

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092223	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/25/2023
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NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF APEX	STREET ADDRESS, CITY, STATE, ZIP CODE 901 SPRING ARBOR COURT APEX, NC 27502
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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
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C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Suzanna Fay conducted on October 25, 2023.</p> <p>This facility was licensed on January 13, 1991 and is currently licensed for 76 Beds with a 20 Beds Special Care Unit. Therefore, this facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1999) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.</p> <p>Deficiencies have been cited and a Plan of Correction is required.</p>	C 000		
C 160	<p>Outside Premises-Clean, Safe</p> <p>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;</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition.</p> <p>Findings on October 25, 2023: a. Front portico - a vehicle has hit the edge of the portico and damaged the trim on both sides of the drive-through.</p>	C 160	<p><i>"See attached"</i></p>	

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

Suzanne Headen-See

TITLE

Executive Director

(X6) DATE

12/28/23

Division of Health Service Regulation

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C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the ceilings were not kept in good repair.</p> <p>Findings on October 25, 2023:</p> <p>a. 100 Hall Mechanical Room by Rehabilitation Room - the ceiling finish around one of the duct openings is peeling away from the ceiling.</p>	C 164	<i>"see attached"</i>
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(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.</p> <p>(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.</p> <p>(f) This Rule shall apply to new and existing facilities.</p>	C 185	<i>"see attached"</i>

Jonya Headen-Lee Executive Director 12/28/23

Division of Health Service Regulation

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C 185	Continued From page 2 This Rule is not met as evidenced by: 1. Review of records revealed that the facility has not been conducting quarterly fire rehearsals on each shift. Findings on October 25, 2023: a. There was not a fire rehearsal conducted on the third shift of the first quarter of 2023 due to the loss of the maintenance staff position who normally conducts the fire rehearsals. b. There were no rehearsals conducted in the second quarter of 2023. c. There were no fire rehearsals conducted on the second or third shift of 2023.	C 185	<i>"See attached"</i>
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 facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on October 25, 2023:	C 189	<i>"See attached"</i>

Imya Headen-Lee

Executive Director

12/28/23

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C 189	Continued From page 3 a. Executive Director's Office - the vent is not secure in the opening leaving a gap in the fire resistant rated ceiling. b. Room 205 - the escutcheon ring on the sprinkler head in the back of the room has dropped leaving a gap in the fire resistant rated ceiling. c. Kitchen - there is one unsealed water line penetrating the ceiling at the dishwashing area. One of the flanges around a second penetration has dropped leaving a gap in the fire resistant rated ceiling. d. SCU Electrical Room - the escutcheon ring on the sprinkler head has dropped. This was corrected during the survey. e. Room 307 - the escutcheon ring on the front sprinkler head has dropped. This was corrected during the survey. 2. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could affect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on October 25, 2023: a. The emergency light outside of the Spa did not illuminate on test. b. 100 Hall - the emergency light by Room 105 did not illuminate on test. c. Boiler Room - the emergency light did not illuminate on test. 3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.	C 189	"See attached"	

Imya Haden-Lee Executive Director *12/28/23*

Division of Health Service Regulation

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C 189	<p>Continued From page 4</p> <p>Findings on October 25, 2023:</p> <ul style="list-style-type: none"> a. Room 105 - the door does not latch when closed. b. Room 211 - the door does not latch when closed. c. Rehabilitation Room - there is a wreath hanger over the door that prevented the door from closing and latching when released by the fire alarm. d. SCU Family Room - the door did not latch when released by the fire alarm. e. Room 306 - the screws on the latch plate are backing out making the door rub and does not allow the door to close and latch easily. f. SCU Soiled Linen - the door has dropped and requires excessive force to open and close. <p>4. Observations revealed that the mechanical equipment was not maintained in a safe and operating condition. Broken back flow preventors on dryer exhaust caps allows for pests to enter the facility.</p> <p>Findings on October 25, 2023:</p> <ul style="list-style-type: none"> a. One of the dryer exhaust flaps for the residential dryer has broken off outside of the Laundry Room. <p>5. Based on observation electrical equipment has not been maintained in a safe manner.</p> <p>Findings on October 25, 2023:</p> <ul style="list-style-type: none"> a. Exit by Room 309 - the protective cover for the exterior GFCI outlet on the stoop has broken off leaving the outlet exposed to the elements. 	C 189	<i>"See attached"</i>	
C 199	Exhaust Ventilation	C 199	<i>"See attached"</i>	

Romya Headen-Lee

Executive Director 12/28/23

Division of Health Service Regulation

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C 199	<p>Continued From page 5</p> <p>SECTION .0300 - PHYSICAL PLANT 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> <ol style="list-style-type: none"> (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. <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> <ol style="list-style-type: none"> 1. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. <p>Findings on October 25, 2023:</p> <ol style="list-style-type: none"> a. Spa - the fan is not working. b. Housekeeping in Laundry - the exhaust fan is not working. c. Laundry - the exhaust fan is not working. d. Room 301 Bath - the exhaust fan is not working. e. SCU Janitor's Closet - the exhaust fan is not working. 	C 199	<i>"See attached"</i>

