

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/30/2015
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NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - CROUSE BUILDING	STREET ADDRESS, CITY, STATE, ZIP CODE 613 W WHITSETT STREET GRAHAM, NC 27253
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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
C 189	Continued From page 1	C 189		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(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:</p> <p>1. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin.</p> <p>Findings include:</p> <p>a. The Dining Room ceiling has an unprotected penetration</p> <p>b. The back left exterior storage room has an unprotected penetration in the ceiling by wires.</p> <p>These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814.</p> <p>2. Based on observation, the facility components were not maintained operable by having doors that did not close completely and latch.</p> <p>Findings include: The following doors have</p>	C 189	<p>(A) THE PENETRATION IN THE CEILING HAS BEEN FILLED</p> <p>(B) THE PENETRATION HAS BEEN CAULKED AROUND WIRING.</p>	

BAH

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAJ.001028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/30/2015
NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - CROUSE BUILDING		STREET ADDRESS, CITY, STATE, ZIP CODE 613 W WHITSETT STREET GRAHAM, NC 27283		
(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 189	Continued From page 2 Issues: a) Bedroom 3 door won't close and latch, and has a loose door knob, b) Dining Room doors on the corridor will not close and latch, c) Kitchen door tho the Dining Room scrubs frame and will not close and latch when released, d) Office door to the corridor scrubs frame and will not close and latch when released e) Bedroom 6 door won't close and latch 3. Based on observation, the building electrical system was not maintained to keep the facility safe by allowing residents to use outlet expansion devices in the outlets. This would affect all residents by potentially overloading electrical circuits in the bedrooms. Findings include: Outlet expansion devices were observed in the following locations: a) Room 2 b) Room 6 Provide a UL-listed, grounded power strip with over current protection per NFPA 70. 4. Based on observation, the building Emergency Lighting was not maintained in a safe manner. This would affect all residents by not keeping the exits visible in an emergency. Findings include: Emergency lights are not working in the corridor near room 2. 5. Based on observation, the building electrical system was not maintained to keep the facility safe. This would affect all residents by potentially overloading electrical circuits in the bedrooms. Findings include:	C 189	(A) DOOR KNOB WAS TIGHTENED. DOOR'S EDGES HAVE BEEN SHAVED TO ENSURE IT WILL CLOSE PROPERLY (B) CLEANED OUT LATCH HOLES IN THE FLOOR AND CEILING AND ADJUSTED THE RELEASE ON THE DOORS (C) THE DOOR EDGES WERE SHAVED (D) TIGHTENED HINGES AND SHAVED DOOR EDGES. (E) DOOR EDGES HAVE BEEN SHAVED TO ENSURE IT WILL LATCH (A+B) DEVICES HAVE BEEN REMOVED AND PLACED IN THE OFFICE FOR THE FAMILIES TO RETRIEVE. WILL BE REPLACED WITH PROPER POWER STRIP (H) EMERGENCY LIGHTS NOW IN WORKING ORDER. A WEEKLY CHECK WILL BE DONE FROM NOW ON.	

Bath

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HA1.001026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/30/2015
NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - GROUSE BUILDING		STREET ADDRESS, CITY, STATE, ZIP CODE 613 W WHITSETT STREET GRAHAM, NC 27283		
(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 189	Continued From page 3 a) The GFCI outlet will not trip in the toilet room near Room 1 b) The GFCI outlet will not trip in the toilet room near the Living Room	C 189	(A) OUTLET HAS BEEN REPLACED AND WORKING PROPERLY (B) OUTLET HAS BEEN REPLACED AND WORKING PROPERLY	

B. Kelly Peterson 08/28/2015