

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 08/26/2016
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NAME OF PROVIDER OR SUPPLIER ST GALES ESTATES	STREET ADDRESS, CITY, STATE, ZIP CODE 7411 LEE'S CHAPEL ROAD GREENSBORO, NC 27405
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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
{C 000}	Initial Comments Report of a Follow Up survey by Billy S. Bryant conducted on 08/26/2016. Deficiencies noted during the Biennial Survey on 05/27/2016 remain to be corrected.	{C 000}		
{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: Findings on 08/26/2016: b. M Hall - The concrete slab smoking porch has an approximately 6" drop off to the surrounding ground level. c. Entrance Mall, Men and Women's Bathrooms - The GFCIs did not trip when tested with a circuit tester.	{C 166}		
{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.	{C 189}		

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

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{C 189}	Continued From page 1 (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 was not maintained in a safe manner by a failure to maintain the "test" feature functions of electrical emergency/safety related equipment. Finding on 08/26/2016: a. Wall Adjacent to Owner's Office - The wall mounted emergency light is test tab is broken.	{C 189}		
{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 there is an absence of exhaust ventilation in spaces required to have exhaust ventilation. Failure to exhaust air from	{C 199}		

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{C 199}	Continued From page 2 the designated areas could effect the occupants of the facility by not removing odors, fumes or possible air borne contaminates from areas or rooms required to have exhaust ventilation. New Findings on 08/26/2016: a. The central exhaust is not working in the facility. The central exhaust on Halls "M" and "E" is not working. c. Kitchen Mop Closet - There is no exhaust fan in the closet.	{C 199}		