(X3) DATE SURVEY

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED B. WING HAL092037 05/26/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 901 SPRING ARBOR COURT SPRING ARBOR OF APEX APEX, NC 27502 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) C 000 Initial Comments C 000 Report of a Biennial Survey by Billy S. Bryant conducted on 05/26/2016. Records indicate this facility was first licensed on 01/13/1999. The facility is currently licensed for See attacked 76 Beds with a 20 Beds Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1999) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. C 166 Housekeeping-Maintained Free of Hazards C 166 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards: (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility is not maintained free from hazards. The building code required clearance for electrical equipment must not be encroached upon. Obstructing access to electrical equipment could prevent quick operation if needed for an emergency situations. Findings on 05/26/2016: a. 100 Hall Café - Items were stored in front of the electrical panels. Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SO GNATURE Recubire

(X2) MULTIPLE CONSTRUCTION

Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

PRINTED: 06/16/2016 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: 01 COMPLETED B. WING HAL092037 05/26/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 901 SPRING ARBOR COURT SPRING A RBOR OF APEX APEX, NC 27502 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) C 189 Building Equipment Maintained Safe, Operating C 189 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS Su attached (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: Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition as evidenced by doors that do not completely close and latch. Doors are required to completely close and latch in the event of a fire in order to resist the passage of smoke or the spread of fire. All the occupants in the facility could be effected if doors do not latch and remain closed so as to limit the spread of smoke or fire to the area of origin. Finding on 02/26/2016: a. Room 110 - The door closes but does not latch to remain in the closed position. Based on observation there is a failure to maintain plumbing in a proper operating condition. Failure to maintain plumbing devices in a proper operating condition could effect occupants of the facility if the plumbing does not operate as required. Finding on 05/26/2016: a. Room 107 - the faucet is broken and will not deliver hot water. Division of Health Service Regulation 6800

Jonya Headen-Lu

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If continuation sheet 2 of 5

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 HAL092037 B. WING 05/26/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 901 SPRING ARBOR COURT SPRING ARBOR OF APEX APEX, NC 27502 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) C 189 Continued From page 2 C 189 3. Based on observation there is a failure to maintain HVAC duct work insulation. Failure to maintain HVAC insulation could effect occupants of the facility if the absence of the insulation leads to condensation that could promote mold growth. Fining on 05/16/2016: a. Exterior Water Heater Room - A large section of insulation is detached from the duct for a HVAC unit resulting in a portion of the duct not being insulated. Su attacked C 195 Hot Water System C 195 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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 measurements taken by the surveyor the water temperature is not being maintained within the required temperature ranges. A maximum allowable water temperature is set by regulation to prevent possible scalding injuries to occupants of the facility.

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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 HAL092037 05/26/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 901 SPRING ARBOR COURT SPRING ARBOR OF APEX APEX, NC 27502 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) C 195 | Continued From page 3 C 195 Findings on 05/26/2016: a. Community Shower - The water temperature was measured at 132°F. Note Plan of Protection was prepared by provider and the room was locked and a notice was posted. "Do Not Use, Water Temp is Too High ". b. Men's Visitors Restroom - The water temperature was measured at 132°F. Note: A'Plan of Protection' was prepared by provider and the room was locked and a notice Su attacked was posted "Do not Use, Water Temp is Too High". C 199 Exhaust Ventilation 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: 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: Based on observation there is an absence of exhaust ventilation in spaces required to have exhaust ventilation. Failure to exhaust air as required could effect the occupants of the facility

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED HAL092037 B. WING 05/26/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 901 SPRING ARBOR COURT SPRING ARBOR OF APEX APEX, NC 27502 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) C 199 | Continued From page 4 C 199 by not removing odors, fumes or possible air borne contaminates from areas or rooms. Finding on 05/26/2016: a. The central exhaust system is not working in any area of the building. Su obtailed

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If continuation sheet 5 of 5

Spring Arbor of Apex, HA Biennial Survey 05/26/16 FID #990039, HAL092037 Plan of Correction

10A NCAC 13F .0306 Housekeeping and Furnishings; C 166

1a: All items have been removed from in front of electrical equipment.

Completed: 06/02/16

10A NCAC 13F .0311 Other Requirements; C 189

1a: Door latch has been replaced.

Completed 06/01/16

2a: Faucet has been repaired.

Completed 05/31/16

3a: Insulation has been re-attached.

Completed 06/01/16

10A NCAC 13F .0311 Other Requirements; C 195

1a: Water temp has been regulated.

Completed 06/01/16

1b: Replaced faucet ring, temp corrected. Completed 05/31/16

10A NCAC 13F .0311 Other Requirements; C 199

Replaced belt, exhaust now operating. Completed 06/02/16

In order to ensure on-going compliance, water temps will be documented on a Log by Maintenance personnel and submitted to the ED monthly for review. Additionally, at room turn, temps will be taken and recorded to ensure it is within acceptable range. Exhaust fans and door closures will be checked via Monthly Maintenance Inspection.