PRINTED: 05/13/2015
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 B. WING	R 03/19/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF HENDERSONVILLE	1820 PISGAH DRIVE 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
{C 000}	Initial Comments Report of Follow-up Survey by Frank Strickland on 03/19/2015: Records indicate this facility was first submitted to DHSR on 9-17-1996. Therefore, we are requiring that this facility meet the 1996 "Regulations for Homes for the Aged and Disabled; Minimum Standards and Regulations and the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds and the 1996 edition of the North Carolina State Building Code Volume I - General Construction - Section 409 Institutional Occupancy (Group I). Licensed for SIXTY-ONE BEDS (24 BED SCU) There are deficiencies that require corrective action. A new Plan of Correction is required.	{C 000}	CONSTRUCTION SECTION MAY 26 2015 RECEIVED It is the community's standard practice to comply with all the reference rules and regulations.	
{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: 5. Based on observation the required one-hour fire rated walls and/or ceilings were compromised 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	{C 189}	C 189 The facility has contracted with a License Heating/AC/ & electrical company to install the radiant dampers. The items had to be special ordered and should arrived on June the 10th. The company has scheduled June the 15th for installation. Final completion date: 6/30/15	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: David Fardulis
TITLE: Executive Director
(X6) DATE: 5-26-15

STATE FORM 6899 3RYR22 If continuation sheet 1 of 2

Division of Health Service Regulation

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(C 189)	Continued From page 1 possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: g. There appears to be no radiation dampers provided in the High/Low combustion air inlets in the mechanical closet off the Activity room. h. There appears to be no radiation dampers provided in the High/Low combustion air inlets in the mechanical closet off the Living room. I. All of the mechanical rooms with gas furnaces have High/Low combustion air inlets that penetrate the ceiling and terminate into the attic open space.	(C 189)		