Division of Health Service Regulation

PRINTED: 06/28/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING	(X3) DATE SURVEY COMPLETED 06/17/2016
NAME OF PROVIDER OR SUPPLIER ARBOR CARE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 510 BANNER AVENUE GREENSBORO, NC 27401		

(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 Biennial Construction Survey by Ed Miller on May 17, 2016. Record indicate that this facility was first licensed on June 28, 1973 as a Home for the Aged. the Facility is currently licedsed for 92 beds. Therefore, this facility is required to meet the 1971 Homes for the Aged and Disabled Minimum Standards and Regulations, applicable portions of the 2005 Rules 10A NCAC 13F for Adult Care Homes of Seven or More Beds and the 1987 North Carolina State Building Code Group "D". Deficiencies were noted which require a Plan of Correction.	C 000		
C 101	Existing Licensed Fac- No less than 71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS: The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by:	C 101	[redacted]	

Division of Health Service Regulation
LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 7/25/16
(828) 676-9063

STATE FORM 6899 GXO921 If continuation sheet 1 of 16

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL04 1175	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 06/17/2016
NAME OF PROVIDER OR SUPPLIER: ARBOR CARE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE: 810 BANNER AVENUE GREENSBORO, NC 27401		

(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 101	Continued From page 1 1. Based on observation, the facility failed to meet NC State Building Code at the time of initial Licensing for corridor doors that are not 1 ¾ inches thick and solid core construction or equivalent. This could affect all residents, staff and visitors if smoke/fire is not contained in Room of origin. Findings on May 17, 2016: a. Bedroom 1 - the corridor door was 1 3/8 inch thick and of hollow construction b. Bedroom 2 - the corridor door was 1 3/8 inch thick and of hollow construction. c. Bedroom 3 - the corridor door was 1 3/8 inch thick and of hollow construction. d. Bedroom 4 - the corridor door was 1 3/8 inch thick and of hollow construction. e. Bedroom 50 - the corridor door was 1 3/8 inch thick and of hollow construction	C 101	We hope to have all doors replaced by 8/31/16	
C 111	Must Have Current San. & Fire Safety Reports 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. This Rule is not met as evidenced by: 1. Based on record review, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s). This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discovered with annual inspections. Findings on May 17, 2016: a. NFPA 72 "National Fire Alarm and Signaling	C 111		

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	HAL04 1176		05/17/2016

NAME OF PROVIDER OR SUPPLIER: ARBOR CARE ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE: 510 BANNER AVENUE, GREENSBORO, NC 27401

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C 111	Continued From page 2 Code" requires annual inspection, testing, and Maintenance of your Fire Alarm Systems. The last annual inspection was performed in September 23, 2014.	C 111	Scheduled annual inspection 7/26/16 Expecting inspection first week of August	
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 these fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on May 17, 2016: a. Bathroom 5 - there were no hand grips (grab bar) for the commode.	C 133	Completed 7/15/16	
C 148	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load;	C 148		

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	HAL04: 1175		06/17/2016

NAME OF PROVIDER OR SUPPLIER: ARBOR CARE ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE: 510 BANNER AVENUE, GREENSBORO, NC 27401

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C 148	Continued From page 3 This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having stable handrails in the corridor. This deficiency affects all residents, staff and visitors who use this unstable handrail by not providing increasing safety, stability/balance, and maneuverability required of these devices. Findings on May 17, 2016: a. Corridor between Closet and Bedroom 7 - a section of handrail was missing. b. Back Ramp - there was no handrail on both sides of the ramp.	C 148	Completed both rails 7/21/16	
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g). The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe manner by not maintaining clear and unobstructed exit paths to the outside. This would affect all residents, staff and visitors by obstructing egress during an emergency. Findings on May 17, 2016: a. Staff area at Exit 3 - a locked door that does not swing in the direction of egress had been installed obstructing access to Exit 3. Deficiency corrected before Construction Surveyor departed Site.	C 150	Completed in July	
C 153	Exit Door Locks-Single Hand Motion SECTION .0300 - PHYSICAL PLANT	C 153		