Jonny Headen Lee Executive Director 12/28/23



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

December 14, 2023

Tonya Headen-Lee, Executive Director (via email only)
901 Spring Arbor Court
Apex, NC 27502

RE: Spring Arbor of Apex – ACH Biennial Survey
901 Spring Arbor Court
Apex (Wake County)
FID #990039

Dear Ms. Haeden-Lee:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on October 25, 2023. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.
 1. Corrective action must begin immediately.
 2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR – Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

CONSTRUCTION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705
<https://info.ncdohhs.gov/dhsr/> • TEL: 919-855-3893 • FAX: 919-733-6592

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

SIGN, DATE, AND RETURN the Plan of Correction to DHSR – Construction by December 29, 2023. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mailed to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Faxed to: (919) 733-6592

Emailed to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction."

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by December 29, 2023. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by December 29, 2023. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Jeff Harms, Acting Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: <https://info.ncdhhs.gov/dhsr/>.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Suzanna Fay

Suzanna Fay

Biennial Institutional Engineering Surveyor

DHSR – Construction Section

cc: DHSR – Adult Care Licensure Section
City Building Inspection Department – with attachment (via email only)
Wake County DSS – with attachment (via email only)

Spring Arbor of Apex, ACH Biennial Survey 10/25/2023

FID #990039 HAL 092223

Plan of Correction

PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT; C160

(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

It is Spring Arbor of Apex's policy and standard practice to comply with all North Carolina Adult Care rules and state regulations.

A. The front portico damaged will be repaired by Apex Roofing.

Completion Date: Work scheduled to be completed by 1/15/2024.

10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS; C164

(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.

A. 100 Hall Mechanical Room by Rehabilitation Room - the ceiling finish around one of the duct openings is peeling away from the ceiling.

The ceiling will be repaired and caulked.

Completed 10/26/23.

10A NCAC 13F .0309 PLAN FOR EVACUATION; C185

(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

1a. See attached fire drill rehearsals to be performed quarterly.

1b. See attached fire drill rehearsals to be performed quarterly.

1c. See attached fire drill rehearsals to be performed quarterly.

Completed 10/25/23.

10A NCAC 13F .0311 OTHER REQUIREMENTS; C189

(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.

1a. Vent will be replaced.

Completed 10/25/23

1b. Room 205 sprinkler head escutcheon ring will be secured in the ceiling.

Completed 10/25/23

1c. Kitchen unsealed water line will be sealed and caulked.

Completed 10/26/23

1d. SCU Electrical Room- the escutcheon ring was secured in ceiling.

Completed 10/25/23

1e. Room 307- the escutcheon ring was secured in ceiling in ceiling.

Completed 10/25/23

2a. The emergency light outside of the Spa batteries replaced.

Completed 10/26/23

2b. The emergency light by room 105 batteries replaced.

Completed 10/26/23.

2c. The Boiler room emergency light batteries replaced.

Completed 10/26/23

3a. Room 105 door closure repaired.

Completed 10/26/23

3b. Room 211 door closure repaired.

Completed 10/26/23

3c. Rehabilitation door wreath removed.

Completed 10/25/23

3d. SCU family room door closure repaired.

Completed 10/26/23

3e. Room 306 the screws in the latch plate secured.

Completed 10/26/23

3f. SCU soiled linen door closure repaired.

Completed 10/26/23

4a. The dryer exhaust flap outside the laundry room replaced.

Completed 10/26/23

5a. The exit by room 309 protective cover was replaced.

Completed 10/26/23

10A NCAC 13F .0311 OTHER REQUIREMENTS; C199

(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:

- (1) soiled linen storage;
- (2) soil utility room;
- (3) bathrooms and toilet rooms;
- (4) housekeeping closets; and
- (5) laundry area.

(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.

1a. The Spa fan motor replaced.

Completed 12/24/23

- 1b. Housekeeping in laundry fan motor replaced.
- 1c. Laundry exhaust fan motor replaced.
- 1d. Room 301 bath exhaust fan motor replaced.
- 1e. SCU Janitor's closet exhaust fan replaced.

Completed 11/27/23.

Respectfully Submitted,

Tonya Headen-Lee

Tonya Headen-Lee, ED

2024 Quarterly Fire Drills

Q1 January 2024 (1st shift, 2nd shift, 3rd shift)

Date _____, _____, _____

Q2 April 2024 (1st shift, 2nd shift, 3rd shift)

Date _____, _____, _____

Q3 July 2024 (1st shift, 2nd shift, 3rd shift)

Date _____, _____, _____

Q4 October 2024 (1st shift, 2nd shift, 3rd shift)

Date _____, _____, _____

Monitoring Responsibility & Frequency

The Maintenance Director and/or Executive Director will conduct quarterly fire drills on the first, second and third shift. These will be maintained in a binder.