STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				B) DATE SURVEY COMPLETED	
			7t. BOILDING.	••	F	₹	
		HAL029004	B. WING			9/2019	
NAME OF PROVIDER OR SUPPLIER STREET ADDI				STATE, ZIP CODE			
SPRING	ARBOR OF THOMAS	VILLE	COOKSEY /ILLE, NC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE	(X5) COMPLETE DATE	
{C 000}	Initial Comments		{C 000}				
	Report of a Biennial Follow Up Construction Survey by Ed Miller, conducted on January 29, 2019.						
	Deficiencies were of Plan of Correction.	Deficiencies were cited that will require a new Plan of Correction.					
{C 160}	Outside Premises-0	Clean, Safe	{C 160}				
	(1) The outside gro						
	are not maintained Findings on Januar a. West Sidewalk fence post, but the washed away the s said they would res	rvation, the outside grounds in a clean and safe condition.					
{C 189}	Building Equipment	Maintained Safe, Operating	{C 189}				
	mechanical, and plu care home shall be operating condition	11 OTHER Id all fire safety, electrical, umbing equipment in an adult maintained in a safe and					

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
					R	
HAL029004		B. WING		01/29/2019		
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SPRING	ARBOR OF THOMAS	VILLE	「COOKSEY √ILLE, NC 2			
(V4) ID	ST VO VIVING		ID	PROVIDER'S PLAN OF CORRECTION)NI	(VE)
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)			(X5) COMPLETE DATE
{C 189}	Continued From pa	ge 1	{C 189}			
	facilities with the exception of Paragraph (e) which shall not apply to existing facilities.					
	emergency equipm safe and operating if they could not pro- during an emergency Findings on Januar b. Exit near Bedro illuminate on backu	rvation, the building's ent was not maintained in a condition. This would affect all omptly find their way to an exit cy.				
	Maintenance Direct and/or maintain the This would affect all by not having emer working order. Findings on Januar b. SCU Kitchen door between Kitch inspected and tagg Per interview with Market and School of the S	rvation and interview with for, the facility failed to provide automatic roll-down fire door. I residents, staff, and visitors gency equipment in proper y 29, 2019: the automatic roll-down fire en and Dining had not been ed as required by NFPA 80. Maintenance Director, door has it is waiting to for the tag to be				
	maintained in a safe because some corresponding to passage of smoke doors. This could a visitors if the doors 2019: b. Bulk Laundry - diameter holes thro	rvation, the Building was not e and operating condition, idor doors did not resist the due to holes in the leaf of the ffect all residents, staff and did Findings on January 29, there are two 1/4 inch rugh the corridor door at the hese two holes through the				

Division of Health Service Regulation

STATE FORM 6899 D58N22 If continuation sheet 2 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED	
AND FEAN OF CONNECTION		.52	A. BUILDING:	A. BUILDING: 01			
HAL029004		B. WING		R 01/29/2019			
			l		01/2	3/2013	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
SPRING	ARBOR OF THOMAS	VILLE	COOKSEY				
	T .		VILLE, NC 2			I	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE	
{C 189}	Continued From page 2		{C 189}				
	fire rated door have been patched with Bondo. The use of Bondo-type filler in not an acceptable repair for holes in fire rated doors.						
	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 January 29, 2019: 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. Per interview with Maintenance Director, escutcheons have been ordered 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. Per interview with Maintenance Director, escutcheons have been ordered						
	plate on the fire spr complete hole throu ceiling that allows the Per interview with Mescutcheons have to d. Storage Room the escutcheon plant cover the comp	dedroom 303 - the escutcheon rinkler does not cover the ugh the fire-resistance-rated the spread of smoke and heat. Maintenance Director, been ordered near Executive Director Office ate on the fire sprinkler does lete hole through the director covered the ceiling that allows the spread					
	of smoke and heat. Maintenance Direct ordered e. Kitchen Housel plate on the fire spr complete hole throu						

Division of Health Service Regulation

STATE FORM 6899 D58N22 If continuation sheet 3 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING: 01			X3) DATE SURVEY COMPLETED		
1141 020004		B. WING		R 01/29/2019				
NAME OF		HAL029004		CTATE ZID CODE	01/2	9/2019		
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 915 WEST COOKSEY DRIVE							
SPRING ARBOR OF THOMASVILLE THOMASVILLE, NC 27360								
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE		
{C 189}	Continued From pa	ge 3	{C 189}					
	Per interview with Mescutcheons have If. Maintenance Omissing its escutch opening through that allows the spre	Maintenance Director,						

Division of Health Service Regulation