

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL029004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/29/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF THOMASVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>915 WEST COOKSEY DRIVE THOMASVILLE, NC 27360</b>		
(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}	Initial Comments  Report of a Biennial Follow Up Construction Survey by Ed Miller, conducted on January 29, 2019.  Deficiencies were cited that will require a new Plan of Correction.	{C 000}	It is the community's standard practice to comply with the referenced regulations	
{C 160}	Outside Premises-Clean, Safe  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (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;  This Rule is not met as evidenced by: 1. Based on observation, the outside grounds are not maintained in a clean and safe condition. Findings on January 29, 2019: a. West Sidewalk - the split rail fence has a new fence post, but the recent heavy rains has washed away the soft supporting soils. Provider said they would reset the post and using concrete around the base and add protective soil.	{C 160}	<u>Plan of Correction:</u> C160 1. a. West Sidewalk - The split rail fence post has been replaced & set using concrete and protective soil around the base	2/15/2019
{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	{C 189}	The monthly building maintenance check conducted by Maintenance Director will include fence/rails.	

Division of Health Service Regulation

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

TITLE

(X6) DATE

*Audrey M. Dwyer*

*Executive Director*

*2/26/19*

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{C 189}	<p>Continued From page 1</p> <p>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, 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 January 29, 2019: b. Exit near Bedroom 303 - the exit sign did not illuminate on backup power when tested. Per interview with Maintenance Director, batteries are on backorder.</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 January 29, 2019: b. SCU Kitchen - the automatic roll-down fire door between Kitchen and Dining had not been inspected and tagged as required by NFPA 80. Per interview with Maintenance Director, door has been inspected and is waiting to for the tag to be delivered.</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 Findings on January 29, 2019: b. Bulk Laundry - there are two 1/4 inch diameter holes through the corridor door at the head of the door. These two holes through the</p>	{C 189}	<p><u>Plan of Correction:</u></p> <p>C 189</p> <p>1.b. Exit near Bedroom 303 - battery has been replaced for exit sign to illuminate.</p> <p>Monthly maintenance checks will include testing of battery backups for exit lights.</p> <p>2.b. SCU Kitchen - the automatic fire door has been inspected and tagged as required by NFPA80.</p> <p>3.b. Bulk Laundry - two 1/4 inch diameter holes through the corridor door have been patched with approved product.</p> <p>Monthly maintenance checks will include checking for use of approved caulking materials</p>	<p>2/15/2019</p> <p>2/25/2019</p> <p>2/15/2019</p>

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{C 189}	<p>Continued From page 2</p> <p>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.</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 January 29, 2019:</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. Per interview with Maintenance Director, escutcheons have been ordered</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. Per interview with Maintenance Director, escutcheons have been ordered</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. Per interview with Maintenance Director, escutcheons have been ordered</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. Per interview with Maintenance Director, escutcheons have been ordered</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>	{C 189}	<p>{C189</p> <p><u>6.a.</u> Bedroom 204 Corridor side closet - Escutcheon plate has been installed</p> <p>6.b. Corridor near Bedroom 203 - escutcheon plate has been installed</p> <p>6.c. Corridor near bedroom 303 - escutcheon plate has been installed</p> <p>6.d. <u>Storage Room near ED office - escutcheon</u> plate has been installed</p> <p>6.3. Kitchen Housekeeping Closet - escutcheon plate has been installed</p> <p>Monthly maintenance checks will include checking for properly installed escutcheon plates</p>	<p>2/25/2019</p> <p>2/25/2019</p> <p>2/25/2019</p> <p>2/25/2019</p> <p>2/25/2019</p>

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{C 189}	Continued From page 3  Per interview with Maintenance Director, escutcheons have been ordered f. Maintenance Office - 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	{C 189}	C189  6.f. Maintenance Office - escutcheon plate has been installed  Monthly maintenance checks will include checking for properly installed escutcheon plates	2/25/2019