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
	HAL041086	A. BUILDING: 01 B. WING _____	07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT GREENSBORO	3420 WHITEHURST ROAD GREENSBORO, NC 27410

(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 Section Survey by Tod Hancock, conducted on July 15,2025.. Records indicate this facility was first licensed on August 12, 2020, for 92 beds. Based on this information, the facility was surveyed using the 2005 Rules for the Licensing of Adult Care Home of Seven or More Beds and the 2018 Edition of the NC State Building Code. Deficiencies were cited that require a Plan of Correction.	C 000	The following is a Plan of Correction (POC) for Harmony at Greensboro Assisted Living. This POC is in regard to the Biennial Construction Survey completed 7/15/2025. This POC is not to be construed as an admission of or an agreement with the finding and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific responses to the identified deficiencies. We have not provided a detailed response to each allegation or identified mitigating factor.	
C 033	10A NCAC 13F .0302 (e) Current Sanitation and Fire Safety Inspection 10A NCAC 13F .0302 Design And Construction (e) The facility shall maintain in the facility and have available for review current sanitation and fire safety inspection reports. This Rule is not met as evidenced by: 1. Based on an interview with the Staff, the facility failed to maintain in the facility, and current (completed within the last twelve months) sanitation and fire and building safety inspection reports available for review. Findings on July 15, 2025: a. A copy of the current Fire Official's Annual Inspection report was not available for review.	C 033	10A NCAC 13F .0302 (e) Current Sanitation and fire safety inspection. Education was provided to maintenance director. Fire Inspection report was located and is available for review at community. 8/13/2025 10A NCAC 13F .0309(q) Fire Alarm or Sprinkler Out Of Service. The fire alarm and sprinkler system will be services and repairs completed no later than 9/30/2025. Until completed the community will maintain fire watch and document findings on a fire watch report. This will cease when repair is made, no later than 9/30/2025.	
C 120	10A NCAC 13 F .0309(q) Fire Alarm or Sprinkler Out of Service	C 120		

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C 120	Continued From page 1 10A NCAC 13F .0309 Fire Safety and Emergency Preparedness Plans (q) Where a fire alarm or automatic sprinkler system is out of service, the facility shall immediately notify the fire department, the fire marshal, and the Division of Health Service Regulation Construction Section and, where required by the fire marshal, a fire watch shall be conducted until the impaired system has been returned to service as approved by the fire marshal. The facility will adhere to the instructions provided by the fire marshal related to the duties of staff performing the fire watch. The facility will maintain documentation of fire watch activities which shall be made available upon request to the DHSR Construction Section and fire marshal. The facility shall notify the DHSR Construction Section when the facility is no longer conducting a fire watch as directed by the fire marshal. Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1.Based on observation and interviews with Staff, the building's sprinkler system was not maintained in a safe and operating condition. This would affect all if the fire was not contained in the room of origin. Findings on July 15, 2025: a.Facility- Following staff interviews, it was determined that local thunderstorms on June 23, 2025, triggered the dry fire sprinkler system to trip. Technicians arrived on site June 27, 2025, and met with Maintenance Staff, who had placed the system on test. They proceeded to the riser	C 120	10A NCAC 13F .0309 Fire and Safety Emergency Preparedness Ongoing education in the emergency preparedness process has been provided to front line team members during the All Team Meeting. This will be presented as a monthly topic lead by either the Maintenance Director or Designee. Next Meeting will be held 8/28/2025.	

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C 120	Continued From page 2 room and shut down the fire pump. The control valve for Riser B-identified as the tripped section-was closed, and the system was drained, including through an auxiliary drain located in Stair 2. After resetting the dry valve and fire alarm panel, the alarm condition cleared. However, the air compressor failed to restart. Technicians verified that the breaker and service disconnect fuses were functioning properly. Upon inspection of the compressor starter motor, a faint burnt odor was noted, prompting Maiantenance Staff to contact an electrician. The electrician tested the contactor coil and confirmed it was faulty. A new switch will be ordered, and technicians will return with an electrician to install the replacement. The fire pump was reactivated, and Maintenance Staff was instructed to continue fire watch until full system functionality is restored.	C 120		
C 121	10A NCAC 13F .0311(a) Building equipment maintained safe, operating 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. This Rule is not met as evidenced by: 1.Based on observation, the smoke-tight corridor doors are not maintained in a safe and operating condition. Findings on July 15, 2025: a.3rd Floor Laundry/ Near Room 310 - The corridor door did not have a door closer to automatically close and latch the door into its	C 121	10A NCAC 13F .0311 (a) Building Equipment Maintained Safe, Operating 10A NCAC 13F .0311 Other Requirements The closer will be replaced on the 3rd floor laundry room door. Replacement to be secured and completed no later than 9/15/2025.	

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C 121	Continued From page 3 frame, on its own power. Upon further examination the door and frame had a door closer at one time.	C 121		