


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/18/2016
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NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF ROCKY MOUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 1251 S. WINSTEAD AVENUE ROCKY MOUNT, NC 27804
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C 000	<p>Initial Comments</p> <p>Report of Biennial Construction Survey by Frank Strickland and Billy Bryant on 08/18/2016:</p> <p>Information obtained from the DHSR database indicates that the Spring Arbor of Rocky Mount facility was either first licensed or submitted for licensure on 05/31/1995. Based on this information, this facility is required to meet the 1994 Rules for the Licensing of Adult Care Homes, the applicable components of the 2005 Licensing of Adult Care Homes of Seven or More Beds, and the 1991 (w/revisions) North Carolina State Building Code(s) for Group I - Institutional Unrestrained Occupancy. LICENSED FOR 84 BEDS (74 BED AL & 20 BED SCU)</p> <p>Deficiencies were cited and a Plan of Correction is required.</p>	C 000		
C 136	<p>Bathrooms-Must Be Mechanically Ventilated</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (11) Toilets and baths shall be well lighted and mechanically ventilated at two cubic feet per minute. The mechanical ventilation requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation;</p> <p>This Rule is not met as evidenced by: 1-Based on observation, this facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. This could affect residents and staff by subjecting them to house-keeping odors.</p>	C 136		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Dalwana Walston* TITLE *Executive Director* (X6) DATE

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C 136	Continued From page 1 Findings on 08/18/2016: The mechanical exhaust fans are not exhausting interior air in the following locations: (a) All of the Resident Bathrooms in the 100 & 200 Halls. (b) Men's & Women's Guest bathrooms in 100 Hall. (c) Kitchen Mop Sink Closet. (d) Room 312 Bathroom. (e) Room 407 Bathroom (Cottage)	C 136		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1-Based on observation, this facility has not maintained in a safe manner by improper storage of oxygen cylinders. This could affect all residents and staff by potentially exposing them to hazards from a ruptured cylinder. Findings on 08/18/2016: There were 9 oxygen bottles in the corner of Room 210 and 1/3 of the bottles were not in the oxygen storing rack that was being shared with soda bottles. 2-Based on observations, this facility has failed to maintain the quality of the Resident Room	C 164		

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C 164	<p>Continued From page 2 environment.</p> <p>Findings on 08/18/2016: Resident Room 105 had excessive urine odor at the sitting area.</p> <p>3-Based on observation, the facility has not maintained and serviced the HVAC supply and return air grilles.</p> <p>Findings on 08/18/2018: The exhaust grilles have excessive particulate build-up in Supply Room 112 & Kitchen.</p> <p>4-Based on observation, this facility has failed maintained the exterior doors and wood trim. This could become a hazard as one passes through the exterior openings.</p> <p>Findings on 08/18/2016: The wood threshold is rotten and unfastened to the floor at the exterior in the Sunroom in the 200 Hall.</p> <p>5-Based on observation, this facility has failed to protect the wall and door finishes from the resident wheel chairs.</p> <p>Findings on 08/18/2016: The entry door and walls in the vestibule in Room 204 has excessive markings due to contact with the resident's wheel chair.</p> <p>6-Based on observation, this facility has failed to maintain the ceiling finishes in all habitable spaces.</p> <p>Finding on 08/18/2016: The ceiling finishes are damaged to moisture in Rooms 207,209 & 312.</p>	C 164		

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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 observations, this facility has failed to maintain penetrations due to breaches through fire-rated construction invalidated the integrity of wall construction. This could affect all residents and staff in the event that a fire and/or smoke is not contained in a room or compartment of origin.</p> <p>Findings on 08/18/2016: There is a sheet rock cut-out opening (1/2" x 2 1/2") next to the emergency wall light unit outside Room 103.</p> <p>2-Based on observations, this facility has failed to maintain a clear path for egress. This could affect all residents, guests and staff in an event of an emergency.</p> <p>Findings on 08/18/2016: The exit vestibule was blocked by a ladder, furniture dollies and furniture obstructing the path of egress located next to Room 403 (Cottage).</p> <p>3-Based on observations, this facility has failed to maintain the exit devices at all exits. This could affect all residents, guests and staff in an event of</p>	C 189		

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C 189	Continued From page 4 an emergency. Findings on 08/18/2016: The exit sign was not illuminated at the exit located next to Room 403 (Cottage). 4-Based on observations, this facility has failed to control the use of electrical appliances in the SCU. This could affect residents. Findings on 08/18/2016: The back burner of the stove was left on and is not switched to prevent a resident from getting burned in the Kitchen of the Cottage.	C 189		

Response to DHSR Construction Biennial Survey, 08/18/16

Spring Arbor of Rocky Mount
HAL064005, FID# 955657

C136, 10A NCAC 13F .0305 Physical Environment

1. (a)-(e) All exhaust fans are working properly.

Completed: 10/5/16

C164, 10A NCAC 13F .0306 Housekeeping and Furnishings

1. All oxygen bottles are stored in proper storing rack. Resident has removed all other items from rack.
Completed: 8/18/16
2. Room #105 Housekeeping has removed all furniture and cleaned furniture and carpet.
completed on 8/18/16
3. Exhaust grilles have been cleaned in Kitchen and Room 112. Completed on 10/5/16
4. Threshold on the Sunroom exit door has been replaced. Completed on 9/21/16
5. Marks have been removed from Room #204 from door and walls. Completed on 9/14/16
6. Ceilings in Rooms 207, 209, 312 have been repaired. Completed on 10/5/16.

C189, 10A NCAC 13F .0311 Other Requirements

1. Sheetrock has been repaired outside Room #103. Completed on 9/6/16
2. The egress exit is no longer blocked. Completed on 9/21/16
3. Exit sign battery has been replaced at Room #403. Completed on 9/21/16
4. Cottage kitchen stove has been secured by keeping door closed to prevent access by residents.
Completed on 8/18/16

In order to ensure on-going compliance, staff have been in-serviced on 10/5/16 on monitoring proper storage of oxygen bottles in resident apartments, as well as Maintenance personnel on keeping egress clear. Routine maintenance on grilles, wheelchair wall scruffs, exit sign testing, has been added to Maintenance Monthly Check-list of PM tasks.