

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092223	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/21/2025
NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF APEX		STREET ADDRESS, CITY, STATE, ZIP CODE 901 SPRING ARBOR COURT APEX, NC 27502		
(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
D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow up survey and a complaint investigation on 05/20/25 to 05/21/25.	D 000		
D 079	10A NCAC 13F .0306 (a)(5) Housekeeping and Furnishings 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; 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: Based on observations and interviews, the facility failed to maintain an environment free of hazards including personal care items in residents' rooms that were accessible to residents on the Special Care Unit (SCU). The findings are: Review of the facility policy on personal hygiene items in memory care dated December 2023 revealed personal care products are to be kept in a secure cabinet in each resident's room. Review of the facility's census report on 05/20/25 revealed there were 20 residents living in the	D 079	<i>"See Attached"</i>	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Tonya Headen-Lee, Executive Director 6/30/2025

STATE FORM

5899

BDOV11

If continuation sheet 1 of 8

Reviewed and Acknowledged
-Macy Y. Wilson 07/02/25

Division of Health Service Regulation

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D 079	<p>Continued From page 1</p> <p>Special Care Unit (SCU) of the facility.</p> <p>Observation of room 310 on the SCU on 05/20/25 at 10:15am revealed there were personal hygiene items in the bedroom and bathroom; body lotion (if swallowed may cause nausea and vomiting, diarrhea, and stomach pain, call poison control and seek medical help immediately), body shield (seek immediate medical help and call poison control).</p> <p>Observation of room 309 on the SCU on 05/20/25 at 10:20am revealed there were personal care products in the bedroom and bathroom; 70% rubbing alcohol (for external use only, if swallowed call poison control or seek medical help), coconut body oil (may cause nausea and vomiting, diarrhea, and stomach pain, call poison control), body lotion (may cause nausea and vomiting, diarrhea, and stomach pain, call poison control and seek medical help immediately), body shield (seek immediate medical help and call poison control), wound cleanser (stomach upset, nausea, vomiting and if aspirated can lead to chemical pneumonitis), mouth wash (alcohol based can be harmful and even life threatening), and petroleum jelly (may cause abdominal pain, coughing, diarrhea, irritation to the throat and shortness of breath).</p> <p>Observation of room 307 on the SCU on 05/20/25 at 10:25am revealed there were personal care products in the bedroom; 2 containers of deodorant (can be dangerous if swallowed, call the poison control center).</p> <p>Observation of room 305 on the SCU on 05/20/25 at 10:30am revealed there were personal care products in the bedroom; petroleum jelly (may cause abdominal pain, coughing, diarrhea,</p>	D 079	<i>"See Attached"</i>		

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D 079	<p>Continued From page 2</p> <p>irritation to the throat and shortness of breath) and body wash (mild gastrointestinal irritation with nausea, vomiting, and diarrhea).</p> <p>Interview with a personal care aide (PCA) on 05/20/25 at 10:30am revealed all personal care products on the SCU were supposed to be locked in the resident's bathroom cabinet.</p> <p>Interview with the Resident Care Coordinator (RCC) on 05/20/25 at 10:45am revealed:</p> <ul style="list-style-type: none"> -The Special Care Coordinator (SCC) position had been open for 2-3 months. -She was performing both roles of the RCC and SCC. -She split her time between ALF and SCU. -All personal care products on the SCU were to be locked in the resident's bathroom cabinet. -She performed random room sweeps but not on a routine schedule. -All team members were responsible for ensuring personal care products were locked up. <p>Interview with the Executive Director on 05/25/25 at 10:55am revealed:</p> <ul style="list-style-type: none"> -The SCC position had been open since March 2025. -Personal care products on the SCU were to be locked up in the bathroom cabinets. -PCAs should lock up personal care products once tasks were completed. -The RCC and the SCC performed spot checks related to personal care products weekly. -She also performed spot checks related to personal care products weekly. -Staff had been trained and had in services related to securing personal care products. -She was concerned that a resident could ingest the products or use them inappropriately. -She was concerned that the rubbing alcohol and 	D 079	<i>"See Attached"</i>	

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D 079	Continued From page 3 mouthwash could have been ingested.	D 079	<i>"See Attached"</i>	
D 286	10A NCAC 13F .0904(b)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (b) Food Preparation and Service in Adult Care Homes: (1) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate, and beverage containers. This Rule is not met as evidenced by: Based on observations and interviews the facility failed to ensure residents were provided non-disposable place settings including forks, knives, spoons, and cups at meal service. The findings are: Observation of a resident's room 212, on 05/20/25 at 9:09am, revealed there was a styrofoam to go plate and cup placed on her nightstand in her room. Interview with the resident in room 212 at 9:09am revealed: -She would eat her breakfast meal in her room at times. -The staff always served her meals in the to go strays.	D 286		