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	HAL04 075		05/17/2016

NAME OF PROVIDER OR SUPPLIER: ARBOR CARE ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE: 510 BANNER AVENUE GREENSBORO, NC 27401

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C 153	Continued From page 4 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 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 May 17, 2016: a. Exit 1 - the exit door's doorknob was not a single-hand-motion device. b. Exit 7 - the exit door have a dead bolt with inside thumb turn release in addition to a lockset door handle requiring multiple hand motions to operate the door.	C 153	Completed by 7/29/16	
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 door 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:	C 164		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING	(X3) DATE SURVEY COMPLETED 05/17/2016

NAME OF PROVIDER OR SUPPLIER: ARBOR CARE ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE: 510 BANNER AVENUE GREENSBORO, NC 27401

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C 164	Continued From page 5 1. Based on Observation, the facility failed to have walls ceilings, and floors or floor coverings, kept clean and in good repair. Findings on May 17, 2016: a. Corridor near Bedroom 7 - the ceiling tiles were stained. b. Foyer near Administrator's Office - the carpet was stained. c. Corridor near Bedroom 10 - the ceiling was stained. d. Kitchen - the hand wash sink was loosely attached to the wall. e. Bedroom 57 - the ceiling tiles were stained	C 164	a) Completed by 7/29/16 b) Replacing all carpet by 8/31/16 c) completed 7/29/16 d) completed by 7/29/16 e) completed by 7/29/16	
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (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 free of hazards. This could affect all residents, staff and visitors, if equipment in disrepair injured someone. Findings on May 17, 2016: a. Nurse Station - there were two electrical power receptacles missing their cover plates. b. Bedroom 28 - the cover to the baseboard heater was missing.	C 166	a) Complete June b) Complete June	
C 167	Housekeeping- Supply Soap, Clean Towels	C 167		

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	HAL041275		05/17/2016

NAME OF PROVIDER OR SUPPLIER: ARBOR CARE ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE: 510 BANNER AVENUE, GREENSBORO, NC 27401

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C 167	Continued From page 8	C 167		
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (6) have a supply of bath soap, clean towels, washcloths, sheets, pillow cases, blankets, and additional coverings adequate for resident use on hand at all times; (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 maintain adequate supplies for resident use on hand at all times Findings on May 17, 2016: a. Corridor Bathroom across from Laundry - there were no supplies for hand drying.		a) Completed 5/17/16	
C 174	Bedroom Furnishings-Table, Mirror, Chairs	C 174		
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (2) a bedside type table; (3) chest of drawers or bureau when not provided as built-ins, or a double chest of drawers or double dresser for two residents; (4) a wall or dresser mirror that can be used by each resident; (5) a minimum of one comfortable chair (rocker or straight, arm or without arms, as preferred by resident), high enough from floor for easy rising; (6) additional chairs available, as needed, for use by visitors; (e) This Rule shall apply to new and existing		Completed July	

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NAME OF PROVIDER OR SUPPLIER: ARBOR CARE ASSISTED LIVING

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C 174	Continued From page 7 facilities. This Rule is not met as evidenced by: 1. Based on observations, the facility failed to maintain the furnishings in good repair and clean for each residents. Findings on May 17, 2016: a. Bedroom 11 - this double occupancy room had no comfortable chairs b. Bedroom 30 - the dresser was missing knobs. c. Bedroom 30 - the nightstand was missing all knobs.	C 174	a,b,c - Completed by 7/29/16	
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This would affect all residents, staff and visitors by not identifying emergency equipment not in proper working order. Findings on May 17, 2016: a. Entire Building - since the annual maintenance, performed in September 2015, there has been little documentation of the portable fire extinguisher's monthly inspections.	C 183	Completed before 7/21/16	

