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	HAL028001	A. BUILDING: 01 B. WING _____	12/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF THE OUTER BANKS	803 BERMUDA BAY BLVD KILL DEVIL HILLS, NC 27948

(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 Construction Section Biennial Survey by Ed Miller conducted on December 7, 2016. Records indicate this facility was first licensed as a Home for the Aged on June 25, 1997. The facility is currently licensed for a total capacity of one hundred and two beds, which includes a twenty-four bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1997 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure Deficiencies were cited that require a 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	C 101		

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C 101	Continued From page 1 Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction by not having all of the required components for doors equipped with Special Locking Arrangements. Findings on December 7, 2016: a. Fire Alarm Control Panel - the special locking system does not have a wiring diagram and a system components location map posted at the FACP. 2. Based on observation, the building's emergency equipment was not installed in accordace with the Building Code. This would affect residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on December 7, 2016: a. Cross-corridor Doors near Bedroom 201 - with the cross-corridor door close, this Exit has no sign directing you to egress through the doors on the Bedroom 201 side. b. Corridor near SCU Entrance - the corridor make two ninety degree turns before you see another exit sign. c. Corridor near Bedroom 108 - when standing near Bedroom 114 the arched bulkhead obstructs seeing a second exit. d. Corridor near 300 Hazardous Waste- when standing near the back door the arched bulkhead obstructs seeing a second exit. e. The Intersection of the 100 Halls - when standing near Bedroom 102 the arched bulkhead obstructs seeing a second exit.	C 101	Additional exit signs will be installed	2-10-17

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C 135	Continued From page 2	C 135		
C 135	Bathrooms-Not to Be Utilized for Storage SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (10) Resident toilet rooms and bathrooms shall not be utilized for storage or purposes other than those indicated in Item (4) of this Rule; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that resident toilet rooms and bathrooms are not utilized for storage or purposes other than those indicated in the Rule. This deficiency affects all residents and staff who would not have the fixtures and/or space for the services needed. Findings on December 7, 2016: a. Spa (Bathroom) near Administration - this area was being utilized to store supplies, wheelchairs, walkers, luggage cart and other devices.	C 135	Spa has been cleaned out. Sign has been posted re: no storage	12-26-16
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the	C 154		

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C 154	Continued From page 3 control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide exit doors that are accessible by residents equipped with sounding devices that activated when the door opens. Findings on December 7, 2016: a. SCU Courtyard Gate - this "Special Locking System" exit had a non-working alarmed protective cover over the emergency release toggle switch. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device. b. SCU Front Exit - this "Special Locking System" exit had an alarmed protective cover, over the emergency release toggle switch, which was taped shut using clear tape. Remove tape and if needed secured cover with a breakaway cable tie. c. SCU Back Exit - this "Special Locking System" exit had an alarmed protective cover, over the emergency release toggle switch, which was taped shut using duct tape. Remove tape and if needed secured cover with a breakaway cable tie.	C 154	Battery was replaced maintenance will check all alarmed protective covers the first working day of each month Tape has been removed Breakaway cable ties will be ordered. Have been installed Tape has been removed	12-13-16 12-8-16 12-28-16 12-28-16 12-8-16
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors;	C 164		

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C 164	Continued From page 4 (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by:. 1. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on December 7, 2016: a. Spa (Bathroom) near Administration - the ceiling was stained. b. Lobby Conference Room - the ceiling was stained.	C 164	Ceiling was patched Ceiling was patched	12-14-16 12-14-16
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to maintain the building in an uncluttered, clean and orderly manner. Findings on December 7, 2016: a. SCU Laundry - the HVAC exhaust Fan and its radiation damper had an excessive accumulation of dust/lint. 2. Based on Observation, the Building was not maintained free of hazards, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents,	C 166	Damper has been cleaned, Maintenance will check monthly	12-14-16

