

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 12/05/2018
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NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF THOMASVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 915 WEST COOKSEY DRIVE THOMASVILLE, NC 27360
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C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Ed Miller, conducted on December 5, 2018.</p> <p>Records indicates this facility was first licensed on June 19, 1991 for Sixty-Two (62) Beds with includes a 14 bed Special Care Unit. Based on this information, the facility is required to meet the 1991 Homes for the Aged- Minimum and Desired Standards and Regulations; applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds; and the 1991 North Carolina State Building Code, Section 409.1- Institutional (I) Occupancy.</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000	It is the community's standard practice to comply with standard regulations	
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1. Based on record review, and interview with Executive Director, and Maintenance Director the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on December 5, 2018: a. A current Fire Marshal Inspection Report was not available for review by the Surveyor. The last onsite documentation was dated March 21, 2017.</p>	C 111	<p><u>Plan of Correction:</u> C111 1.a. Fire Marshal Inspection has been scheduled for January 2, 2019. Report will be housed in community upon completion of inspection.</p> <p>Reminders will be added to maintenance calendar for contacting Fire Marshal office to request future surveys be completed within required timeframes.</p>	1/2/19

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

Audrey M. Duraj

TITLE

Executive Director

(X6) DATE

12-28-18

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C 153	Continued From page 1	C 153		
C 153	<p>Exit Door Locks-Single Hand Motion</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the building did not provide exit door locks that are easily operable, by a single hand motion, from the inside at all times without keys. This would affect residents, staff, and visitors by requiring more time to exit the building during an emergency. Findings on December 5, 2018: a. Dining Room Exterior Exit - the replacement door handle has a thumb button/turn that must to be operated before the door handle would release the door.</p>	C 153	<p>C153 1.a. Dining Room Exterior Exit – door handle to be replaced with single hand motion handle.</p> <p>Maintenance Director will verify that all exterior exit door replacement handles are single hand motion.</p>	1/15/19
C 160	<p>Outside Premises-Clean, Safe</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the outside grounds</p>	C 160		

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C 160	Continued From page 2 are not maintained in a clean and safe condition. Findings on December 5, 2018: a. West Sidewalk - the split rail fence providing protection from rolling down the sloped grade, has a rotten fence post.	C 160	1.a. West Sidewalk – the rotten split rail fence post will be replaced. Maintenance Director will include inspection of split rail fencing in monthly building inspections.	1/15/19
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 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 Observation, the Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on December 5, 2018: a. Bedroom 209 - two portable medical oxygen cylinders are standing up on the floor not physically secured in racks, stands or chained to the structure. 2. Based on Observation, the Building was not maintained free of hazards, because general maintenance was not being done or had not been completed. This could affect all residents, staff, and visitors if items are broken or partially removed and left where they could injure all. Findings on December 5, 2018: a. Bedroom 204 Bathroom - the mounting brackets for broken toilet paper dispenser remain	C 166	C166 1.a. Bedroom 209 – cylinder racks/stands will be installed by Medical Equipment Provider. Maintenance Director/Resident Care Director will include on monthly inspections 2.a. Bedroom 204 Bathroom – mounting brackets for broken toilet paper replaced. Maintenance Director will include on monthly building inspections.	12/28/18 12/28/18

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C 166	Continued From page 3 attached to the wall. These brackets have rough and sharp edges, which could cause injury.	C 166		
C 175	<p>Bedroom Furnishings-Clean Towel, Towel Bar</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide residents areas, with the required individual towels and/or towel bars for each resident.</p> <p>Findings on December 5, 2018: a. Bedroom 209 - this double occupant bedroom has one of its two towel bars missing. b. Bedroom 112 - this double occupant bedroom has all of its two towel bars missing.</p>	C 175	<p>C175</p> <p>1.a. Bedroom 209 – 2nd towel bar installed</p> <p>1.b. Bedroom 112 – 2nd towel bar installed</p> <p>Maintenance Director will include checking all double occupancy rooms for presence of two towel bars on monthly building inspections</p>	<p>12/2/18</p> <p>12/28/18</p> <p>12/28/18</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. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p>	C 189		

