

PRINTED: 07/13/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/27/2017
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NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - CROUSE BUILDING	STREET ADDRESS, CITY, STATE, ZIP CODE 613 W WHITSETT STREET GRAHAM, NC 27263
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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>Report of Construction Section Biennial Survey by Ed Miller on June 27, 2017.</p> <p>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.</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000		
C 128	<p>Bathrooms-Minimum Facilities</p> <p>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;</p> <p>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.</p>	C 128	<p>A resident broke the shower chair and it had to be sent out to be welded back together to complete the repair. The shower chair itself was repaired/re-installed by end of day June 27th!</p>	

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

John D. [Signature]

TITLE

Senior Manager

(X5) DATE

6.1.17

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NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - CROUSE BUILDING		STREET ADDRESS, CITY, STATE, ZIP CODE 613 W WHITSETT STREET GRAHAM, NC 27263		
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C 166	Continued From page 1	C 166		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (d) 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 facility failed to maintain the building in an uncluttered, clean, and orderly manner. Findings on June 27, 2017: a. Laundry - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint.	C 166	The vent cover and damper were both cleared of all dust and lint.	
C 165	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities.	C 165		

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C 185	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Record review and interview with Executive Director/Administrator/Maintenance Director/Manager the facility failed to document all aspects of the fire plan rehearsals. This deficiency affects all by not finding weakness or opportunities for improving evacuation responses. Findings on June 27, 2017:</p> <p>a. The fire plan rehearsal records included date, time, shift, and staff members present but little to no description of what the rehearsal involved.</p>	C 185	<p>1 (senior manager) have gotten with the RCU's and explained the importance of more detail on the fire drill log.</p>	
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(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:</p> <p>1. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect residents, staff, and visitors by not providing early detection and activating the fire alarm system. Findings on June 27, 2017:</p> <p>a. Bedroom 3 Window Closet - the fire alarm system's smoke detector is missing.</p> <p>2. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all</p>	C 189	<p>The fire alarm system is tested annually and working properly. We have replaced the smoke detector in the closet.</p>	

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NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - GROUSE BUILDING	STREET ADDRESS, CITY, STATE, ZIP CODE 613 W WHITSETT STREET GRAHAM, NC 27283
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C 189	<p>Continued From page 3</p> <p>residents, staff, and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on June 27, 2017:</p> <p>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</p> <p>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.</p> <p>c. Bedroom 6 - a fire sprinkler head was debris-loaded.</p> <p>3. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on June 27, 2017:</p> <p>a. Kitchen - the corridor door did not latch into its frame when closed.</p> <p>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:</p> <p>a. Med Room - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed.</p> <p>5. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room or compartment of origin. Findings on June 27, 2017:</p> <p>a. Beauty Shop - there is a hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>6. Based on observation, the Facility failed to</p>	C 189	<p>A,B,C) We have cleaned all loaded sprinkler heads throughout the building and pushed all down escutcheon cups back up to the correct position.</p> <p>③ The doors have been adjusted to ensure proper latching.</p> <p>④ The battery was replaced in the emergency light and it's working properly</p> <p>⑤ The hole was filled with the proper fire proof caulk.</p>	

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C 188	Continued From page 4 maintain the electrical system in a safe and operating condition. Findings on June 27, 2017: a. Exterior Storage - a box is stored in front of the electrical panel, limiting the required 36-inches minimum clear working space. This prevents quick access in any emergency. Deficiency corrected before Construction Surveyor departed the site.	C 188		