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 \_ HAL001025 06/27/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **613 W WHITSETT STREET SPRINGVIEW - CROUSE BUILDING** GRAHAM, NC 27253 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of Construction Section Biennial Survey by Ed Miller on June 27, 2017. Records indicate his facility was first licensed as a Home for the Aged serving 12 ambulatory residents on 05/01/2000. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 North Carolina State Building Code - Section 419.5 for Large Residential Care Facility- Group R. Deficiencies were cited that require a Plan of Correction. C 128 C 128 Bathrooms-Minimum Facilities SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (e) The requirements for bathrooms and toilet rooms are: (1) Minimum bathroom and toilet facilities shall include a toilet and a hand lavatory for each 5 residents and a tub or shower for each 10 residents or portion thereof; This Rule is not met as evidenced by: 1. Based on observation and interview with Manager, the facility failed to maintain the minimum plumbing fixture to resident ratio required by the Rule. This deficiency affects all residents who must wait to have access to these fixtures. Findings on June 27, 2017: a. Shower Room - this room is out of order. Repair is in progress and is scheduled to be completed by June 28, 2017.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
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NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
SPRINGVIEW - CROUSE BUILDING 613 W WH			HITSETT STREET			
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C 166	Continued From pa	ge 1	C 166			
C 166	Housekeeping-Mair	ntained Free of Hazards	C 166			
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards; (e) This Rule shall facilities.  This Rule is not me 1. Based on Obsemaintain the buildin orderly manner. Findings on June 2 a. Laundry - the v	es shall: n an uncluttered, clean and e of all obstructions and apply to new and existing et as evidenced by: ervation, the facility failed to g in an uncluttered, clean, and				
C 185	Fire Safety-Rehear SECTION .0300 - F	PHYSICAL PLANT	C 185			
	quarterly on each s requirement of the Enforcement Officia (c) Records of rehe and copies furnishe social services ann include the date an shift, staff members description of what	rehearsals of the fire plan hift in accordance with the local Fire Prevention Code				

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STATEMENT OF DEFICIENCIES (X1		(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MULTIDI	E CONSTRUCTION	(X3) DATE SURVEY	
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SPRING	VIEW - CROUSE BUIL	.DING GRAHAM	, NC 27253			
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C 185	Continued From pa	ge 2	C 185			
	This Rule is not me 1. Based on Reco Executive Director/ Director/Manager the all aspects of the fir deficiency affects a opportunities for im Findings on June 2 a. The fire plan re time, shift, and staff no description of when	et as evidenced by: ord review and interview with Administrator/Maintenance ne facility failed to document re plan rehearsals. This Il by not finding weakness or proving evacuation responses.	C 189			
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition. (k) This Rule shall facilities with the ex	PHYSICAL PLANT 11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	was not maintained condition. This wou visitors by not provi activating the fire al Findings on June 2 a. Bedroom 3 Wir system's smoke de 2. Based on obse System was not ma	rvation, the Fire Alarm system in a safe and operating ld affect residents, staff, and ding early detection and larm system. 7, 2017: Indow Closet - the fire alarm				

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STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION	1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
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SPRINGVIEW - CROUSE BUILDIN	NG	ITSETT STR	REET		
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
residents, staff, and vis contained in the Room Findings on June 27, 2 a. Bedroom 4 - in the sprinkler head is block obstructing the fire spr b. Activity Closet - the plate had dropped dow fire-resistance-rated ce that allows the spread c. Bedroom 6 - a fire debris-loaded.  3. Based on observation of maintained in a saffindings on June 27, 2 a. Kitchen - the corricits frame when closed.  4. Based on observation emergency equipment safe and in operating of residents, staff, and vis promptly find their way emergency. Findings on June 27, 2 a. Med Room - the wemergency light did no power when the test but 5. Based on observation safety was not maintaic condition. This could enot contained in Room Findings on June 27, 2 a. Beauty Shop - their	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3  residents, staff, and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on June 27, 2017:  a. Bedroom 4 - in the window side closet the fire sprinkler head is blocked with a big bag of cloths, obstructing the fire sprinkler spray pattern  b. Activity Closet - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat.  c. Bedroom 6 - a fire sprinkler head was debris-loaded.  3. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on June 27, 2017:  a. Kitchen - the corridor door did not latch into its frame when closed.  4. 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 June 27, 2017:  a. Med Room - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed.				

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6. Based on observation, the Facility failed to

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C 189	Continued From pa	ge 4	C 189			
	maintain the electric operating condition. Findings on June 2 a. Exterior Storag the electrical panel, 36-inches minimum prevents quick accer	cal system in a safe and 7, 2017: e - a box is stored in front of limiting the required a clear working space. This ess in any emergency. d before Construction				

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