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D 286	<p>Continued From page 4</p> <p>-She did not know that she could have her meals served in a regular place setting.</p> <p>Observation of a second resident's room, 209, on 05/20/25 at 9:16am revealed dietary staff placed two styrofoam cups of orange juice and water on the nightstand.</p> <p>Observations of a third resident's room, 202 on 05/20/25 at 11:00am revealed there was a styrofoam to go tray and a styrofoam cup of milk placed on the resident's nightstand.</p> <p>Observation of the third resident's room, 202, on 05/21/25 at 8:24am revealed there was a styrofoam to go tray and cup placed on an eating table.</p> <p>Interview with the resident in room 202 on 05/20/25 at 11:00am revealed:</p> <ul style="list-style-type: none"> -Staff always served her meals in take out trays when she ate in her room. -Staff had not asked if she wanted her meals served on regular plates. <p>Interview with the Dietary Manager on 05/21/25 at 8:18am revealed:</p> <ul style="list-style-type: none"> -Residents who ate their meals in their rooms were served in the to go containers. -The to go trays kept the food warmer in case the residents would not eat their meal right away. -He had purchased the to go containers and cups. -Meals had always been served in the to go containers but residents could request their meals be served in the regular plates and glasses. -The facility had enough regular place settings to serve meals to residents who ate in their room. -There were no plates, or cup covers for the 	D 286	<i>"See Attached"</i>	

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D 286	Continued From page 5 regular place settings and covering the plates with plastic wrap would not keep the food warm. Interview with the Executive Director (ED) on 05/21/25 at 11:10am revealed: -The facility began serving residents' meals in the styrofoam trays during the pandemic. -When trying to serve the food in the regular place settings, the food would not remain hot when covered in plastic wrap. -The residents had not complained to her about their room being served in the styrofoam containers. -She had asked the Dietary Manager to order plate and cup covers for the regular place setting.	D 286		
D 466	10A NCAC 13F .1308(b) Special Care Unit Staffing 10A NCAC 13F .1308 Special Care Unit Staffing (b) There shall be a care coordinator on duty in the unit at least eight hours a day, five days a week. The care coordinator may be counted in the staffing required in Paragraph (a) of this Rule for units of 15 or fewer residents. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure there was a care coordinator for the special care unit (SCU) with a census of 20 residents for 8 hours per day 5 days per week. The findings are: Review of the facility's resident census report dated 05/20/25 revealed there were 20 residents in the SCU.	D 466	<i>"See Attached"</i>	

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D 466	<p>Continued From page 6</p> <p>Review of the staff schedule for 05/20/25 and 05/21/25 revealed: -There was one medication aide (MA) and two personal care aides (PCA) scheduled. -There was not a Special Care Coordinator (SCC) scheduled.</p> <p>Observation on the SCU on 05/21/25 from 9:45am to 11:30am revealed: -There was 1 MA and 2 PCAs on duty for the first shift. -The RCC was not on the SCU and there was not SCC.</p> <p>Observation of the assisted living (AL) unit on 05/20/25 at 9:15am revealed the Assistant Resident Care Coordinator (ARCC) was passing medication on the 200 hall of the AL unit.</p> <p>Interview with the ARCC on 05/20/25 at 9:20am revealed: -She was staffing as the MA today on the AL unit. -She had worked at the facility for about 5 months. -There was no SCC at this time.</p> <p>Telephone interview with the ARCC on 05/21/25 at 12:06pm revealed: -She was the ARCC and managed the MAs and PCAs. -She assisted with completing assessments, schedules and passed medication as needed on both the SCU and AL. -Her workspace was on the SCU just to show presence on the unit. -She had not been assigned as the SCC.</p> <p>Interview with the RCC on 05/20/25 at 10:45am revealed:</p>	D 466	<i>"See Attached"</i>	

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D 466	<p>Continued From page 7</p> <ul style="list-style-type: none"> -There was not a SCC at this time. -She split time between her role as RCC and covering the role of SCC. <p>Interview with the Executive Director on 05/21/25 at 11:10am revealed:</p> <ul style="list-style-type: none"> -The SCC position had been vacant since May 1, 2025. -The RCC worked a dual role as the SCC at least 20 hours a week. -The ARCC office was on the SCU, and she worked at least 40 to 46 hours a week and had been working in the role as the SCC. -The SCC position was expected to be filled by 06/01/25. 	D 466	"See Attached"		

Tonya Headen-Lee, Executive Director 6/30/2025

Spring Arbor of Apex

HAL -092-223

Wake County

It is Spring Arbor of Apex's policy and standard practice to comply with all North Carolina Adult Care rules and state regulations.

