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
	HAL032073	A. BUILDING: 01 B. WING	04/26/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN SPRING LIVING CENTER	3612 BOOKER STREET DURHAM, NC 27713

(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 Biennial Construction Survey by Suzanna Fay conducted on April 26, 2017. Records indicate this facility was first licensed in 1974. The facility is currently licensed for 19 Beds. Therefore the facility was surveyed for conformance with the 1971 Minimum and Desired Standards and Regulations of Homes for the Aged and Infirm, applicable portions of the 2005 Rules 10A NCAC 13F for Adult Care Homes of Seven or More Beds and applicable portions of the 1967 Edition of the North Carolina Building Code, Section 407, Group 'b.'	C 000	To avoid rearrange ~~the~~ records below pull be always in unlocked desk drawer in front office 6/7/17 6/7/17	
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on interview with the Staff, the current sanitation and fire and building safety inspection reports were not available for review. Findings of April 26, 2017: a. The sanitation inspection for the facility was locked in a file cabinet and Staff on duty did not have the key. b. The sanitation inspection for the kitchen was locked in a file cabinet and Staff on duty did not have the key. c. The fire inspection for the facility was locked in a file cabinet and Staff on duty did not have the key.	C 111	C 111(a) Sanitation report for facility date 8/24/2016. Score 98 available in unlocked ~~cab~~ desk drawer in front office. (b) Kitchen Sanitation Report 8/24/2016, Score 97.0 available in unlocked desk drawer in front office. (c) Fire Inspection Certificate will be hung on wall in front and a copy stored in folder in unlocked desk drawer in front office dated as expires 2/15/2018 6/8/17	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jackson Odonkor — TITLE: ADMINISTRATOR — (X6) DATE: 6/7/17

STATE FORM 6899 — 2NBL21 — If continuation sheet 1 of 7

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	04/26/2017

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

(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 111	Continued From page 1 a. The inspection for the fire alarm system was locked in a file cabinet and Staff on duty did not have the key.	C 111	NFPA Fire inspection report in unlocked desk drawer in front office	6/7/17
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. The outside premises were not maintained in a clean and safe condition. Findings on April 26, 2017: a. On the grounds around the smoking porch, there were cans, plastic bottles, wrappers and other trash scattered on the ground and in the bushes. b. At the kitchen exit, there were three broken washing machines under the porch and a coiled garden hose sitting nearby. c. There was a satellite dish on the ground outside the dining room. The dish was no longer in service.	C 160	C160 (a) Grounds around the smoking porch cleaned - and will be monitored monthly to avoid clutter of cans bottles, etc. (b) Porch clear of washing machines & garden hose. Monthly porch will be checked for clutter. (c) Satellite dish removed from the grounds. Monthly walkthrough & clutter removal.	6/6/17 6/6/17 6/6/17 6/6/17
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;	C 164		

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	04/26/2017

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

(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 164	Continued From page 2 (2) have no chronic unpleasant odors; (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 observations, the floors were not kept clean and in good repair. Findings on April 26, 2017: a. The dining room floor has small orange stains around the perimeter of the room. b. The terrazzo floor in the dining room is discolored around the perimeter of the room. c. A section of the rubber wall base has fallen off at the back wall to the left of the window. d. In the right hall bath the threshold has been removed and the glue has been left. e. In the right hall bath the floor base has fallen off at the shower wall. f. In Room 15, the terrazzo floor between the two beds has numerous small gouges in the floor. g. In Room 15, an approximately 8" long section of the rubber base is missing by the door. h. In the Men's bath, the rubber seal has fallen off the back side of the tub. 2. Based on observations, the walls were not kept clean and in good repair. Findings on April 26, 2017: a. The dining room walls had scuff marks along the bottom 3' of the walls. 3. Based on observation, the ceilings were not kept clean and in good repair. Findings on April 26, 2017: a. In Room 15, the ceiling finish is cracked and flaking off around the supply vent near the	C 164	#1 (a & b) Dinning room floor will be scrubbed and orange stains removed. (c) Rubber wall base in dining will be replaced (d) Right hall bath threshold will be replaced (e) Right hall bath floor base will be repaired/glued. (f) Rm 15 floor will be remodelled. (g) Rm 15 rubber base will be re-installed (h) Rubber seal in men's tub will be replaced #2 (a) Lower dining wall will be painted. #3 (a) ceiling finish will be repaired near supply vent	6/30/17 6/30/17 6/30/17

