(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 HAL041074 07/16/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5125 MICHAUX ROAD** SPRING ARBOR OF GREENSBORO GREENSBORO, NC 27410 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 This is a Report of a Biennial Construction Survey conducted by Greg Cates and Bob Getchell on July 16, 2015. Based on information gathered from our files, the Facility was first licensed or submitted for licensure on or about September 27, 2011 for One Hundred (100) residents, including Forty-Eight (48) Special Care residents. Based on this information, we are requiring the facility to meet the 2005 Regulations for Adult Care Homes, and the 2009 Edition of the North Carolina State Building Code-Section 419 Institutional Occupancy. C 101 C 101 Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm". copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: 1- Based on observations, the facility failed to

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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	
HAL041074		B. WING		07/16/2015			
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	STATE, ZIP CODE				
SPRING	ARBOR OF GREENS	BORO	HAUX ROAD BORO, NC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE	
C 101	Continued From pa	ge 1	C 101				
	Building Code rega deficiency directly a and visitors who ma Care Wing in an en						
	Findings on include	:					
	Care wings are equidelayed egress sys	leading from both Special lipped with a 15-second tem but the doors are not juired signage designating it					
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					
	mechanical, and plumaintained safe an	rations, fire safety, electrical, umbing systems are					
	Findings on include	:					
		x receptacle located in the ed beside the hand-wash sink					

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DIVISION	of Health Service Re	guiation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	01	COMPLETED		
HAL041074		B. WING		07/4	6/2015	
		HAL041074			07/1	0/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CDDING	ADDOD OF ODERNO	5125 MIC	HAUX ROAD			
SPRING	ARBOR OF GREENS	GREENS	BORO, NC 2	7410		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PRÉFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				BEI IOIEITOT)		
C 189	Continued From pa	ge 2	C 189			
	that is not GFCI pro	atacted				
	lilat is not GFGI pit	neciea.				
	2- Based on observ	vations, the facility failed to				
		ding is safe by not maintaining				
		of building components. This				
		affect all residents, personnel,				
		ving the possible spread of				
	_	compartment of origin.				
	and a system and components of single					
	Findings on include	:				
	a- There are wedges, kick-down devices,					
		ems propping open the				
	corridor doors to the following areas, to include					
	but not limited to:					
	1- Most resident rooms.					
	2- Most offices	/ 400 Hall Activity Doom				
		e/ 400 Hall Activity Room				
		e/ 400 Hall Med Room				
	5- Wellness Room					
	6- Clean Linen Room (Main Laundry) 7- Sunroom					
		cated outside of the Special				
		de the Wellness Center have				
		inch gap between the doors.				
		are Unit /400 Hall Soiled Linen				
		es for the fish tank penetrate a				
	one-hour wall with a	unsealed gaps around them.				
		ng Room door does not				
	completely latch as	the top flush-bolt is not				
	activating.					
		tected penetrations in the				
		to include but not limited to:				
		e Unit/ 200 Hall Med				
	Room ceiling.					
		nduits penetrating the				
		attic near the Dining				
	Room and Activ					
	3- Firewall in th	e attic located near				

Division of Health Service Regulation STATE FORM

Room 113.

NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING: 01			(X3) DATE SURVEY COMPLETED	
	HAL041074	B. WING		07/	07/16/2015	
PROVIDER OR SUPPLIER						
ARBOR OF GREENS	BORO					
(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
Continued From page 3		C 189				
4- 100 Hall Me	chanical Room ceiling.					
ensure that the fire	safety systems are					
Findings include:						
Exhaust Ventilation	1	C 199				
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: 1- Based on observations and testing, the facility has failed to maintain the mechanical exhaust systems in working condition. Findings include:						
	PROVIDER OR SUPPLIER ARBOR OF GREENS SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa 4- 100 Hall Me 2- Based on observence that the fire maintained safe and Findings include: a- The emergency does not illuminated Exhaust Ventilation SECTION .0300 - In 10A NCAC 13F .030 REQUIREMENTS (g) The spaces list provided with exhaut two cubic feet per in requirement does in before April 1, 1984 these specified spate (1) soiled linen stote (2) soil utility room (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the exhaust ventile shall facilities with the exhaust shall not app. This Rule is not maintain systems in working Findings include:	PROVIDER OR SUPPLIER ARBOR OF GREENSBORO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 4- 100 Hall Mechanical Room ceiling. 2- Based on observations, the facility failed to ensure that the fire safety systems are maintained safe and operating. Findings include: a- The emergency light located at the front entry does not illuminate on battery power. 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: 1- Based on observations and testing, the facility has failed to maintain the mechanical exhaust systems in working condition.	PROVIDER OR SUPPLIER ARBOR OF GREENSBORO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 4-100 Hall Mechanical Room ceiling. 2-Based on observations, the facility failed to ensure that the fire safety systems are maintained safe and operating. Findings include: a- The emergency light located at the front entry does not illuminate on battery power. 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 is not met as evidenced by: 1- Based on observations and testing, the facility has failed to maintain the mechanical exhaust systems in working condition.	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: 01 COME O7/-	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED			
ANDILAN	OF CONTROL OF TOTAL	IDENTIFICATION NOMBER.	A. BUILDING:	01	COIVII	LLILD		
HAL041074		B. WING		07/16/2015				
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
SPRING ARBOR OF GREENSBORO 5125 MICHAUX ROAD								
		GREENSI	BORO, NC 2					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y 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 199	Continued From pa	ige 4	C 199					
C 199	400 Hall Laundry R	loom is turned off at the chanical malfunction.	C 199					

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