STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				B) DATE SURVEY COMPLETED	
			A. BOILDING.	01			
		HAL032013	B. WING		01/0	8/2015	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
SPRING	ARBOR OF DURHAM		PE VALLEY R , NC 27707	ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
C 000	Initial Comments		C 000				
		l Construction Survey by Billy Cates conducted on					
	submitted for licens. The facility is current Therefore the facility conformance with the 2005 Rules for Licenseven or More Bed the 1991 (1995 Rev. Carolina Building Coccupancy and the Adult Care Homes effect at the time of	he applicable portions of the ensing of Adult Care Homes of Is and applicable portions of vision) Edition of the North ode(s), Institutional e 1994 Rules for Licensing of of Seven or More Beds in					
	of correction.	·					
C 189	Building Equipment	Maintained Safe, Operating	C 189				
	mechanical, and plucare home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER Id all fire safety, electrical, umbing equipment in an adult maintained in a safe and					
	facility has not mair	et as evidenced by: vation during the survey the ntained electrical equipment in not maintaining wiring methods					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		HAL032013	B. WING		01/0	08/2015	
			DRESS, CITY, S	STATE, ZIP CODE	•		
SPRING	ARBOR OF DURHAN	1	PE VALLEY F I, NC 27707	ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
C 189	Continued From pa	age 1	C 189				
		the National Electrical Code. Ild effect facility personnel in					
	Finding:						
	exhaust fan is deta there is exposed el	The junction box for the ched from the wall and also ectrical wiring where the flex ted from the junction box.					
	maintained all fire s manner by allowing building componen deficiency could aff	vation, the facility has not safety equipment in a safe of the fire resistance rating of the to be compromised. This fect all occupants of the fire fire and smoke were not om of origin.					
	Findings:						
	corridors did not co	ors from the rooms to the ampletely latch when pulled 7, 109, 306, and 313.					
	fire resistant rated	- There is a gap at the 1 hour ceiling where it is penetrated for the sprinkler water flow					
	vent ducts penetrated ceiling there i	oom - Where the water heater te the 1 hour fire resistant is a gap between the vent duct ge attached to the ceiling.					
	storage of oxygen i maintained in a saf storing oxygen cylir	vation during the survey, in the facility is not being fe manner by improperly nders. This could affect I visitors in the area if a					

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL032013	B. WING		01/0	8/2015
	PROVIDER OR SUPPLIER ARBOR OF DURHAM	4523 HOP	DRESS, CITY, S E VALLEY R , NC 27707	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	pressurized oxygen damaged and beca 1. Findings: a. Room 206 - In th sitting upright and u bottles were stored bottles stored in a A offer secure or subsbottles.	cylinder fell over and was me a projectile. e closet oxygen bottles were nrestrained. Other oxygen in a Pepsi Cola crate. Oxygen a Pepsi Cola crate does not stantial storage for the oxygen re are oxygen bottles sitting	C 189			
C 195	provide an adequat kitchen, bathrooms closets and soil utili temperature at all fi be maintained at a (38 degrees C) and F (46.7 degrees C). (k) This Rule shall facilities with the ex which shall not apple. This Rule is not me A. Based on observing facility has not main.	ystem shall be of such size to e supply of hot water to the laundry, housekeeping ty room. The hot water xtures used by residents shall minimum of 100 degrees F shall not exceed 116 degrees apply to new and existing ception of Paragraph (e) y to existing facilities.	C 195			

Division of Health Service Regulation STATE FORM

6899 0J9421 If continuation sheet 3 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
HAL032013		B. WING		01/08/2015		
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, S	STATE, ZIP CODE	-	
SDDING	ARBOR OF DURHAM	4523 HOP	E VALLEY R	COAD		
SPRING	ARBOR OF DURHAM	DURHAM,	NC 27707			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 195	Continued From page	ge 3	C 195			
	1. Finding:					
		ratures except in the kitchen leasured at between 94° F below the minimum				
C 199	Exhaust Ventilation		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: A. Based on observation during the survey the facility has not provided exhaust ventilation in accordance with this rule. This deficiency affects the occupants using the room and the occupants on the 100 hall. 1. Findings: a. Biohazard Room - There is no exhaust fan installed in the room as required. b. 100 Hall - The central exhaust fan for the hall is					

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED		
HAL032013		B. WING	B. WING		01/08/2015			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
SPRING	SPRING ARBOR OF DURHAM 4523 HOPE VALLEY ROAD DURHAM, NC 27707							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE		
C 199	Continued From participation of working so air is required.	age 4 s not being exhausted as	C 199					

Division of Health Service Regulation STATE FORM