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C 166	Continued From page 5 staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on December 7, 2016: a. Oxygen Room - eight portable medical oxygen cylinders were stored standing up in an unslotted crates not secured to the structure. b. Oxygen Room - two portable medical oxygen cylinders were stored standing on the floor not secured to the structure.	C 166	Unslotted crates have been secured to the wall All oxygen tanks will be housed in crates secured to the walls. RCC and ARCC will check as new residents receive O_2 orders.	12-26-16
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 facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff and visitors by not identifying emergency equipment not in proper working order. Findings on December 7, 2016: a. Entire Building- the documentation of these portable fire extinguisher's monthly inspections stopped in October 2016.	C 183	All extinguishers have current month inspections All portable fire extinguishers will be checked the first working day of each month by maintenance	12-28-16
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR	C 185		

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C 185	Continued From page 6 EVACUATION (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. (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. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director and Maintenance Director the facility failed to rehearse and document the fire plan. This deficiency affects residents, staff and visitors by not having trained staff and trained/cooperative residents when a there is a need to evacuate the building. Findings on December 7, 2016: a. The facility utilizes three working shifts daily and there were no records of first shift rehearsals for the second and third, quarter, and no second shift rehearsals for first, and third quarter, and no third shift rehearsals for first, third and fourth quarter, during the last twelve months. b. The fire plan rehearsal records did not provided a complete description of what the rehearsal involved.	C 185	The 3rd shift fire drill for 4th quarter will be completed. All drills will be completed at least quarterly on all shifts	12-28-16
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,	C 189		

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C 189	Continued From page 7 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 building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on December 7, 2016: a. Exit near Bedroom 232 - the exit sign did not illuminate on backup power when tested. 2. 3. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, all to fire/smoke if not contained in Room or compartment of origin Findings on December 7, 2016: a. Front Door - there was a hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Sprinkler Riser Room across from Bedroom 108 - there were gaps around pipes not firestopped as they penetrate the fire-resistance-rated ceiling assembly. c. Sprinkler Riser Room across from Bedroom 108 - there was a hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. d. SCU Lobby - leaks had deteriorated the one-hour fire-resistance-rated gypsum ceiling	C 189	Replaced battery maintenance will check every Exit sign the first working day of each month. Fire Sealant has been applied. Fire Sealant has been applied	12-14-16 12-15-16 12-15-16

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C 189	Continued From page 8 assembly to a point where the tape and joint compound had disappeared. 4. Based on observation, the Building was not maintained in a safe and operating condition, because exit door have signage that deters usage of exits. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on December 7, 2016: a. Exit near Bedroom 308 - this exit was equipped with a paper signage that reads "DO NOT EXIT THIS DOOR" which may stop residents from exiting the building in an emergency. 5. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on December 7, 2016: a. 100 Hall near Unisex Toilet Room - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. 6. Based on observation, the electrical system was not being maintained safe. Findings on December 7, 2016: a. Employee Lounge - there was a multi-plug adaptor with attachment plugs, plugged into an electrical power receptacle without over current protection. Multi-plug adaptors can become overloaded and lead to a device failure and a possible fire. 7. Based on Observation, the Building was not	C 189	Ceiling has been patched Signs on all exit doors have been replaced to say Emergency Exit only Alarm will Sound Sprinkler escutcheon plate has been put back into place A power strip with a breaker has replaced the multi-plug adaptor.	12-15-16 12-15-16 12-15-16 12-14-16

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C 189	Continued From page 9 maintained in a safe condition. This could affect all by not containing smoke and fire in the room of origin. Findings on December 7, 2016: a. Cottage Care Coordinator Office - the corridor door had a wedge holding the door open, preventing the rapidly release of the door with a push or pull of the door, to close and latch. b. Bulk Laundry - the corridor door had a wedge holding the door open, preventing the rapidly release of the door with a push or pull of the door, to close and latch c. Employee Lounge - the corridor door had a wedge holding the door open, preventing the rapidly release of the door with a push or pull of the door, to close and latch	C 189	All wedges have been removed	12-15-16
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 failed to prevent the use of unvented fuel burning room heater(s) portable electric space heater(s) in an Adult Care Home. This could affect residents, staff and visitors if heater was the ignition source	C 191		

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C 191	Continued From page 10 of a fire. The danger increases if used by resident or combustible material were near. Findings on December 7, 2016: a. Executive Director Office - a portable space electric heater was found in this room. b. Residential Care Coordinator Office - a portable space electric heater was found in this room.	C 191	Portable space electric heaters have been removed.	12-26-16