

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/13/2019
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NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF GREENSBORO	STREET ADDRESS, CITY, STATE, ZIP CODE 5125 MICHAUX ROAD GREENSBORO, NC 27410
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C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Ed Miller and Suzanna Fay, conducted on June 13, 2019.</p> <p>Records indicate that this facility was first licensed 09/11/2011 for One Hundred (100) residents with a Twenty-Eight (28) Special Care Unit. Based on this information, we are requiring that this facility meet the 2005 Regulations for Adult Care Homes, and the 2009 Edition of the North Carolina State Building Code- Institutional Occupancy.</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS</p> <p>The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;</p> <p>This Rule is not met as evidenced by:</p>	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 101	Continued From page 1 1. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alteration by not having all the required components for doors equipped with Delayed Egress locking arrangements. This could affect all by potentially delaying exiting in an emergency for more than an acceptable time. Findings on June 13, 2019: a. 200 Hall Cottage 2 Entrance - the delayed egress locked doors do not have the required, readily visible sign mounted on the door near the release device that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS".	C 101		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on June 13, 2019: a. Bedroom 130 Bathroom- the exhaust fan is falling out of the ceiling. b. 300 Hall Restroom - the ventilation system with its radiation damper has an excessive	C 164		

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C 164	<p>Continued From page 2</p> <p>accumulation of dust/lint.</p> <p>c. MCU Soiled Linen - the ventilation system with its radiation damper has an excessive accumulation of dust/lint.</p> <p>d. MCU Clean Linen - the HVAC return with its radiation damper has an excessive accumulation of dust/lint.</p> <p>e. MCU Beauty shop- the exhaust fan is falling out of the ceiling.</p> <p>f. MCU Kitchen- the HVAC return is falling out of the ceiling.</p> <p>2. Based on observation, the building floors are not kept clean and in good repair. Findings on June 13, 2019: a. 100 Hall near Bedroom 133 - the carpet is stained.</p> <p>3. Based on observation, the building walls are not kept clean and in good repair. Findings on June 13, 2019: a. Kitchen - the FRP wall cover is falling off the wall in a corner.</p>	C 164		
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 observations, this facility has failed</p>	C 166		

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C 166	Continued From page 3 to maintain the physical condition of the Resident Room entry door hardware. Findings on June 13, 2019: a. Bedroom 227 - the keyway opening on the door handle is damaged, exposing sharp and jagged edge to all. b. Bedroom 229 - the keyway opening on the door handle is damaged, exposing sharp and jagged edge to all.	C 166		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director/Administrator/Maintenance Director/Technician/Manager, fire safety rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on June 13, 2019: a. In the 1st quarter for the last 12 months, no rehearsals occurred during 2nd shift. b. In the 3rd quarter for the last 12 months, no rehearsals occurred during 1st shift.	C 185		

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C 185	Continued From page 4 c. In the 4th quarter for the last 12 months, no rehearsals occurred during 2nd and 3rd shifts.	C 185		
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.</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, 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.</p> <p>Findings on June 13, 2019:</p> <p>a. 100 Hall Library - the ceiling-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed.</p> <p>b. 100 Hall near Housekeeping and Sitting Area - the exit sign did not illuminate on backup power when tested.</p> <p>c. Vestibule - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed.</p> <p>d. Kitchen - there are two wall-mounted self-contained emergency lights that did not illuminate on backup power when the test buttons are pushed.</p> <p>e. Activity - the wall-mounted self-contained emergency light did not illuminate on backup</p>	C 189		

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C 189	<p>Continued From page 5</p> <p>power when the test button is pushed.</p> <p>f. Cottage 2 Dining -the self-contained emergency light is making a buzzing sound and has no light output when the test button is pushed.</p> <p>g. 300 Hall near Sitting Area bulkhead - the exit sign did not illuminate on backup power when tested.</p> <p>h. 200 Hall Cottage 2 Entrance - the self-contained combination exit sign/emergency light unit did not illuminate on backup power when the test button is pushed</p> <p>2. Based on observation, the Building was not maintained in a safe and operating condition, because exit doors have signage that deters usage of exits. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on June 13, 2019:</p> <p>a. 100 Hall Back Exit - this exit is equipped with a sign that reads "Warning! THIS IS NOT AN EXIT", but this is a marked exit, required to provide a path of egress for the 100 hall.</p> <p>3. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict fire and smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on June 13, 2019:</p> <p>a. Smoke Barrier near Bedroom 133 - the left leaf, of the double-egress cross-corridor doors, did not latch when the fire alarm system released the doors.</p> <p>4. Based on observation, the smoke tight corridor doors are not maintained in a safe and</p>	C 189		

