

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/06/2018
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NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF ROCKY MOUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 1251 S. WINSTEAD AVENUE ROCKY MOUNT, NC 27804
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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>Biennial Construction Survey report by Frank Strickland and Suzanna Fay on 06/06/2018:</p> <p>This facility was licensed on 05/31/1995. Based on this information, this facility is required to meet the 1994 Rules for the Licensing of Adult Care Homes, the applicable components of the 2005 Licensing of Adult Care Homes of Seven or More Beds, and the 1991 (w/revisions) North Carolina State Building Code(s) for Group I - Institutional Unrestrained Occupancy. LICENSED FOR 84 BEDS W/20 BED SCU.</p> <p>Deficiencies were cited and a Plan of Correction is required.</p>	C 000		
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: 1-Based on observation, this facility has not been maintained free of all obstructions and hazards.</p> <p>Findings on 06/06/2018: There are oxygen bottles in Room 106 that are not stored in approved racks.</p>	C 166		
C 189	Building Equipment Maintained Safe, Operating	C 189		

Division of Health Service Regulation
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>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, this facility has failed to maintain the plumbing equipment in a safe and operating condition.</p> <p>Findings on 06/06/2018: The toilets are not secured to the floor at the following locations: (a) Room 105 (b) Room 106</p> <p>2-Based on observation, this facility has failed to maintain the mechanical equipment and components in a safe and operating condition.</p> <p>Findings on 06/06/2018: The return-air filters has excessive particulate build-up at the following locations: (a) Kitchen (b) Kitchen Pantry (c) Spa/Storage in 100 HALL (d) Gentlemen Bathroom/Main Lobby</p> <p>3-Based on observation, this facility has failed to maintain the mechanical equipment and components in a safe and operating condition.</p> <p>Findings on 06/06/2018:</p>	C 189		

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C 189	Continued From page 2 The mechanical exhaust fans were not operational at the following locations: (a) 300 HALL/Break Room (b) SCU/Laundry Closet/Storage (c) SCU/Bio Hazard Storage (d) SCU/Janitorial Closet	C 189		