL079002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 CONSTRUCTION SECTION B. WING _____ MAR 30 2016	(X3) DATE SURVEY COMPLETED 02/25/2016
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NAME OF PROVIDER OR SUPPLIER HIGHGROVE LONG TERM CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2135 S SCALES STREET REIDSVILLE, NC 27320	RECEIVED
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(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
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C 000 Initial Comments

Report of a Biennial Construction Survey by Frank Strickland on 02/25/2016:

Information obtained from the DHSR database indicates that this facility was licensed on 11/18/1987 as a HA. This facility 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 have been cited and a Plan of Correction is required.

C 000

IN REFERENCE TO SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F.0306 HOUSEKEEPING AND FURNISHINGS. ALL RETURN AIR GRILLS LOOKED GREAT, EXCEPT IN THE LARGE DINING HALL. ON 2/26/16, HVAC SUPPLY AND RETURN AIR GRILLS WERE CLEANED AND SERVICED. THIS WAS COMPLETED BY THE MAINTENANCE MAN AND WILL BE ONGOING.

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 has not maintained and serviced the HVAC supply and return air grilles. This will effect all residents and staff.

Findings on 02/25/2016:

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Jamesia Neangua, Director* TITLE *Director* DATE *3/21/16*

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C 164	Continued From page 1 The return-air grilles have excessive particulate build-up in the Dining Hall.	C 164	<p>IN REFERENCE TO SECTION .0300-Physical Plant 10A NCAC 13F.0311 OTHER REQUIREMENTS.</p> <p>I.A. MAINTENANCE MAN SEALED AREA IN ACTIVITY OFFICE CLOSET WITH FIRE RATED MATERIAL. Completed 2/26/16.</p> <p>I.B. MAINTENANCE MAN SEALED CORRIDOR SIDE WALL WITH FIRE RATED MATERIAL IN ACTIVITY OFFICE CLOSET. Completed 2/26/16.</p> <p>I.C. MAINTENANCE MAN FASTENED METAL ANGLES AND DUCT INSULATION AROUND DUCT WORK IN THE CEILINGS AHU #1 AND #3. Completed ON 2/26/16.</p>	
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: 1-Based on observation, the facility was not maintained in a safe manner due to breaches of the one-hour roof/ceiling assembly construction that has invalidated its integrity. This could affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin.</p> <p>Findings on 02/25/2016: The following location(s) have breaches in the ceiling and wall construction: (a) The ceiling has piping penetrations that are not sealed with a fire-rated material that are located in the Activity Director's Office closet. (b) The corridor side wall has piping penetrations that are not sealed with a fire-rated material that are located in the Activity Director's Office closet. (c) The exterior Mechanical Rooms that have AHU #1 & #3 have openings in the ceilings around ductwork due to unfastened metal angles and duct insulation.</p>	C 189		

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Jamesia Neamsqua
Director 3/21/16

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C 189	<p>Continued From page 2</p> <p>2-Based on observations, the facility fire protection equipment incorporated in the HVAC system was not maintained in a safe manner. This could effect all residents and staff by not providing full detection of smoke in the facility.</p> <p>Findings on 02/25/2016: The duct smoke detector sampling tubes have excessive particulate build-up for AHU's #1, #2 & #3 that are located in the rear exterior Mechanical Rooms.</p> <p>3-Based on observations, the facility has not maintained in a safe and operating condition by failing to ensure that egress from all areas can be done without the use of keys, tools or special knowledge or effort. This could affect residents, staff or visitors if someone becomes trapped in a space accidentally.</p> <p>Findings on 02/25/2016: The Med Closet has a 2.5 inch steel hasp lock beside locking doorset.</p>	C 189	<p>2. ON 2/29/16, REIDSVILLE HEATING AND AIR SERVICED ALL THE DUCT SMOKE DETECTOR SAMPLING TUBES; CLEANED AND REMOUNTED. SERVICED CONDENSORS; SMOKE DETECTORS; FURNACES; AND AC UNITS. SEE ATTACHED INVOICE.</p> <p>3. MAINTENANCE MAN CHANGED LOCK ON MED CLOSET TO RECOMMENDED DEAD BOLT. COMPLETED 2/29/16.</p> <p>ALL ITEMS NOTED HAVE BEEN CORRECTED AND COMPLETED. DIRECTOR AND MAINTENANCE STAFF WILL CONTINUE TO MONITOR ON A MONTHLY BASIS TO MAINTAIN QUALITY ASSURANCE AND ENSURE THAT DEFICIENT PRACTICE DOES NOT REOCCUR.</p>	
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Jamesia Niangua
Director
3/21/16.



REIDSVILLE HEATING & AIR CONDITIONING, INC.

648 South Scales Street
Reidsville, NC 27320
(336) 349-2447

Date 2/29/16 Technician JM
Service Location High Grove Rest Home

In _____ Out _____ Invoice # _____

Phone _____ Alt Phone _____

Make _____ Model # _____

Serial # _____ Product # _____

DATE BILLED 3/11/16

NAME High Grove

STREET 2135 Scales St
CITY Reidsville

STATE NC ZIP 27320

DIAGNOSTIC / MAINTENANCE CHECKLIST
GAS BURNER / FURNACE

- Burner Assy.
- Venting Assy.
- Thermostat
- Filter / Oil
- Blower Assy.
- Electrical Wiring
- Operation
- Oil Lines
- Oil Tank
- Operation
- Primary Voltage
- Secondary Voltage
- Ductwork
- Motor Amps
- Electrical Components
- Air Filter
- Heat Exchanger

AIR CONDITIONER / HEAT PUMP

- Thermostat
- Filter
- Drain Line
- Sealing & Insulation
- Electrical Wiring
- Condensor Coil
- Condensor Fan Motor
- Motor Amps
- Compressor Amps
- Electrical Components
- Primary Voltage
- Defrost Control
- Secondary Voltage
- Operation
- Freon Charge 00
- Ductwork
- Indoor Temp. _____
- Outdoor Temp. _____
- Suct. Press. _____
- Head Press. _____

RECOMMENDATIONS:

REPAIR CODE	REPAIR DESCRIPTION	REPAIR AMOUNT
	Removed all duct mounted smoke detectors cleaned & sensitized, changed all air filters	\$180.00
	Ran all A/C units checked & refilled charge, checked contacts wires etc.	\$430.00
	Blowdown	
	8) Smoke Detectors	
	8) Furnaces	
	sub total	\$610.00
	Diagnostic Charge	
	Freight Charge	
	TOTAL	\$610.00

After Hours _____ Sat. _____ Sun. _____ Diagnostic Charge

Date ____/____/____ Amount Paid 610.00
BALANCE DUE

REPAIR AUTHORIZATION:

Customer has _____ Authorized _____ Declined _____

Customer Purchase Order # _____

CUSTOMER SIGNATURE _____

Thank You

TERMS: Payment due when services rendered. A service charge will be added if not paid within 10 days.

PLEASE PAY FROM THIS INVOICE

VISA _____ MC _____ Cash _____ Check _____

Card # _____

Exp. Date _____ Check # _____

All Repairs Are Warranted For One Year Materials & Labor