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
	HAL084004	A. BUILDING: 01 B. WING _____	R 02/04/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF ALBEMARLE	315 PARK RIDGE ROAD ALBEMARLE, NC 28001

(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 a Follow-Up Construction Survey by Ed Miller and on February 4, 2016. The following deficiencies cited during the Biennial Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction.	{C 000}		
{C 150}	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, the facility was remodeling the rear portion of the building and had constructed a new exit. Findings on February 4, 2016: f. There was no exterior lighting at this new exit.	{C 150}	It is the community's standard practice to comply with the referenced regulations. <u>Plan of Correction:</u> There will be an exterior light provided outside the new temporary exit door. <u>Prevention of Re-occurrence</u>: Light to remain in place for illumination.	
{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.	{C 189}	<u>Monitor Responsibility & Frequency</u>: Maintenance Director and Executive Director to monitor on a regular basis. <u>Plan of Correction Completion Date</u>: February 9, 2016	

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{C 189}	Continued From page 1 This Rule is not met as evidenced by: 2. Based on observation, many corridor doors are not closing well and/or latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings on February 4, 2016: c. One of the pair of doors to the Activity room will not close and latch. d. The pair of doors to the Dining room will not close properly and latch. 3. Based on observation, the magnetic hold open devices released upon activation of the fire alarm system but then re-energized when the fire alarm system was silenced. Magnetic hold opens that re-energize before the fire alarm system is fully reset could allow smoke and fire to quickly spread throughout the facility. 4. Based on observation, some battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Findings on February 4, 2016: a. The emergency light in the corridor near room 215 was inoperable. 6. 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 present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings on February 4, 2016: b. Unsealed sleeve (3 inch) in "House Storage"	{C 189}	Plan of Correction: 2. The pair of doors leading to the Activity room and Dining room are to close completely and in the correctly sequence to resist the passage of fire and smoke. Adjustment of the doors was on 2/5/16. 3. Makson, monitoring company, was notified of the magnetic hold open devices were not releasing properly on 2/5/16. Makson completed the job on 2/10/15. 4. Battery powered emergency lights replaced on 2/5/16. 6. The 3" unsealed sleeve in the "house storage" was sealed with fire caulk on 2/5/16. 10. The GFCI type receptacle at end of 100 hall that was not working properly was replaced on 2/5/16. Prevention of Re-occurrence: Maintenance to monitor on an ongoing basis. Monitor responsibility & Frequency: Maintenance to monitor on an ongoing basis. Completion Date: All completed on or before 2/10/16.	

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{C 189}	Continued From page 2 behind Executive Director's office. 10. Based on observation, the GFCI type receptacle outside the exit near room 118 would not trip when tested. GFCI type receptacles that do not work properly present a shock or electrocution risk.	{C 189}		
{C 199}	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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. This Rule is not met as evidenced by: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include exhaust not working in the following spaces; Findings on February 4, 2016: b. Janitor closet, c. Laundry,	{C 199}	Plan of Correction: The exhaust ventilation in the soiled linen storage, soil utility room, bathrooms and toilet room, housekeeping closet, janitor closet, laundry area was fixed on 2/5/16. Prevention of Re-occurrence: Maintenance and Executive Director to monitor on a regular basis. Monitor Responsibility & Frequency: Maintenance Director and Executive Director to monitor on a regular basis. Plan of Correction Completion Date: February 2/5/16	

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