Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL045092 03/19/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1825 PISGAH DRIVE SPRING ARBOR WEST** HENDERSONVILLE, NC 28791 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of Biennial Construction Survey by Dennis Harrell on 3-19-2015. Records indicate this facility was first licensed or submitted for licensure on or about 5-1-1998, for 48 beds. Based on the above information, the facility is required to meet the 1996 Minimum and Desired Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1996 North Carolina State Building Code Section 409.1- Institutional Occupancy (Group I) Unrestrained. C 189 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. This Rule is not met as evidenced by: 1. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes, sleeves and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Unsealed conduit sleeve through the ceiling in

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

TITLE (X6) DATE

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AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED				
		HAL045092	B. WING		02/4	0/2045			
		HAL045092			03/1	9/2015			
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE					
SPRING ARROR WEST 1825 PISGAH DRIVE									
SPRING ARBOR WEST HENDERSONVILLE, NC 28791									
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)			
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOUL	ULD BE COMPLETE				
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE			
				DEI IOIENOT)					
C 189	Continued From page 1		C 189						
	the oxygen room,	/ Day nine through the soiling							
		4 Pex pipe through the ceiling							
	of the riser room,	smoke barrier wall above 200							
	Hall,	Silloke bailler wall above 200							
	•	ging down from ceiling in							
	corridor near room 310, e. The sprinkler escutcheons were missing or not								
	tightly fitted to the ceiling complete the one-hour								
	protection in the following locations;								
	i. Sunroom,	iownig rocatione,							
	ii. Closet off room 103,								
	iii. Resident bath on 100 Hall,								
	iv. Soiled utility,								
	V. Oxygen room.								
	5%,95								
	2. Based on observation, many corridor doors								
	are prevented from closing quickly and latching to								
	resist the passage of fire and smoke. Corridor								
	doors that do not close completely and latch								
	present the possibility that a fire that begins in								
	one space can quickly spread to the corridor and								
	the remainder of the facility.								
	Findings include;								
		to the kitchen was wedged							
	open,								
	b. The janitor's closet door on 100 Hall was held								
	open by a mechanical "kick-down,"								
		door to the laundry was held							
	open by a mechanic	cal "kick-down."							
		vation, the building was not							
		e manner by not properly							
		nedical oxygen cylinders. This							
		dents, staff and visitors if							
		ing their valves, propelling the							
		it into a dangerous projectile.							
	Findings include:								
Several portable medical oxygen cylinders were									
	stored in unapprove	ed beverage crates.							

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED						
		HAL045092	B. WING		03/1	9/2015					
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STATE, ZIP CODE								
SPRING ARBOR WEST 1825 PISGAH DRIVE HENDERSONVILLE, NC 28791											
(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 CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE COMPLETE						
C 189	Continued From page 2		C 189								
	heaters and 2 gas f riser/mechanical ro with a combustion a sealed with plastic. inlet closed could c	vation, there are 2 gas water furnaces in the om. The room is provided air inlet duct, but the duct was Sealing the combustion air ause improper combustion in of deadly carbon monoxide									
C 191	Unvented & Portab	le Elec. Heaters Prohibited	C 191		ļ						
	maintain 75 degree winter design condifollowing shall apply appliances. (2) Unvented fuel to portable electric he (k) This Rule shall facilities with the exwhich shall not app	a heating system sufficient to s F (24 degrees C) under tions. In addition, the y to heaters and cooking ourning room heaters and aters are prohibited. apply to new and existing ception of Paragraph (e) ly to existing facilities.									

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