STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED AND PLAN OF CORRECTION A. BUILDING: 01 B. WING 10/08/2024 HAL001162 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 613 W WHITSETT STREET SPRINGVIEW - CROUSE BUILDING GRAHAM, NC 27253 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 000 C 000 Initial Comments Report of a Construction Section Biennial Survey by Ed Miller, conducted on October 8, 2024. 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. Deficiencies were cited that requires a Plan of Correction. C 184 C 184 Fire Safety-Evacuation plan SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR **EVACUATION** (a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Tire evacuation plans have been updated à areposted on the east 1. Based on Observation, the Facility failed to properly post and maintain the evacuation diagrams. This would affect all by not providing proper guidance during an emergency. Findings on October 8, 2024: a. Entire Building - the mounted evacuation diagrams do not show the space on the west Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING: 01		(X3) DATE SURVEY COMPLETED
			D. MINO		
HAL001162			B. WING		10/08/2024
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
SPRINGVIEW - CROUSE BUILDING 613 W WHITSETT STREET GRAHAM, NC 27253					
(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 (X5)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  DEFICIENCY)  (X5)	
C 184	Continued From page 1		C 184		
	side.				
C 189	Building Equipment Maintained Safe, Operating		C 189		
	mechanical, and plu care home shall be operating condition. (k) This Rule shall facilities with the ex	d all fire safety, electrical, umbing equipment in an adult maintained in a safe and			
	emergency equipm safe and operating if they could not pro- during an emergence Findings on Octobera. East Hall, Corri- plate, facing the kito chevron directional	rvation, the building's ent was not maintained in a condition. This would affect all amptly find their way to an exit by.  If 8, 2024:  dor near Bedroom 2 - the face then on the exit sign had a indicator, punch-out removed, front of the building, but the		Cherron directional inde has been corrected point the right we	icator to 11/4/2024
	safety was not mair condition. This coul not contained in the Findings on Octobe a. Exterior Left Sto cable bundle not fire fire-resistance-rated	r 8, 2024: orage Room - there was a estopped as it penetrated the		Cable bundle firestoppe withfire caulk	ed 11/20/2024
	s. Based on obse	rvation, the Facility falled to			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED AND PLAN OF CORRECTION A. BUILDING: 01 B. WING \_ 10/08/2024 HAL001162 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **613 W WHITSETT STREET** SPRINGVIEW - CROUSE BUILDING GRAHAM, NC 27253 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 189 Continued From page 2 C 189 maintain the electrical system in a safe and operating condition. Findings on October 8, 2024: is in working order a. Exterior, Left Back Porch - the electrical power receptacle did not have electrical power; therefore, testing for ground fault could not be Office AFCI is install
& in working order performed. b. Med Room/Office - an electrical power receptacle, without ground fault protection was within four feet of the sink. Front porch GFCI is in working order c. Exterior, Front Porch - the electrical power receptacle did not trip when tested with a ground fault receptacle tester & circuit analyzer device 4. Based on Observation and interview with Maintenance Director, the Building was not maintained free of hazards because access for inspections was denied. This will prevent any deficiency that may be discovered with regular Key is onsite or mainknance personelor administrator can be called to unlock small office inspections from being corrected. Findings on October 8, 2024: a. West Space - there was no key on-site to allow access into this area for inspection. 5. Based on Observation, the corridor doors were not maintained in a safe and operating condition. Doors were blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin. Door wedge was removed no longer holding corridor door open. Findings on October 8, 2024: a. East Hall, Shower Room near Bedroom 3 - a door wedge was holding the corridor door open. C 195 C 195 Hot Water System SECTION .0300 - PHYSICAL PLANT

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PRINTED: 11/12/2024 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING\_ 10/08/2024 HAL001162 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 613 W WHITSETT STREET **SPRINGVIEW - CROUSE BUILDING** GRAHAM, NC 27253 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 195 C 195 Continued From page 3 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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, the Facility hot water, at fixtures used by residents, was not maintained in the operating temperature range of 100 Corrected - hot water registered 101° degrees Fahrenheit to 116 degrees Fahrenheit. Findings on October 8. 2024: 11/26/2024 a. East Hall, Restroom Near Bedroom 1 - the sink's hot water faucet temperature reached 96 degrees Fahrenheit, after running the hot water for five minutes. C 199 C 199 Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be

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these specified spaces:
(1) soiled linen storage;
(2) soil utility room;

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

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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: 01 B. WING 10/08/2024 HAL001162 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 613 W WHITSETT STREET SPRINGVIEW - CROUSE BUILDING GRAHAM, NC 27253 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 199 Continued From page 4 C 199 (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. This Rule is not met as evidenced by: 1. Based on observation and testing with a thin plastic sheet, the facility did not provide working West Hall Restroom
exhaust fan replaced 11/20/2024

East Hall Landry
exhaust fan replaced 11/20/2024 exhaust ventilation in required spaces. Findings on October 8, 2024: a. West Hall, Restroom near Bedroom 5 - the exhaust ventilation system was not functioning. b. East Hall, Laundry - the exhaust ventilation system was not functioning.

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