

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/13/2017
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NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF THOMASVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 915 WEST COOKSEY DRIVE THOMASVILLE, NC 27360
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C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Ed Miller, conducted on March 13, 2017.</p> <p>Records indicates this facility was first licensed on June 19, 1991 for Sixty-Two (62) Beds with includes a 14 bed Special Care Unit. Based on this information, the facility is required to meet the 1991 Homes for the Aged- Minimum and Desired Standards and Regulations; applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds; and the 1991 North Carolina State Building Code, Section 409.1- Institutional (I) Occupancy.</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000		
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: 1. Based on interview with Executive Director and Maintenance Staff, the facility failed to maintain in the facility, the current (completed within the last twelve months) annual inspection report(s) required by this Rule. This deficiency affects all by preventing any deficiency that may be discovered with annual inspections from being corrected. Findings on March 13, 2017: a. The current annual Building Sanitation Inspection Report was not available for review.</p>	C 111		

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

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C 111	Continued From page 1 b. Facility Manager indicated that the Annual Fire Alarm System Inspection and Testing Report in accordance with NFPA 72, was not available for review.	C 111		
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 unpleasent 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:	C 164		
C 166	Housekeeping-Maintained Free of Hazards 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 Building was not maintained free of hazards, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their	C 166		

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C 166	Continued From page 2 valves, propelling the cylinder and turning it into a dangerous projectile. Findings on March 13, 2017: a. Bedroom 110 - a portable medical oxygen cylinders were stored standing up and not secured to the structure. b. SCU Soiled Linen - three portable medical oxygen cylinders were stored standing up and not secured to the structure. 2. Based on Observation, the facility failed to maintain the building in a clean manner. Findings on March 13, 2017: a. Kitchen - the HVAC return grille and its radiation damper had an excessive accumulation of dust/lint and grease.	C 166		
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff and visitors by not identifying emergency equipment not in proper working order. Findings on March 13, 2017: a. Exterior Mech Room Behind SCU - since the annual maintenance, performed in December	C 183		

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C 183	Continued From page 3 2016, there has been no documentation of the portable fire extinguisher's monthly inspections. b. SCU Laundry - the last annual maintenance check of this portable fire extinguisher was last performed in December 2015.	C 183		
C 189	Building Equipment Maintained Safe, Operating 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. This Rule is not met as evidenced by: 1. Based on observation, the building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on March 13, 2017: a. Corridor between AL and SCU Back Exit - the exterior wall-mounted self-contained emergency light did not illuminate on backup power when tested. b. Corridor from SCU to Right Exit - the wall-mounted self-contained emergency light did not illuminate on backup power when tested. c. Corridor near Bedroom 404 - the wall-mounted self-contained emergency light did not illuminate on backup power when tested. d. Corridor near Bedroom 405 - the	C 189		

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C 189	<p>Continued From page 4</p> <p>wall-mounted self-contained emergency light did not illuminate on backup power when tested.</p> <p>2. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, all to fire/smoke if not contained in Room or compartment of origin Findings on March 13, 2017:</p> <p>a1. AL Laundry - the listed ceiling radiation damper above the HVAC grill was blocked open with two pieces of wood instead of manufacturer's approved fuse link.</p> <p>a2. Exterior Mechanical Room near Maintenance Office - there was a 2 inches x 3 inches hole with refrigerant piping not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>b. Exterior Mechanical Room near Maintenance Office - there was a gap around the flue not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>c. 300 Hall Back Attic Access Door - this door remained open during the Survey, which not in conformance with the NC State Building Code, which requires the fire-resistance-rating of the ceiling must be maintained. Interview with Maintenance indicated the attic access doors were open in and attempt to keep the water lines from freezing. Deficiency corrected before Construction Survey departed the site.</p> <p>d. Attic Furnace Room above Bedroom 313 - the fire-resistance-rated gypsum construction was detaching from the wall under the back right ductwork.</p> <p>e. Attic Furnace Room above AL Dining - there was a gap around a cable not firestopped as it penetrates the fire-resistance-rated wall assembly. The cable is located on the attic side of the front wall.</p> <p>f. Break Room's Mech Room - the</p>	C 189		

