PRINTED: 02/04/2015
FORM APPROVED

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HA1045011 | A. BUILDING: 01<br>B. WING _____ | 01/22/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SPRING ARBOR OF HENDERSONVILLE | 1820 PISGAH DRIVE<br>HENDERSONVILLE, NC 28739 |

| (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 101 | Continued From page 1<br>the exit doors from Special Care and on the exit gate from the Special Care courtyard did not meet the Building Code requirements for magnetic locks. This facility is equipped with Special Locking (magnetic locks) on the exit doors and on the exit gate as allowed by Section 1012.6 of the 1996 NC State Building Code. Section 1012.6.1. 4. F. requires, "If any required emergency release switch is of the locking type, all staff must carry emergency release switch keys."<br>Findings include:<br>The required emergency release switches located at all magnetically locked exit doors and at the magnetically locked exit gate were of the locking type. All staff interviewed did not carry release switch keys and were not aware of the function of the keyed emergency release switches. All staff who are responsible for the evacuation of the occupants must carry an emergency release key at all times when on duty and must be trained in the use of the emergency release switches.<br><br>2. Based on observation, the magnetic locks provided on the exits from the Special Care facility and courtyard did not meet the Building Code requirements for emergency egress. This facility is equipped with Special Locking (magnetic locks) on the exit doors and exit gate as allowed by Section 1012.6 of the 1996 NC State Building Code. Section 1012.6.1. 4. D. requires, "An ON/OFF emergency release switch must be capable of interrupting power to all magnetically... locked doors in the facility. Release switches shall be located and properly identified at each nursing station..."<br>Findings include:<br>The emergency release switch provided at the nurse station to unlock the magnetically locked doors and the gate in the Special Care courtyard | C 101 | (2) A new switch will be installed, that when activated, all magnetic locks will disengage and remain unlocked until the switch is re-activated.<br><br>Completion Date: 3/30/15 | |

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| C 101 | Continued From page 2<br>was a push button "MOMENTARY" switch. Momentary switches only operate while someone is pushing the button. The Code specifically requires and ON/OFF switch, which once activated will keep the doors and gate unlocked until physically de-activated. | C 101 | | |
| C 166 | Housekeeping-Maintained Free of Hazards<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>Based on observation, hoses on water fixtures are long enough to reach into fixtures and vacuum breakers are not provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed.<br>Findings include:<br>a. The hose on the shower wand in the Beauty Salon was long enough to reach the sink basin and there was no vacuum breaker provided.<br>b. The hose on the spray wand at the tub in the Spa was long enough to reach the tub basin and there was no vacuum breaker provided. | C 166 | C166<br>Plan of Correction:<br><br>All water fixtures that have attached hoses have been inspected for installed water vacuums.<br><br>(a) Install water vacuum in beauty shop<br><br>Completion Date: 3/15/15<br><br>(b) Water vacuum installed on the spa tub basin<br><br>Completion Date: 1/26/15. | |
| C 185 | Fire Safety-Rehearsals on Each Shift<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0309 PLAN FOR | C 185 | | |

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| C 185 | Continued From page 3<br>EVACUATION<br>(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.<br>(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.<br>(f) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>Based on review of documents from September 2014 until January 2015, all fire drills conducted were on 1st shift just before lunch. | C 185 | C185<br>Plan of Correction:<br><br>Fire drills will be conducted quarterly on each shift in accordance with regulations. Documented monthly rehearsals will be maintained to include date, time, shift, staff participation and a short description of rehearsal.<br><br>Completion date: 2/13/15 | |
| C 189 | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the battery powered emergency light in the corridor near room 134 would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents | C 189 | C189<br>Plan of Correction:<br><br>(1) New battery installed in the battery power emergency light near room 134<br><br>Completion date: 1/27/15 | |

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| C 189 | Continued From page 4<br>and staff.<br><br>2. Based on observation, the facility was not maintained in a safe manner by blocking a fire rated door open with a wedge and preventing the door from closing rapidly in order to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment of origin.<br>Findings on 1-22-2015:<br>The ¾ hour fire rated door to the laundry was wedged open.<br><br>3. Based on observation, the facility was not maintained in a safe manner by not maintaining duct mounted smoke detectors properly. Sampling tubes that are not periodically inspected and cleaned can endanger all residents and staff because the duct detector may fail to operate properly.<br>Findings include:<br>a. The sampling tube for the duct mounted smoke detector in the "Unit 7 laundry" was very dirty.<br>b. The sampling tube for the duct mounted smoke detector in the mechanical closet off the Activity room was installed with the sampling holes pointed away from the air flow<br><br>4. Based on observation, the magnetic locks on the exit doors from the Special Care Unit and on the exit gate from the Special Care courtyard unlocked upon activation of the fire alarm system but then re-locked when the fire alarm system was silenced. Magnetic locks that re-lock before the fire alarm system is fully reset could delay or prevent an evacuation in an emergency.<br><br>5. Based on observation the required one-hour fire rated walls and/or ceilings were compromised | C 189 | (2) Wedge at the laundry door removed<br><br>Completion date: 1/22/15<br><br>(3) All duct mounted smoke detectors inspected and cleaned<br><br>Completion date: 1/22/15<br><br>(a) Laundry room unit 7 tube cleaned<br><br>Completion date: 1/22/15<br><br>(b) Activity room mounted smoke detector sampling tube for the duct correctly repositioned<br><br>Completion date: 2/12/15<br><br>(4) The fire alarm panel does disengage the mag locks when activated. Our silence feature does not reengage the locks, they only reengage when the system is reset. Our system cannot be reprogrammed to allow the horns to silence and keep strobes going.<br><br>Completion date: 1/22/15 | |