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	04/26/2017

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

(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 164	Continued From page 3 exterior wall. b. In the corridor outside of Room 12, the ceiling patch is cracked and peeling off. 4. Based on observation, the housekeeping closet was not kept clean and in good repair. Findings on April 26, 2017: a. Water was observed ponding on the closet floor. b. There was a dirty mop bucket with a sponge mop floating on top of the bucket in the floor sink. c. The concrete finish of the floor sink was damaged. The concrete finish had cracked and a large thin veneer of concrete had broken off in the middle of the sink.	C 164	(b) Ceiling outside Rm 12 will be repaired #4 (a)(b) • Closet floor will be kept dry by housekeeping • ~~House~~ Plumbing causing Ponding is fixed (snaked) (c) Concrete finish will be repaired	6/30/17 6/5/17 6/30/17
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR 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 interview with Staff, the fire rehearsal schedule was not available for review.	C 185	C185 Records of quarterly fire rehearsals for all shifts are in the MAR (in medicine cart) They are furnished to the Durham DSS annually at their request. Supervisor on duty has misunderstood ~~that~~ the request for them.	6/4/17

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 _____	04/26/2017

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

(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 185	Continued From page 4 Findings on April 26, 2017: a. The documentation for the quarterly fire rehearsals was locked in a file cabinet and Staff on duty did not have the key.	C 185	Location of records have been explained to all staff to avoid recurrence	6/7/17
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. Observations revealed that one of the building emergency lights was not maintained in operating condition.	C 189 #1		
	Findings on April 26, 2017: a. The emergency light in the hallway outside the kitchen did not work.		a) Battery in emergency light replaced.	
	2. Observations revealed that the dining room floor was not maintained in a safe condition.	#2		
	Findings on April 26, 2017: a. To the left of the kitchen door, there is a 4" round pipe or junction box that sits approximately 2" above the floor. The box is approximately 15" from the wall and poses a tripping hazard for the Residents. Interview with Staff revealed that they previously had a vending machine at this location.		b) Vending Machine will be purchased and placed in this location or Pipe be flush with floor	6/30/17

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	04/26/2017

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

(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 189	Continued From page 5 3. Based on observations, the doors and door hardware were not maintained in good, operating condition. Findings on April 26, 2017: a. The door handles at the dining room doors were loose. b. The door to the right side hall bath was heavily scuffed along the bottom half of the door. c. In Rooms 15 and 13, the veneer is coming off of the bedroom door leaving rough splintered edges exposed. d. In Room 15, there is a large hole, approximately 4" square in the right hand closet door. Findings on April 26, 2017 4. Observations revealed that the window hardware was not maintained in a safe and working condition. Findings on April 27, 2017: a. On two of three bedroom windows checked, the metal hasp on the window lock is broken off which allows the window to be open from inside or outside. Therefore, the rooms cannot be secured at night creating a safety issue for the Residents. b. The window in the right hall bath was loose in the track and was difficult to operate. 5. Based on observation, two of the smoke detectors were not maintained in operating condition. This affects the safety of four Residents. Findings on April 26, 2017: a. In Room 18, the battery operated smoke detector is missing from the base on the ceiling.	C 189	#3 (a) Doors handles in dinning will be tightned. (b) Stainless steel plate will be installed to protect door. (c) Bedroom doors in Rms 15 & 13 will be edged and filled with steel kick plate. (d) Rm 15 hole on closet door will be sealed. 6/30/17 #4 (a) Window metal hasps will be replaced in whole building (b) Window track in right hall bath will be cleaned. #5 (a) Battery smoke detectors will be replaced.	

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 _____	04/26/2017

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

(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 189	Continued From page 6 b. In Room 15, the smoke detector is chirping indicating a low battery. 6. Observations revealed that the exterior gutter and trim was not maintained in a safe and operating condition. Findings on April 26, 2017: a. The gutter section to the right of the entry was pulling away from the face of the facility. The wood fascia was exposed where the gutter is falling.	C 189 (b) #6 (a)	Battery will be replaced. 6/5/17 Monthly walk through will ensure that doesn't happen. This section of gutter will be replaced.	
C 159	Housekeeping and Furnishings-Floors C. The Building 6. Housekeeping and furnishings a. Each home: (5) Throw rugs are not allowed. (6) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable. This Rule is not met as evidenced by: 1. Observations revealed that the facility had throw rugs in use. Findings on April 26, 2017: a. There were three pink throw rugs in the Women's bath. The rugs did not have a rubber backing and slid easily underfoot.	C 159 C 159 #1 (a)	Throw rugs disposed of in garbage.	6/1/17