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C 189	<p>Continued From page 5</p> <p>fire-resistance-rated gypsum construction was detaching from the left side wall up high.</p> <p>g. Break Room's Mech Room - there was a ¾ inch hole through the fire-resistance-rated ceiling assembly not firestopped.</p> <p>h. Business Managers Office Storage Closet - there was a 2 inches x 6 inches hole through the fire-resistance-rated ceiling assembly not firestopped.</p> <p>i. Business Managers Office Storage Closet - there were two open-ended sleeves with cable bundles not firestopped as they penetrate the fire-resistance-rated ceiling assembly.</p> <p>3. Based on observation, and interview with Executive Director, the facility failed to provide and/or maintain the automatic roll-down fire door. This would affect all residents, staff and visitors by not having emergency equipment in proper working order. Findings on March 13, 2017: a. The automatic roll-down fire door between Kitchen and Dining had not been inspected as required by NFPA 80.</p> <p>4. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on March 13, 2017: a. Smoke Barrier Wall near Bedroom 201 - the smoke seal between the two leafs of the cross-corridor doors was falling out of its metal holder, allowing the passage of smoke between the doors. b. Smoke Barrier Wall near Bedroom 101 - the smoke seal between the two leafs of the cross-corridor doors was missing from its metal holder, allowing the passage of smoke between the doors c. Bedroom 209 - the corridor door had a wedge holding the door open, preventing the rapid</p>	C 189		

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C 189	<p>Continued From page 6</p> <p>release of the door with a light push or pull of the door, to close and latch.</p> <p>d. AL Med Room- the corridor door hits its frame, requiring extra force to close and latch the door.</p> <p>e. Library - the right door leaf of the pair of corridor doors, when released by the fire alarm swings and hits a copy machine, preventing the closing and latching of the door. Deficiency corrected before Construction Survey departed the site.</p> <p>f. AL Chart Room - there was a "telephone cable" running in the corridor door opening, interfering with the proper closing and latching of the door.</p> <p>g. 300 Hall Activity Room - the corridor door had a mechanical kick down holding the door open, preventing the rapid release of the door with a light push or pull of the door, to close and latch.</p> <p>h. Bedroom 110 - the corridor door did not latch into its frame when closed.</p> <p>i. SCU Manager Office - the corridor door had a chair holding the door open, preventing the rapid release of the door with a light push or pull of the door, to close and latch</p> <p>5. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on March 13, 2017:</p> <p>a. Building -there was a pattern exhibited where many of the concealed fire sprinkler cover plate assemblies had dropped down from the fire-resistance-rated ceiling, exposing an opening that allows the spread of smoke and heat into the attic. Assure that the manufactures preset gap is observed.</p> <p>b. Housekeeping near Bedroom 107 - the</p>	C 189		

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C 189	<p>Continued From page 7</p> <p>concealed fire sprinkler cover plate assembly did not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat into the attic.</p> <p>c. Bedroom 201 Corridor side Closet - the concealed fire sprinkler cover plate assembly was missing, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat into the attic.</p> <p>6. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance and documentation required to ensure a properly working system. This could affect residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on March 13, 2017: a. Kitchen -since the semi-annual maintenance of the commercial kitchen hood's fire suppression system in December 2016, there has been no documentation of the monthly inspections.</p>	C 189		
C 195	<p>Hot Water System</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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).</p> <p>(k) This Rule shall apply to new and existing</p>	C 195		

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C 195	<p>Continued From page 8</p> <p>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 failed to maintain the hot water temperature at a minimum of 100 degrees Fahrenheit and not to exceed 116 degrees Fahrenheit.</p> <p>Findings on March 13, 2017:</p> <p>a. Building - the hot water temperature at plumbing fixtures used by residents throughout the building ranged between 88 degrees Fahrenheit to 90 degrees Fahrenheit.</p>	C 195		