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STATE FORM

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DHSR CONSTRUCTION

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| 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 SURVEY COMPLETED | |
| HAL001025 | | B, WING | | 07/30/2016 | | |
| NAME OF PROVIDER OR BUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | |
| SPRINGVIEW - CROUSE BUILDING 613 W WHITSETT STREET GRAHAM, NC 27253 | | | | | | |
| (Xd) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) | | PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROI DEFICIENCY) | DPRIATE DAYE | |
| C ano | Initial Comments | | C 000 | CONSTRUCTION | N SECTIO | N |
| | This report is of a Biennial Construction Survey done by Bob Getchell on July 29, 2015. | | | AUG 3 1 | 2015 | |
| | Aged serving 12 at 06/01/2000. There 1996 and the applic Rules for the Licen- and, the 1996 North | d:licensed as a Home for the inbulatory residents on fore the facility must meet the cable portions of the 2005 sing of Adult Care Homes, in Carolina State Building Code Large Residential Care | | RECE | IVEU | |
| | Deficiencies were noted which will require a new plan of correction. | | | | | |
| C 183 | 183 Fire Extinguishers | | C 183 | | | |
| | (a) At least one fiv A-B-C type fire exti 2,600 equare feet of (b) One five pound | ing FIRE EXTINGUISHERS e pound or larger (net charge) ingulaher is required for each of floor area or fraction thereof. I or larger (net charge) A-B-C juired in the kitchen and, where | | | | , |
| : | Based on obser protection equipme the facility safe. The | et as evidenced by: vation, the building fire int was not maintained to keep ils would affact all residents by ection equipment operable for cy. | | | | |
| | indicate that requir April, and from the | s on the fire extinguishers ed monthly checks ended in n until this survey the monthly sing performed per NFPA 10 | | (DEXTINGUISHERS HAVE (AND TAGS ARE SIGNED CHECK WILL BE DONE TO THIS LAPSE AGAIN. | BEEN CL OFF A P PREVEN | HECKED MONTHLY MONTHLY |
| ABORATORY DIRECTOR'S OR PROJIDERISOPPLIER BEPRESENTATIVE'S SIGNATURE SIZE 2016 | | | | | | |
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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL001026 07/30/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 613 W WHITSETT STREET SPRINGVIEW - CROUSE BUILDING GRAHAM, NC 27253 SUMMARY STATEMENT OF DEFICIENCIES (BACH DEFICIENCY MUSY BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (MII) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX TAG TAG DEFICIENCY) C 189 Continued From page 1 C 189 C 189 Building Equipment Maintained Safe, Operating C 189 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 sefe 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: 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 amoke and fire in the room or smake compartment of origin. (A) THE PENETRATION IN THE CETCING Findings include: a. The Dining Room ceiling has an unprotected penetration 18) THE PENETRATION HASTSBEEN b. The back left exterior storage room has an CHULKED AROUND WIRING. unprotected penetration in the ceiling by wires. 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. Based on observation, the facility components were not maintained operable by having doors that did not close completely and latch. Findings include: The following doors have

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL/A (X2) MULTIPLE CONSTRUCTION (XX) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAI-001028 07/30/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 613 W WHITSETT STREET 3PRINGVIEW - CROUSE BUILDING GRAHAM, NC 27283 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION . (XII) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREELY (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LBC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY C 189 Continued From page 2 C 189 iceuce: a) Bedroom 3 door won't close and latch, and has A) DOOR KNOW WAS TIGHTENED. DOOR'S BOODS HAND BEEN SHALLO a loose door knob. b) Dining Room doors on the porridor will not TO ENGULE IT WILL CLOSE PROPOSELY close and latch. 157 CLEANED OUT LATCH HOLES IN c) Kitchen door the the Dining Room scrubs THE FLOOR AND CEILING AND frame and will not close and latch when released. d) Office door to the corridor scrubs frame and AD JUSTED THE RELEASE ON THE will not close and letch when released DOUR-4 e) Bedroom 6 door won't close and latch C) THE DOOR EDGES WERE SHAUBD Based on observation, the building electrical D) TIGHTENED HINGES AND SHANDD system was not maintained to keep the facility DOOR EDGES . safe by allowing residents to use outlet expansion EDDOOR EDGES HAVE BEEN SHAVEND devices in the outlets. This would affect all residents by potentially overloading electrical TO ENSURE IT WILL LATCH circuits in the bedrooms. Findings include: Outlet expansion devices were observed in the following locations: a) Room 2 b) Room 5 (14B) DEVICES HAVE BEEN REMOVED Provide a UL-listed, grounded power strip with AND PLACED IN THE OFFICE FOR over current protection per NFPA 70. THE FAMILIES TO RETRIEVE, WILL Based on observation, the building Emergency BE REPLACED WITH PROPER POWER Lighting was not maintained in a safe manner. STRIP This would affect all residents by not keeping the exits visible in an emergency. Findings include: 4) EMBRGENCY LIGHTS NOW IN Emergency lights are not working in the corridor WORKING ORDER, A WEEKLY near room 2. CHECK WILL BE DONE FROM NOW Based on observation, the building electrical DN. eystem was not maintained to keep the facility eafs. This would affect all residents by potentially overloading electrical circuits in the bedrooms. Findings include: Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL001025 07/30/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 613 W WHITSETT STREET SPRINGVIEW - CROUSE BUILDING GRAHAM, NC 27283 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREPIX REGULATORY OR LIC IDENTIFYING INPORMATION) DATE TAG TAG DEFICIENCY C 189 Continued From page 3 C 189 (A) OUTLET HAS BEEN REPLACED AND a) The GFCI outlet will not trip in the tollet room near Room 1 WORKING PROPERLY b) The GFCI outlet will not trip in the toilet room (B) DUTLET HAS BEEN REPLACED AND WORKING PROPERLY near the Living Room

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