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C 189	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on December 5, 2018:</p> <p>a. Back half of 300 Hall - the ceiling-mounted emergency lights do not have test buttons to confirm backup power and the facility does not have an onsite generator. Staff are not aware of any storage batteries for this area.</p> <p>b. Exit near Bedroom 303 - the exit sign did not illuminate on backup power when tested.</p> <p>2. Based on observation and interview with Maintenance Director, the facility failed to provide and/or maintain the automatic roll-down fire door. This would affect all residents, staff, and visitors by not having emergency equipment in proper working order. Findings on December 5, 2018:</p> <p>a. Kitchen - the automatic roll-down fire door between Kitchen and Dining had not been inspected and tagged as required by NFPA 80.</p> <p>b. SCU Kitchen - the automatic roll-down fire door between Kitchen and Dining had not been inspected and tagged as required by NFPA 80. In addition, the fusible link has been disconnected.</p> <p>3. Based on observation, the Building was not maintained in a safe and operating condition, because some corridor doors did not resist the passage of smoke due to holes in the leaf of the doors. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on December 5, 2018:</p>	C 189	<p>C189</p> <p>1.a. Emergency light on 300 Hall that does not have test button will be replaced with new light including test capability.</p> <p>1.b Exit sign near Bedroom 303 will have battery replaced.</p> <p>Testing of emergency lights in included in the monthly building inspection conducted by Maintenance Director.</p> <p>2.a. Kitchen – Automatic roll-down fire door between kitchen and dining area will be inspected and tagged appropriately.</p> <p>2.b. SCU Kitchen – Automatic roll-down fire door will be inspected and tagged appropriately. The fusible link has been re-connected.</p> <p>Reminders will be added to Maintenance Calendar to coordinate inspections with outside vendors.</p>	<p>1/15/19</p> <p>1/15/19</p> <p>1/15/19</p> <p>1/15/19</p>

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C 189	Continued From page 5 a. Sprinkler Riser Room - there are two 1/4 inch diameter holes through the corridor door around the door handle. b. Bulk Laundry - there are two 1/4 inch diameter holes through the corridor door at the head of the door. c. Library - the pair of corridor doors have a gap between their meeting edges of about 3/8 inch. d. TV Room - the pair of corridor doors have a gap between their meeting edges of about 3/8 inch. e. Dining Room - the pair of corridor doors have a gap between their meeting edges of about 1/2 inch. 4. 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 of origin. Findings on December 5, 2018: a. Exterior Mech Room near Bedroom 203 - there is a gap around a flexible conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. BOM Office Closet - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. c. BOM Office Closet - there is an open-ended sleeve with cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly. d. AL Activity Closet - there is a gap around a flexible conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. e. Kitchen - there is a gap around a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 5. Based on observation, the Building was not maintained in a safe and operating condition, by	C 189	C189 3.a. Sprinkler Riser Room – two ¼ inch holes will be caulked to prevent passage of smoke. 3.b. Bulk Laundry – two ¼ inch holes through corridor door at the head of door will be caulked to prevent passage of smoke. 3.c. Library – Door sweeps will be installed on corridor doors to close 3/8 inch gap between their meeting edges 3.d. TV Room – Door sweeps will be installed on corridor doors to close 3/8 inch gap between their meeting edges. 3.e. Dining Room – Door sweeps will be installed on the corridor doors to close 3/8 inch gap between their meeting edges. 4.a. Exterior Mech Room – gap around flexible conduit will be fire caulked/sealed. 4.b. BOM Office Closet – gap around cables will be fire caulked/sealed 4.c. BOM Office Closet – open-ended sleeve with cable bundle will be firestopped/caulked. 4.d. AL Activity Closet – gap around flexible conduit will be firestopped/caulked. 4.e. Kitchen – gap around conduit will be firestopped/caulked.	1/15/19 1/15/19 1/15/19 1/15/19 1/15/19 1/15/19 1/15/19 1/15/19 1/15/19