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	HAL041175		05/17/2016

NAME OF PROVIDER OR SUPPLIER: ARBOR CARE ASSISTED LIVING

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C 184	Continued From page 8	C 184		
C 184	Fire Safety-Evacuation plan SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the building failed to properly post and maintain the evacuation maps. This would affect all residents, staff and visitors by not providing proper guidance during an emergency. Findings on May 17, 2016: a. Most Corridors - the mounted evacuation map were not oriented to the actual floor arrangement,	C 184	Completed 5/17/16	
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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	HAL041078		05/17/2016

NAME OF PROVIDER OR SUPPLIER: ARBOR CARE ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE: 510 BANNER AVENUE, GREENSBORO, NC 27401

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C 189	Continued From page 9	C 189		
	This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe and operating condition. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm. Findings on May 17, 2016: a. Bedroom 15 - the room was being changed-over and the smoke detector has been removed. b. Linen Closet in Little House Living Room - there was no detection in this room c. Linen Closet in West Wing - the fire alarm system's heat smoke detector was dangling from the ceiling by its power/operational wires.		a,b,c completed by 7/29/16	
	2. Based on observation, the Building was not maintained in a safe and operating condition. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on May 17, 2016: a. Cross-corridor door near Bedroom 8 - when this door closed, the Exit has no sign directing you to egress through the door. b. Cross-corridor door near Bedroom 14 - when this door closed, the Exit has no sign directing you to egress through the door. c. Cross-corridor door near Bedroom 43 - when this door closed, the Exit has no sign directing you to egress through the door.		a b c completed by 7/29/16	
	3. Based on Observation, the Building was not maintained in a operating condition. Findings on May 17, 2016: a. Cross-Corridor Door near Bedroom 8 - the magnetic hold open for this door was about to fall-off the wall.		a) completed by 7/29/16	

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NAME OF PROVIDER OR SUPPLIER: ARBOR CARE ASSISTED LIVING

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C 189	Continued From page 10 4. Based on observation and testing, the Building was not maintained in a safe and operating condition. This would affect all residents, staff and visitors if the egress pathways were not illuminated during power outages and there is no other illumination available. Findings on May 17, 2016: a. Foyer near Administrator's Office - the self-contained emergency light did not work on backup power when the test button was pushed. b. Staff Area near Exit 3 - the self-contained emergency light did not work on backup power when the test button was pushed. c. Ramp near Nurse Station - the self-contained emergency light did not work on backup power when the test button was pushed. d. Nurse Station - the self-contained emergency light did not work on backup power when the test button was pushed. e. Kitchen - the self-contained emergency light did not work on backup power when the test button was pushed and was unplugged. f. Dining - the self-contained emergency light did not work on backup power when the test button was pushed. g. Little House Front Exit - the self-contained combination exit sign/emergency light unit did not work on backup power when the test button was pushed or normal power 5. Based on observation, the Building was not maintained in a safe and operating condition. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on May 17, 2016: a. Bedroom 28 - the corridor door had a cracked wood doorframe that will not resist the passage of smoke.	C 189	a-g) completed by 7/29/16 repaired by 7/29/16	

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C 189	Continued From page 11 7. Based on observation, the facility failed to maintain the one-hour fire-resistance-rated ceiling. This could affect all residents, staff and visitors by not containing smoke and fire in the room or smoke compartment of origin. Findings on May 17, 2016: a. Bedroom 30 Closet - the suspended ceiling tiles were not properly placed in the supporting grid, and/or are missing/broken/chipped. b. Housekeeping near Toilet Room 12 - the suspended ceiling tiles were not properly placed in the supporting grid, and/or are missing/broken/chipped. Supporting grid was also missing. 8. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documented required to ensure a properly working system. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on May 17, 2016: a. Kitchen -Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in March 2016, there has been no record keeping of the monthly inspections. 9. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps around penetration through the fire-resistance-rated construction. These breaches invalidate the fire-resistance-rated construction's integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin.	C 189	a, b) completed in July a) completed in June w/ extinguisher service.	

