

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045092 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____ | (X3) DATE SURVEY COMPLETED 03/19/2015 |
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NAME OF PROVIDER OR SUPPLIER **SPRING ARBOR WEST** STREET ADDRESS, CITY, STATE, ZIP CODE **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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
| C 000 | <p>Initial Comments</p> <p>Report of Biennial Construction Survey by Dennis Harrell on 3-19-2015.</p> <p>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.</p> | C 000 | <p>see attached</p> <p>CONSTRUCTION SECTION MAY 04 2015 RECEIVED</p> | |
| C 189 | <p>Building Equipment Maintained Safe, Operating</p> <p>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.</p> <p>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</p> | C 189 | | |

Division of Health Service Regulation

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

Gray E. Elliott

TITLE

Executive Director

(X6) DATE

5/4/15

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046092 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____ | (X3) DATE SURVEY COMPLETED 03/19/2015 |
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| NAME OF PROVIDER OR SUPPLIER SPRING ARBOR WEST | STREET ADDRESS, CITY, STATE, ZIP CODE 1825 PISGAH DRIVE HENDERSONVILLE, NC 28791 |
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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 |
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| C 189 | <p>Continued From page 1</p> <p>the oxygen room,</p> <p>b. Penetration by ¾ Pex pipe through the ceiling of the riser room,</p> <p>c. Hole in the attic smoke barrier wall above 200 Hall,</p> <p>d. Light fixture hanging down from ceiling in corridor near room 310,</p> <p>e. The sprinkler escutcheons were missing or not tightly fitted to the ceiling complete the one-hour protection in the following locations;</p> <p>i. Sunroom,</p> <p>ii. Closet off room 103,</p> <p>iii. Resident bath on 100 Hall,</p> <p>iv. Soiled utility,</p> <p>v. Oxygen room.</p> <p>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;</p> <p>a. The 1 hour door to the kitchen was wedged open,</p> <p>b. The janitor's closet door on 100 Hall was held open by a mechanical "kick-down,"</p> <p>c. The soiled linen door to the laundry was held open by a mechanical "kick-down."</p> <p>3. Based on Observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: Several portable medical oxygen cylinders were stored in unapproved beverage crates.</p> | C 189 | | |

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| C 189 | Continued From page 2 4. Based on observation, there are 2 gas water heaters and 2 gas furnaces in the riser/mechanical room. The room is provided with a combustion air inlet duct, but the duct was sealed with plastic. Sealing the combustion air inlet closed could cause improper combustion and the introduction of deadly carbon monoxide into the room. | C 189 | | |
| C 191 | Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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: Based on observation, there was a portable electric heater in the BOM office. | C 191 | | |

C189 SECTION .0300 – Physical Plant 10A NCAC 13F .0311 Other Requirements

1. A. Sealed conduit sleeve through the ceiling in the oxygen room with fire caulking.

Completion date: 3/20/2015

- B. Sealed penetration by $\frac{3}{4}$ Pex pipe through the ceiling of the riser room with fire caulking.

Completion date: 3/20/2015

- C. Seal hole in the attic smoke barrier wall above 200 hall with fire caulking.

Completion date: 5/1/2015

- D. Repaired and reattached light fixture to ceiling in the corridor near 310.

Completion date: 4/15/2015

- E. The Sprinkler escutcheons will be replaced or tightened to the ceiling in the following locations: Sunroom; closet off room 103, resident bath on 100 hall, soiled utility, and oxygen room.

Completion date: 5/1/2015

2. A. The wedge on the kitchen 1 hour door was removed.

Completion date: 3/20/2015

- B. Mechanical "kick down" removed from Janitor's Closet door on 100 hall.

Completion date: 3/20/2015

- C. Mechanical "kick down" removed from soiled linen door to the laundry.

Completion date 3/20/2015

3. Oxygen company was notified and came and removed unapproved beverage crates and replaced with stainless steel holders. Meeting was held with company to ensure those are no longer used in the community.

Completion date: 3/20/2015

4. Plastic removed from combustion air inlet duct.
Completion date: 3/20/2015

C191 Unvented and Portable Electric Heater Prohibited. SECTION .0300
Physical Plant 10A NCAC 13F .0311 OTHER REQUIREMENTS

2 (B) Portable electric heater was removed from building.
Completion date: 3/19/2015

Maintenance Director and ED will monitor on an ongoing, monthly basis to ensure compliance with state regulations and company policy and procedure.