

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL032013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/03/2017
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NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF DURHAM	STREET ADDRESS, CITY, STATE, ZIP CODE 4523 HOPE VALLEY ROAD DURHAM, NC 27707
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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 000	<p>Initial Comments</p> <p>Construction Section Biennial Survey report by Frank Stdrickland on 03/03/2017:</p> <p>This facility was first licensed on 10/06/1995 as a HA. This facility is currently licensed for 60 Beds. Therefore, this 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 1991 (1995 Revision) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1994 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.</p> <p>Deficiencies have been cited and a Plan of Correction is required.</p>	C 000		
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to maintained service and cleaning of HVAC air-distribution vents.</p> <p>Findings on 03/03/2017: The return-air grille has excessive particulate build-up that is located in Room 106.</p>	C 164		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 164	<p>Continued From page 1</p> <p>2-Based on observation, this facility has failed to maintain the finish surfaces of interior wall and doors.</p> <p>Findings on 03/03/2017: The interior walls and doors of Resident Room 113B are damages due to wheelchair interactions.</p> <p>3-Based on observation, the facility was not maintained in a safe manner due to breaches of the one-hour roof/ceiling assembly construction that has invalidated its integrity.</p> <p>Findings on 03/03/2017: The ceiling sheet-rock has taped joints that are cracked and not sealed that is located in the 200 HALL Sunroom.</p>	C 164		