Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING HAL092037 05/01/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 901 SPRING ARBOR COURT SPRING ARBOR OF APEX APEX, NC 27502 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Biennial Construction Survey conducted by Suzanna Fay on May 1, 2018. Records indicate this facility was first licensed on January 13, 1991. The facility is currently licensed for 76 Beds with a 20 Beds Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1999) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. C 101 Existing Licensed Fac- No less than '71 Rules C 101 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS See attacked" The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction. change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm". copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by:

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE

SPATEFORM

| Continuation Sheet 1 of 6899 | NAWL21 | Continuation Sheet 1 of 6899 | Continuation S

Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: 01 HAL092037 05/01/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 901 SPRING ARBOR COURT **SPRING ARBOR OF APEX APEX, NC 27502** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) C 101 Continued From page 1 C 101 1. Observations revealed that the facility did not meet the building code requirements in effect a the time of construction, renovation or alteration. De attached Findings on May 1, 2018: a. The magnetic locks reengaged when the fire alarm was silenced which could affect the residents, staff and visitors ability to exit the building in the case of a fire or other emergency. b. SCU Dining Room, electrical closet - the door closer has been disengaged and will no longer close on its own ability. C 164 Housekeeping and Furnishings-Clean, Repaired C 164 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** See attached (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: 1. Observations revealed that the floors were not maintained in good repair. Findings on May 1, 2018: a. Room 308 - the vinyl floor around the toilet is stained gray where moisture is seeping under the floor finish. Interview with staff revealed that they are aware of the problem and are in the process of replacing these floors. C 166 Housekeeping-Maintained Free of Hazards C 166

Division of Health Service Regulation

STATE FORM

2 mga Headen-Per, Executive Director 5/22/18

PRINTED: 05/14/2018 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING HAL092037 05/01/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 901 SPRING ARBOR COURT **SPRING ARBOR OF APEX** APEX, NC 27502 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) C 166 C 166 Continued From page 2 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** Du attacheel (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. Observations revealed that the facility was not maintained free of all hazards. Findings on May 1, 2018: a. Room 212 - one oxygen bottle was found unsecured. C 185 Fire Safety-Rehearsals on Each Shift C 185 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR De attached" **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.

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STATE FORM

NAWL21

If continuation sheet 3 of 6

2 onya Headen-Fee, Executive Director 5/20/18

1. Review of records revealed that the facility did not conduct fire rehearsals quarterly on each

This Rule is not met as evidenced by:

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 05/01/2018 HAL092037 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 901 SPRING ARBOR COURT **SPRING ARBOR OF APEX APEX, NC 27502** (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 185 C 185 Continued From page 3 shift. De attacked Findings on May 1, 2018: a. Records provided did not show that a fire rehearsal was conducted on the second shift for the second quarter of 2017. b. Records provided did not show that fire rehearsals were conducted on the second or third shift for the third quarter of 2017. C 189 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 Ser attached 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 facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on May 1, 2018: a. The emergency light in the vestibule did not illuminate on battery test. 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if

Division of Health Service Regulation

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Jonya Headen-Lee Executive Direction

Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING HAL092037 05/01/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 901 SPRING ARBOR COURT SPRING ARBOR OF APEX **APEX, NC 27502** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 189 C 189 Continued From page 4 doors do not completely close and latch to help Ser attached limit the spread of smoke or fire to the area of origin. Findings on May 1, 2018: a. Activity room - the non-astragal leaf of the door drags and the door does not close and latch. b. Room 105 - the door does not latch when closed. 3. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on May 1, 2018: a. Room 217, Unit A - the sprinkler head in the closet was missing its escutcheon plate leaving a hole in the ceiling. b. Dining Room electrical closet - the conduits that penetrated the ceiling did not have rated caulk at the penetration. SCU Dining Room electrical closet - the sprinkler head has shifted leaving a hole in the ceiling at the sprinkler head. C 199 Exhaust Ventilation C 199 See attached SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:

Division of Health Service Regulation

STATE FORM

If continuation sheet 5 of 6

2015 Header Lee Executive Director 5/22/18

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING: 01 B. WING _ 05/01/2018 HAL092037 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 901 SPRING ARBOR COURT **SPRING ARBOR OF APEX** APEX, NC 27502 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) C 199 Continued From page 5 C 199 soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; See attached (4) housekeeping closets; and (5) laundry area. (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. Observations revealed that the facility failed to provide exhaust ventilation in all of the required areas. Findings on May 1, 2018: a. Spa - the fan in the toilet room was not working at the time of survey. b. Guest bathrooms - the exhaust fans were not working at the time of survey. c. Employee lounge bathroom - the exhaust fan was not working. d. Hopper room - the exhaust fan was not working. e. Laundry room - the exhaust fan was not working. Division of Health Service Regulation

2013 Headen. Lee Executive Director 5/22/18

Spring Arbor of Apex, HA Biennial Survey 05/1/2018

FID #990039 HAL 092037

Plan of Correction

10A NCAC 13F .0301 Application of Physical Plant Requirements; C101

1a. Simplex Grinnell adjusted programming to prevent magnetic locks from re-engaging when fire alarm silenced.

Completed 5/2/2018

1b. Electrical closet door hinge adjusted.

Completed 5/5/2018

10A NCAC 13F .0306 Housekeeping and Furnishings; C164

1a. Room 308 vinyl floor will be replaced

Completed 6/4/2018

10A NCAC 13F .0306 Housekeeping and Furnishings; C166

1a. Room 212 oxygen rack was delivered.

Completed 5/4/2018

10A NCAC 13F .0309 Plan for Evacuation; C185

1a. See attached fire drill rehearsals to be performed monthly

Completed 5/1/2018

2a. See attached fire drill rehearsals to be performed monthly

Completed 5/1/2018

10A NCAC 13F .0311 Other Requirements; C189

1a. Flood light batteries in the vestibule replaced.

Completed 5/1/2018

2a. Activity room door hinge adjusted and chair removed from in from of the activity door.

Completed 5/1/2018

2b. Room 105 door adjusted

Completed 5/1/2018

3a. Room 217 unit (a) sprinkler head escutcheon plate replaced

Completed 5/2/2018

3b.Dining room electrical closet- rated caulk applied.

Completed on 5/2/2018

3c. SCU dining room electrical closet (sprinkler head) - White caulk applied

Completed 5/3/2018

10A NCAC 13F .0311 Other Requirements; C199

- 1. Soiled Lined storage- fan motor replaced
- 2. Soil utility room-fan motor replaced
- 3. Bathrooms and toilet rooms- fan motor replaced
- 4. Housekeeping closets- fan motor replaced
- 5. Laundry area- fan motor replaced

Completed 5/9/2018

- a. SPA-fan motor replaced
- b. Guest bathrooms- fan motor replaced
- c. Guest bathrooms- fan motor replaced
- d. Hopper room- fan motor replaced
- e. Laundry room- fan motor replaced

Completed 5/9/2018

Fire Drill Schedule 2018

January 7-3 Sinit	
February 3-11 shift	
March 11-7 shift	
April 7-3 shift	
May 3-11 shift	
June 11-7 shift	
July 7-3 shift	
August 3-11 shift	
September 11-7 shift	
October 7-3 shift	
November 3-11 shift	
December 11-7 shift	
Maintenance Director _	Date



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GRAINGER ACCOUNT NUMBER **INVOICE NUMBER** INVOICE DATE **DUE DATE** AMOUNT DUE

876348764 9778066697 05/04/2018 06/03/2018 104.39

PO NUMBER: CALLER: JAY STOVER CUSTOMER PHONE: (919) 303-9990 ORDER NUMBER: INCO TERMS:

JAY STOVER 1320185437 FOB ORIGIN

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THANK YOU!

FEI NUMBER 36-1150280

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		The following items were for: SPRING ARBOR SPRING ARBOR OF APEX 901 SPRING ARBOR CT APEX NC 27502-4951			
	4UU91	 MOTOR,SH POLE,1/15 HP,1050,115V,42Y,TEAO MANUFACTURER # U6433	1	92.38	92.38
	4L180	V-BELT,4L180 MANUFACTURER # 4L180 Delivery# 6395506944 Date: 05/04/2018 Carrier. UPS GROUND No. of pkgs: 1 Wt: 8.65 Trk#: 1201A6460312406561 SHIPPED FROM DC FOUNTAIN INN, SC - 003 101 SOUTHCHASE BLVD FOUNTAIN INN SC 29644-9019	3	1.65	4.95
		1			
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