

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001025 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 04/25/2019 |
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| NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - CROUSE BUILDING | STREET ADDRESS, CITY, STATE, ZIP CODE 613 W WHITSETT STREET GRAHAM, NC 27253 |
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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 Section Survey report by Frank Strickland conducted on 04/25/2019:</p> <p>This facility was first licensed as a Home for the Aged serving 12 ambulatory residents on 05/01/2000. Therefore, this facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 North Carolina State Building Code - Section 419.5 for Large Residential Care Facility- Group R.</p> <p>Deficiencies have been cited and a Plan of Correction is required.</p> | C 000 | | |
| C 189 | <p>Building Equipment Maintained Safe, Operating</p> <p>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 facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to maintain the kitchen equipment in a safe and operating condition.</p> <p>Findings on 04/25/2019: The kitchen range hood exhaust filter and surrounding housing has excessive grease build-up.</p> | C 189 | | |

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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>2-Based on observation, this facility has failed to maintain the mechanical equipment in a safe and operating condition.</p> <p>Findings on 04/25/2019: The insulation around the supply ductwork has become unfastened located in the Sprinkler Riser Room.</p> | C 189 | | |