

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 R 05/10/2017
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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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(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}	Initial Comments Report of a Biennial Follow Up Construction Construction Survey by Suzanna Fay conducted on May 10, 2017. Deficiencies were cited that will require a new plan of correction.	{C 000}		
{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 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 May 10, 2017: a. 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. Interview with Maintenance revealed that he had firestopped another penetration and had missed this opening. b. Break Room's Mech Room - there is a gap, approximately 3 inches wide, in the ceiling between the back wall and the mechanical	{C 189}		

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

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{C 189}	<p>Continued From page 1</p> <p>equipment. Interview with Maintenance Staff revealed that the opening to reach the ceiling is too narrow to work in and he has not determined a way to seal the opening.</p> <p>2. 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.</p> <p>Findings on May 10, 2017:</p> <p>a. Housekeeping near Bedroom 107 - the 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. Interview with Maintenance Staff revealed that he had patched the opening at the exit light outside of the Housekeeping closet instead and had missed this item on the SOD.</p>	{C 189}		