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| C 189 | Continued From page 5<br>in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction and inoperable or missing ceiling radiation dampers present the possibility that a fire that begins in one space can quickly spread to other areas of the facility.<br>Findings include:<br>a. Penetration around a PVC conduit above the generator panel.<br>b. Unsealed 2 inch sleeves (3) through the ceiling in the snack/communication room.<br>c. Hole in wall behind door in Cottage Care dining room.<br>d. Unsealed sleeves in the smoke barrier wall above room 102.<br>e. Unidentified sealent used to seal hole in the smoke barrier wall above room 102. Verify the sealent is approved for use in one-hour fire rated construction or remove it and replace with an approved sealent.<br>f. One of the combustion air inlet ducts has fallen part way down from the ceiling in the mechanical closet off the Activity room.<br>g. There appear to be no radiation dampers provided in the High/Low combustion air inlets in the mechanical closet off the Activity room.<br>h. There appear to be no radiation dampers provided in the High/Low combustion air inlets in the mechanical closet off the Living room.<br><br>6. Based on Observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile.<br>Findings include:<br>a. Several (18) portable medical oxygen cylinders were stored in unapproved cardboard delivery cradles in room 116. | C 189 | (5a). Penetration around PVC conduit above the generator panel sealed with red fire rated caulking<br>Completion date: 1/26/15<br>(5b) The unsealed 2 inch sleeve in the snack room will be sealed with red fire rating caulking<br>Completion date: 2/28/15<br>(5c) Hole in wall behind cottage dining room patched and painted<br>Completion date: 2/9/15<br><br>(5d) All unsealed sleeves above room 102 resealed with red fire rated caulking<br>Completion date: 1/27/15<br><br>(5e) All holes resealed with red fire rated caulking above room 102<br>Completion date: 1/27/15<br><br>(5f) Activity room combustion air inlet reposition and sealed with red fire rated caulking<br>Completion date: 1/27/15<br><br>(5g) The reference about radiation dampers in the high/low combustion air inlets in activity room is being researched to verify approval history and building code requirements. Completion to be determined<br><br>(5h) The reference about radiation dampers in the high/low combustion air inlets in mechanical closet is being researched to verify approval history and building code requirements. Completion to be determined<br><br>(6) All O2 tanks are being stored in a metal rack or approved plastic rack<br>Completion date: 2/3/15 | |

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| C 189 | Continued From page 6<br>b. Several (5) portable medical oxygen cylinders were stored in no container in room 120.<br><br>7. Based on observation, the building was not maintained in a safe manner by not maintaining the plumbing equipment in bathrooms.<br>Findings on 1/22/2015:<br>a. The toilet in the Spa is coming loose from the floor.<br>b. The toilet in bathroom off room 214 is coming loose from the floor.<br>c. The toilet in bathroom off room 218 is coming loose from the floor.<br>d. The toilet in bathroom off room 219 is coming loose from the floor. | C 189 | (6a) Room 116 cardboard cradles replaced with plastic racks<br>Completion date: 2/3/15<br><br>(6b) Room 120 O2 tanks are now stored in metal storage rack<br><br>Completion date: 2/5/15<br><br>(7) All toilets inspected<br><br>(a) Spa toilet removed, new flange with wax seal installed and toilet tightly secured to new flange<br>Completion date: 2/12/15<br><br>(b) Room 214 toilet removed, new flange with wax seal installed and toilet tightly secured to new flange<br>Completion date: 2/12/15<br><br>(c) Room 218 removed, new flange with wax seal installed and toilet tightly secured to new flange<br>Completion date: 2/10/15<br><br>(d) Room 219 removed, new flange with wax seal installed and toilet tightly secured to new flange<br>Completion date: 2/12/15<br><br>Prevention of Reoccurrence:<br>The Executive Director and Maintenance Director will continue to work together and monitor the building on a regular basis to ensure ongoing compliance.<br><br>Monitor Responsibility:<br>Executive Director | |