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PRINTED: 06/15/2017  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL041074</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/07/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF GREENSBORO</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5125 MICHAUX ROAD GREENSBORO, NC 27410</b>		
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C 000	Initial Comments  Construction Section Biennial Survey report by Frank Strickland and Suzanna Fay on 06/072017:  This facility was first licensed 09/11/2011 for One Hundred (100) residents with a Twenty-Eight (28) Special Care Unit. Based on this information, we are requiring that this facility meet the 2005 Regulations for Adult Care Homes, and the 2009 Edition of the North Carolina State Building Code-Institutional Occupancy.  Deficiencies have been cited and a Plan of Correction is required.	C 000		
C 111	Must Have Current San. & Fire Safety Reports  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.  This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to provide current inspection reports on site for review  Findings on 06/08/2017: This facility has failed to have on site a current Fire Inspection and Fire Alarm Testing report for review.	C 111	<b>C 111</b>  Current Fire Inspection and Fire Alarm Testing reports were received at the community and copies scanned to Frank Strickland @dhhs.nc.gov on <b>6/25/2017.</b>	
C 164	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 164		

Division of Health Service Regulation

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

TITLE

(X6) DATE

*Becky Vance*

*Executive Director*

*7-10-17*

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C 164	Continued From page 1  <b>FURNISHINGS</b> (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant 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: 3-Based on observation, this facility has failed to maintained service and cleaning of HVAC air-distribution vents.  Findings on 06/08/2017: The return-air grille has excessive particulate build-up that is located in the Living Room CC-1.	C 164	<b>C 164</b>  CC-1 living room return-air grille was cleaned as well as all other HVAC air-distribution vents on <b>6/19/17</b> .	
C 166	Housekeeping-Maintained Free of Hazards  <b>SECTION .0300 - PHYSICAL PLANT</b> 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 observations, this facility has failed to maintain the floor surfaces in the roll-in showers in the Resident Room Bathrooms.  Findings on 06/08/2017: The threshold has become unfastened to the roll-in shower floor base which may generate into a trip hazard that is located in Room 137.	C 166	<b>C 166 #1</b>  Room #137 threshold to the roll-in shower, as well as any other thresholds that were in need of repair were re-caulked on <b>6/8/17</b> .	

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C 166	Continued From page 2  2-Based on observations, this facility has failed to maintain the physical condition of the Resident Room entry door hardware.  Findings on 06/08/2017: The push buttons are damaged with sharp edges that could result to harm to an individual when using the door knob to open the door that are located at the following locations: (a) Room 406 (b) Room 407	C 166	<b>C 166 #2</b>  The push buttons on the doors of room's #406 & 407, as well as any other doors where the push buttons were damaged, were replaced on <b>6/14 &amp; 6/15/2017</b> .	
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, this facility has failed to be maintained in a safe and operating condition the emergency lighting. This could affect all residents, staff and visitors if the egress pathways were not illuminated during a power outage.  Findings on 06/08/2017: The emergency wall light that are located at the following locations did not illuminate when tested in the emergency mode: (a) Kitchen	C 189	<b>C189 #1</b>  The emergency wall light located in kitchen and on the 200 hall living room have been replaced. All other emergency lighting throughout the community have been checked to verify they are working properly. This was completed on <b>6/8/17</b> .	

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C 189	<p>Continued From page 3</p> <p>(b) 200 HALL-Living Room</p> <p>2-Based on observation, this facility has failed to provide fire protection in all electrical ceiling penetrations through the fire rated roof/ceiling assemblies.</p> <p>Findings on 06/08/2017: There are electrical wiring ceiling penetrations that have incomplete fire-caulking at the following locations: (a) 200 HALL-Electrical Room (Above all electrical panels) (b) 400 HALL-Electrical Room</p> <p>3-Based on observation, this facility has failed to provide fire protection in all service pipe ceiling penetrations through the fire rated roof/ceiling assemblies.</p> <p>Findings on 06/08/2017: The supply pipe lines for the ansul system located in the Kitchen have ceiling penetrations that are not fire-caulked.</p> <p>4-Based on observations, this facility has failed to maintain in a safe manner the operation of the smoke barrier doors and the physical condition of the Fire-rated doors. The could affect all residents and staff by not containing fire and/or smoke in the fire compartment or room of origin.</p> <p>Findings on 06/08/2017: The right-hand side smoke door has the sweep missing at the base of the door that is located in the 300 HALL adjacent to Room 310 which would allow the passage of smoke.</p> <p>5-Based on observations, the facility has not</p>	C 189	<p><b>C 189 #2</b></p> <p>The electrical wiring ceiling penetrations in the 200 hall and the 400 hall electrical rooms have been fire caulked according to C 189 on <b>6/15/17</b>.</p> <p><b>C 189 #3</b></p> <p>The supply pipe line for the ansul system located in the kitchen was fire caulked on 6/15/17. No other areas of concern were noted.</p> <p><b>C 189 #4</b></p> <p>The right hand side smoke door sweep in the 300 hall adjacent to room #310 was replaced on <b>6/8/17</b>.</p>	

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C 189	<p>Continued From page 4</p> <p>maintained the plumbing piping in a safe manner by not complying with the North Carolina Plumbing Code.</p> <p>Findings on 06/08/2017: The Kitchen ice machine drain line is only 3/4 inch above the floor drain and a minimum 2 inch clearance is required.</p>	C 189	<p><b>C 189 #5</b></p> <p>The drain line coming from the kitchen ice machine was moved to a minimum of a 2 inch clearance on <b>6/9/17</b>.</p> <p><b>Prevention of Re-occurrence:</b> The Maintenance Director will follow company's schedule policy for inspections and maintenance.</p> <p><b>Monitor Responsibility</b> The Maintenance Manager, house-keepers and Executive Director will monitor on an ongoing basis following the company's policy.</p>	
<p><i>Becky Vance, Executive Director</i></p> <p><i>6-26-17</i></p>				