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C 189	<p>Continued From page 6</p> <p>failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on December 5, 2018:</p> <p>a. SCU Bedrooms - some of the bedroom closets are equipped with hook & eye latches. This locking system does not provide an override device allowing exiting from the closet.</p> <p>6. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the room of origin. Findings on December 5, 2018:</p> <p>a. Bedroom 204 Corridor side Closet - the fire sprinkler head is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat.</p> <p>b. Corridor near Bedroom 203 - the escutcheon plate on the fire sprinkler is dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat.</p> <p>c. Corridor near Bedroom 303 - the escutcheon plate on the fire sprinkler does not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat.</p> <p>d. Storage Room near Executive Director Office - the escutcheon plate on the fire sprinkler does not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat.</p> <p>e. Kitchen Housekeep Closet - the escutcheon plate on the fire sprinkler does not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat.</p> <p>f. Maintenance Office - the fire sprinkler head is</p>	C 189	<p>C189</p> <p>5.a. SCU Bedrooms – hook & eye latches will be removed from closet doors, corrected onsite with surveyor</p> <p>6.a. Bedroom 204 – escutcheon plate will be installed on sprinkler head.</p> <p>6.b. Corridor near Bedroom 203 – escutcheon plate will be adjusted to fit properly against the ceiling</p> <p>6.c. Corridor near Bedroom 303 – replace/firestop escutcheon plate to cover the complete hole through the ceiling.</p> <p>6.d. Storage Room near ED Office – replace/firestop escutcheon plate to cover the complete hole through the ceiling.</p> <p>6.e. Kitchen Housekeep Closet – replace/firestop escutcheon plate</p> <p>6.f. Maintenance Office – replace escutcheon plate.</p>	<p>12/5/18</p> <p>1/15/19</p> <p>1/15/19</p> <p>1/15/19</p> <p>1/15/19</p> <p>1/15/19</p>

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C 189	<p>Continued From page 7</p> <p>missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat.</p> <p>7. Based on observations, the Building was not maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler heads' spray cannot reach all areas of a room. Findings on December 5, 2018: a. BOM Office Closet - items are being stored within the area 18 inches below the fire sprinkler head that must be keep clear.</p> <p>8. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on December 5, 2018: a. Library - a leaf of the pair of corridor doors, held open with hold open devices that release on fire alarm activation, has a chair placed in the swing path of the door, blocking its ability to close rapidly. b. TV Room - a leaf of the pair of corridor doors, held open with hold open devices that release on fire alarm activation, has a wheel chair placed in the swing path of the door, blocking its ability to close rapidly. c. TV Room - the pair of corridor doors, held open with hold open devices that release on fire alarm activation, are not coordinated so the inactive leaf closes before the active leaf in order for doors to latch properly.</p> <p>9. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on December 5, 2018: a. AL Med Room - there is a multi-plug adaptor,</p>	C 189	<p>C189</p> <p>7.a. BOM Office Closet – remove items stored within 18 inches below the fire sprinkler head.</p> <p>8.a. Library – furniture will be removed from swing path of door to allow door to properly function</p> <p>8.b. TV Room – wheelchair will be removed from the swing path of the door.</p> <p>8.c. TV Room – Door closer will be adjusted to allow proper operation of doors.</p> <p>9.a. AL Med Room – Multi-plug adaptor that does not have integral overcurrent protection will be removed.</p> <p>9.b. RCC Office – extension cord will be removed</p>	<p>12/5/18</p> <p>12/5/18</p> <p>12/5/18</p> <p>1/15/19</p> <p>12/5/18</p> <p>12/5/18</p>

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C 189	Continued From page 8 that does not have integral overcurrent protection, with attached electrical power cords, plugged into an electrical power receptacle. Multi-plug adaptors without overcurrent protection can become overloaded and lead to device failure and possible fire. b. RCC Office -there is an extension cord running from the rooms, under the door, powering Christmas decoration.	C 189	9.15. RCC Office extension cord will be removed Above items will be added to Maintenance Director's Monthly Inspection.	12/5/18