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NAME OF PROVIDER OR SUPPLIER: ARBOR CARE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE: 510 BANNER AVENUE GREENSBORO, NC 27401		

(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) COMPLETION DATE
C 189	Continued From page 12 Findings on May 17, 2016: a. Activity Room - the smoke detector did not completely clover the opening through the fire-resistance-rated ceiling assembly. b. Abandoned Toilet Room near Bedroom 10 - a metal pipe penetrating the fire-resistance-rated ceiling assembly was sealed with orange foam. This orange foam is not approved to seal penetrations in the occupancy type. c. Bedroom 25 - there was a hole through the fire-resistance-rated ceiling assembly d. Linen near Bedroom 25 - the smoke detector did not completely clover the opening through the fire-resistance-rated ceiling assembly; e. Kitchen - there was a gap around a conduit penetration through the fire-resistance-rated ceiling assembly. 10. Based on observation, the Building was 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 some staff and visitors if someone becomes trapped inside. Findings on May 17, 2016: a. Bedroom 8 - the closet door was equipped with hasp hardware and locked with a padlock. This locking system did not provide an override device allowing exiting from the area. b. Bedroom 28 - the closet door was equipped with hasp hardware and locked with a padlock. This locking system did not provide an override device allowing exiting from the area. c. Bedroom 52 - the closet door was equipped with hasp hardware and locked with a padlock. This locking system did not provide an override device allowing exiting from the area 11. Based on observation, the building was not maintained in accordance with NC Electrical	C 189	a-e) Completed by 9/29/16 a,b,c) removed unsure of date	

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041375	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING	(X3) DATE SURVEY COMPLETED 05/17/2016
NAME OF PROVIDER OR SUPPLIER: ARBOR CARE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE: 510 BANNER AVENUE GREENSBORO, NC 27401		

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C 189	Continued From page 13 Code because of improper wiring method. This would affect all residents, staff and visitors by exposing them to potential fire hazard. Findings on May 17, 2016: a. Bedroom 25 - a light fixture was installed in the closet with twisted wires and tape. Deficiency corrected before Construction Surveyors departed Site.	C 189	a) Corrected in June	
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 prevent the use of portable electric space heater(s) in an Adult Care Home. This could affect all residents, staff and visitors if heater was the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on May 17, 2016: a. Executive Director Office - a prohibited portable space electric heater was found in this room, unplugged.	C 191	Removed same day (5/17/16)	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING	(X3) DATE SURVEY COMPLETED 05/17/2016
NAME OF PROVIDER OR SUPPLIER: ARBOR CARE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE: 510 BANNER AVENUE GREENSBORO, NC 27401		

(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 199	Continued From page 14	C 199		
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: 1. Based on Observation, the facility failed to provide ventilation in areas where odors are generated or required. This could affect all residents, staff and visitors by subjecting them to odors. Findings on May 17, 2016: a. Bedroom A26 - this room was being used as a housekeeping closet and there was no exhaust ventilation system and odors were present. b. Bathroom Labed Gentleman 10 - there was no exhaust ventilation system and odors are present. 2. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on May 17, 2016:	C 199	Moved to room with proper ventilation by 7/29/16 (Laundry room @ little house)	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING	(X3) DATE SURVEY COMPLETED 06/17/2016
NAME OF PROVIDER OR SUPPLIER: ARBOR CARE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE: 510 BANNER AVENUE GREENSBORO, NC 27401		

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C 199	Continued From page 15 a. Toilet Room near Bedroom A27 - the local exhaust ventilation system did not work, allowing a build-up of odors. b. Staff Toilet - the local exhaust ventilation system was running, but did not remove the required air to dissipate the odors. c. Bedroom 50 - the local exhaust ventilation system was running, but did not remove the required air to dissipate the odors. d. Bedroom 38 - the local exhaust ventilation system was running, but did not remove the required air to dissipate the odors	C 199	To be repaired before 8/31/16	