STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032073	A. BUILDING: **01** B. WING _____	**03/24/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN SPRING LIVING CENTER	**3812 BOOKER STREET DURHAM, NC 27713**

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C 000	Initial Comments This report is of a Biennial Construction Survey done by Bob Getchell on March 24, 2015. Records indicates this facility was first licensed or submitted on 1974 as a HA. The facility is currently licensed for 19 Beds. Therefore the facility was surveyed for conformance with the 1971 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds, and, the 1967 North Carolina State Building Code(s), Institutional Occupancy. Deficiencies were noted which will require a new plan of correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS 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, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by:	C 101		

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C 101	Continued From page 1 1. Based on observation, the building fire protection equipment was not installed in accordance with the 1971 minimum Rules.. This would effect all residents by not detecting smoke and activating the fire alarm. Findings on 03/24/2015: a. At the right end of the facility on the exterior porch there is a large storage room that has no detection connected to the fire alarm system. b. At the right end of the facility on the exterior porch there is a small storage room that has no detection connected to the fire alarm system. 2. Based on observation, the building was not maintained in a safe manner by not providing fire-resistance rating of building components. This would effect all residents by not containing smoke and fire in the room or smoke compartment of origin. Findings on 03/24/2015: a. The right end smoking porch is approximately 15' x 15' and has a plywood ceiling, which does not provide adequate protection for the combustible roof/ceiling assembly above. Clad with 5/8" type x gypsum.	C 101		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or	C 133		

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C 133	Continued From page 2 accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the building fixtures were not maintained in a safe manner by allowing safety devices to come loose. This would effect all residents by exposing them to a fall hazard. Findings from 03/24/2015: There is a loose hand grip in the Womens Bath	C 133		
C 144	Med Prep Area-Sink with Lever Handles SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (5) Handwashing facilities with wrist type lever handles shall be provided immediately adjacent to the drug storage area; This Rule is not met as evidenced by: 1. Based on observation, the building plumbing equipment was not maintained in a safe manner in the Med Prep area. This would effect all residents by interfering with proper handwashing by Med Techs. Findings on 03/24/2015: The Med sink does not have lever handles or a single action faucet for infection control.	C 144		
C 153	Exit Door Locks-Single Hand Motion SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and	C 153		

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C 153	Continued From page 3 exits are: (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and This Rule is not met as evidenced by: 1. Based on observation, egress from all areas was not maintained in a safe manner by having doors that required two motions to open when locked. This would effect all residents by not allowing free egress in an emergency. Findings on 03/24/2015: a. The right corridor has a door that opens to the outside and is marked with an exit sign which has a door knob that is not single motion. b. The front door opens to the outside and is marked with an exit sign and has a door knob that is not single motion.	C 153		
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the building fire protection equipment was not maintained in a safe manner. This would effect all residents by not being able to respond during a fire	C 183		

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C 183	Continued From page 4 emergency. Findings on 03/24/2015: The fire extinguisher tags indicate that monthly checks required by NFPA 10 are not being done.	C 183		
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, the facility was not maintained in a safe manner by having corridor doors that did not close completely and are in disrepair. This could affect all residents and staff by not containing smoke and fire in the fire compartment or room of origin. Findings on 3-24-15 include: a. The large storage room door on the right end smoking porch has a hasp lock. b. Room 12 has a closet door separating. c. Room 8 has a loose door knob. d. The corridor door on room 18 is separating and is scrubbing the frame.	C 189		

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C 189	Continued From page 5 e. Room 19 corridor door will not latch. f. Room 3 Mop Closet door is separating. g. Kitchen exit door has only a deadbolt and will not close and latch. h. The Kitchen Pantry door has a hasp lock. i. The kitchen utility room door has a hasp lock. 2. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would effect all residents by not containing smoke and fire in the room or smoke compartment of origin. Findings on 03/24/2015 The fire-rated Office window to the corridor was broken out recently, and was replaced with plexiglass, which compromises the fire resistance rating of the corridor wall. 3. Based on observation, the building CATV system was not maintained in a safe manner by running wires through closets, bedroom, bathrooms, etc. This would effect all residents by pulling out firestopping material from penetrations when residents become entangled in the wire. Findings from 03/24/2015: There are unprotected penetrations through closet and bedroom ceilings and walls by CATV cables throughout the building, which must be sealed with an approved firestopping material and secured to eliminate tripping hazards. 4. Based on observation, the building was not maintained in a safe manner by not maintaining	C 189		

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C 189	Continued From page 6 the fire-resistance rating of building components. This would effect all residents by not containing smoke and fire in the room or smoke compartment of origin. Findings on 3/24/2015: a. Part of the attic draftstop wall has been removed. 5 Based on observation, the building electrical system was not maintained in a safe manner by having broken fixtures. This would effect all residents by exposing them to shock hazards. Findings from 03/24/2015: There are broken duplex outlets in the following locations: a. Room 4, b. Room 22 has 2 broken duplex outlets. 6. Based on observation, the building was not maintained in a safe manner because a toilet is coming loose from the floor. This would effect all residents using the hall toilet by exposing them to leaks from a broken wax seal. Findings on 03/24/2015: The Mens bathroom 2 has a toilet coming loose from the floor. Secure. 7. Based on observation, the building electrical system was not maintained in a safe manner by allowing residents to use two-wire extension cords in the outlets. This would effect all residents by exposing them to ungrounded equipment. Findings from 03/24/2015:	C 189		

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C 189	Continued From page 7 Two-wire extension cord was observed in Room number 7.	C 189		