10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings

(a) Adult care homes shall

(5) be maintained in an uncluttered, clean, and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing facilities.

Plan of Correction

Immediately upon these survey findings the Executive Director, Resident Care Coordinator, and the Maintenance Director secured all personal care products in Memory Care (SCU) and then conducted an In-Service for all team members on the North Carolina Adult Care Rules and Regulations rule for maintaining and providing a secure area for personal hygiene products while not in use. A thorough inventory of each resident's apartment was completed in the SCU by the Resident Care Coordinator, Maintenance Director and Executive Director. An additional In-Service was held by the Cottage Care Coordinator and Resident Care Coordinator on 6/10/2025.

Prevention of Re-occurrence

A new electronic lock was installed on a closet; all personal hygiene products were transferred to the safely secured closet in the special care unit by the Maintenance Director.

Re-education was provided to the SCU families on non-hazard products. Ongoing daily huddle meetings conducted by the Cottage Care Coordinator, Resident Care Coordinator and /or Executive Director will continue to focus and address safety measures including any hazards as addressed within this rule monthly at All Staff Meetings on-going.

Monitoring Responsibility & Frequency

The Maintenance Director, Cottage Care Coordinator, Assistant Resident Care Coordinator and/or Executive Director (ED) will be responsible for daily morning and evening environmental rounds in the special care unit to assure compliance with this rule. These checks will be documented and maintained in a log. The log will be maintained in the secure personal care closet.

This log will be reviewed randomly by the Regional Nurse and/or Regional Director of Operations upon their site visits.

Completion Date: 6/10/2025

Spring Arbor of Apex

HAL -092-223

Wake County

10A NCAC 13F .0904(b)(1) Nutrition and Food Service

10A NCAC 13F .0904 Nutrition and Food Service

(b)Food Preparation and Service in Adult Care Homes:

(1) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate, and beverage containers.

Plan of Correction

Immediately upon these survey findings the Executive Director and Food Service Director discarded the disposal place settings. The Executive Director immediately ordered non-disposal plate coverings for the room service trays which were delivered within three days and directly implemented for residents requesting room service.

Team members were in-serviced on 6/3/25 by the Food Service Director (FSD) what table service should include for residents: napkin, non-disposable place setting consisting of at least a knife, fork, spoon, plate, and beverage containers as stated in this Rule area. The North Carolina Adult Care Rules and Regulations for Nutrition and Food Service were posted in the kitchen area as a guide for the food service team members.

Prevention of Re-occurrence

Team members were in-serviced on 6/3/25 by the Food Service Director (FSD) what table service should include for residents: napkin, non-disposable place setting consisting of at least a knife, fork, spoon, plate, and beverage containers as stated in this Rule area. The North Carolina Adult Care Rules and Regulations for Nutrition and Food Service were posted in the kitchen area as a guide for the food service team members.

Monitoring Responsibility & Frequency

The Food Service Director/ED and/or department head designee will monitor meals to ensure proper table service items are available and in use in the dining room and for meals that are delivered in the room daily for 1 month and weekly for 2 months.

The Director of Quality & Education Nurse and/or Regional Director of Operations will monitor during their on-site visits to the community to ensure compliance with table service standards as well.

Completion Date: 6/3/2025

Spring Arbor of Apex

HAL -092-223

Wake County

10A NCAC 13F .1308(b) Special Care Staffing

10A NCAC 13F .1308(b) Special Care Staffing

(b) There shall be a care coordinator on duty in the unit at least eight hours a day, five days a week. The care coordinator may be counted in the staffing required in Paragraph (a) of this Rule for units of 15 or fewer residents.

Plan of Correction

Immediately upon these survey findings the Executive Director hired and secured a Care Coordinator for the SCU who is scheduled eight hours a day, five days a week.

Prevention of Re-occurrence

The Executive Director will attend weekly meetings with the Regional Director of Operations where all Dept. Head vacancies are shared, discussed and recruitment is focused on hiring. In the meantime, if the SCU position were to be vacant the Executive Director will appoint an interim SCU without delay.

Monitoring Responsibility & Frequency

The Executive Director/designee will monitor the compliance of the rule area at least weekly for one month and then monthly on-going.

The Director of Quality & Education Nurse and/or Regional Director of Operations will monitor during their on-site visits to the community to ensure compliance.

Completion Date: 6/1/2025

Plan of Correction respectfully submitted by: Tonya Headen-Lee Date 6/30/25

Tonya Headen-Lee, ED/CDP