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C 189	<p>Continued From page 6</p> <p>operating condition. Findings on June 13, 2019:</p> <p>a. 100 Hall Library - the corridor door does not latch into its frame when closed.</p> <p>b. Activity Room - the right set of corridor doors, held open with hold open devices release on fire alarm activation, are not coordinated so the inactive leaf closes before the active leaf for doors to latch properly.</p> <p>c. 300 Hall Restroom - the corridor door hits its frame and requires more than normal effort and force to close the door.</p> <p>5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on June 13, 2019:</p> <p>a. Bedroom 122 - a multiple plug adaptor, without integral overcurrent protection, is attached to an electrical power receptacle.</p> <p>b. Kitchen Electrical Room - a food warmer is stored in front of the electrical panels, limiting the required 36-inches by 30-inches minimum clear working space. Deficiency corrected before Construction Surveyors departed site.</p> <p>7. 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 June 13, 2019:</p> <p>a. Kitchen Electrical Room - above panel AC-5 here is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>b. Public Restroom - there is a gap around the base of the ventilation system not firestopped as it penetrates the fire-resistance-rated ceiling</p>	C 189		

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C 189	<p>Continued From page 7</p> <p>assembly.</p> <p>c. 300 Hall Mech room - there is a gap around the perimeter of an access door not firestopped as it penetrates the fire-resistance-rated wall assembly.</p> <p>d. 300 Breezeway Mech Room - there is a gap around the refrigerant line not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>e. AI Laundry Room Mech - there is a gap around the refrigerant line not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</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 June 13, 2019:</p> <p>a. Staff Station - the corridor door has a wedge holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch.</p> <p>b. Beauty Shop - the corridor door has a wedge holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch.</p> <p>c. MCU Med Station - the corridor door has a wedge holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch.</p> <p>d. AI Laundry - the door in the 1-hour fire-resistance-rated wall is tied open with a coat hanger and plastic bag holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch.</p> <p>9. Based on observations, the Building is not being maintained in a safe and operating condition. The fire sprinkler heads have become</p>	C 189		

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C 189	<p>Continued From page 8</p> <p>obstructed. This could affect all if the fire sprinkler discharge pattern cannot reach all areas of a room.</p> <p>Findings on June 13, 2019:</p> <p>a. Activity Closet - a large inflatable disk is stored within the minimum 18-inch clearance area below the fire sprinkler deflector.</p> <p>b. 300 Hall Electrical Room - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector.</p> <p>10. 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.</p> <p>Findings on June 13, 2019:</p> <p>a. 100 Hall Front Porch - 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. AL Living Room - there are two escutcheon plate on the fire sprinklers that have dropped down from the fire-resistance-rated ceiling exposing openings that allows the spread of smoke and heat.</p> <p>c. AL Dining - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat.</p> <p>d. 200 Hall Cottage 2 Lounge - the semi-recessed fire sprinkler dropped down below the escutcheon plate on the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat.</p>	C 189		
C 191	<p>Unvented & Portable Elec. Heaters Prohibited</p> <p>SECTION .0300 - PHYSICAL PLANT</p>	C 191		

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C 191	<p>Continued From page 9</p> <p>10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances.</p> <p>(2) Unvented fuel burning room heaters and portable electric heaters are prohibited.</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, the facility failed to prevent the use of portable electric heaters in an Adult Care Home. This could affect residents, staff, and visitors if heater is the ignition source of a fire. The danger increases if used by resident or combustible material is near.</p> <p>Findings on June 13, 2019:</p> <p>a. Kitchen Managers Office - a portable electric heater was found in this room.</p>	C 191		
C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT</p> <p>10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:</p> <p>(1) soiled linen storage;</p> <p>(2) soil utility room;</p> <p>(3) bathrooms and toilet rooms;</p> <p>(4) housekeeping closets; and</p>	C 199		

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C 199	<p>Continued From page 10</p> <p>(5) laundry area.</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 and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors.</p> <p>Findings on June 13, 2019:</p> <p>a. MCU Laundry - the required exhaust ventilation system does not work.</p> <p>b. AL Laundry - the required exhaust ventilation system does not work.</p> <p>c. 200 Hall Employee Lounge Restroom - the required exhaust ventilation system does not work.</p>	C 199		