

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL098006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/19/2017
NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF WILSON		STREET ADDRESS, CITY, STATE, ZIP CODE 2045 WARD BOULEVARD, NW WILSON, NC 27893		
(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 Construction Section Biennial Survey report by Frank Strickland and Ed Miller 07/19/2017: This facility was first licensed for licensure on 05/15/1996 for Seventy-Two (72) resident beds, including Fifteen (15) Special Care Beds. Based on this information, we are requiring that this facility to meet the 1996 Homes for the Aged and Infirm Minimum Desired Standards, applicable portions of the 2005 Regulations for Adult Care Homes, and the 1996 Edition of the North Carolina State Building Code-Section 419-Institutional Occupancy. Deficiencies have been cited and a Plan of Correction is required.	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 at no cost;	C 101		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL098006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/19/2017
NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF WILSON		STREET ADDRESS, CITY, STATE, ZIP CODE 2045 WARD BOULEVARD, NW WILSON, NC 27893		
(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 101	Continued From page 1 This Rule is not met as evidenced by: 1-Based on observations, this facility does not meet the Building Code requirements for Special Locking Arrangements (magnetic locks) in effect at the time of renovation or alteration. Findings on 07/19/2017: (a) The required emergency release switch located at each magnetically locked exit door was of the locking type, with keyed switches. The med tech was the only staff member carrying a release switch key and the other staff that were interviewed carried no release switch keys. This is not in conformance with the Code requirement that all staff who are responsible for the evacuation of the occupants must carry an emergency release key at all times when on duty.	C 101		
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; (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, this facility has failed to maintain the floor coverings for cleanliness. Findings on 07/19/2017: The carpet is spotted in various location in Room 313.	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL098006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/19/2017
NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF WILSON		STREET ADDRESS, CITY, STATE, ZIP CODE 2045 WARD BOULEVARD, NW WILSON, NC 27893		
(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-Based on observation, this facility has failed to maintain the operation and service of all interior doors. Findings on 07/19/2017: The entry door for Room 210 drags.	C 164		
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, this facility has failed to be maintain the illuminance and service of the exit signage. Findings on 07/19/2017: The following exit sign(s) do not illuminate and need service: (a) 300 HALL-Exit chevrons not provided. 3-Based on observation, this facility has failed to provide fire protection in all electrical , HVAC and plumbing ceiling penetrations through the fire rated roof/ceiling assemblies. Findings on 07/19/2017: There are ceiling penetrations that have incomplete fire protection at the following	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL098006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/19/2017
NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF WILSON		STREET ADDRESS, CITY, STATE, ZIP CODE 2045 WARD BOULEVARD, NW WILSON, NC 27893		
(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 3 locations: (a) The supply air ductwork (Foyer AHU) through the ceiling into the attic has openings and is not flanged in the 200 HALL (b) 2 1/2" electrical conduits that are located in the Network Room are not fire protected at openings. (c) Sprinkler piping through the ceiling in the Laundry Room-300 HALL. (d) Exit sign outside Laundry Room-300 HALL at mounting plate. 4-Based on observations, this facility fire protection equipment incorporated in the HVAC system was not maintained in a safe manner. This could effect all residents and staff by not providing full detection of smoke in the facility. Findings on 07/19/2017: The sampling tubes in all of the air-handler units have excessive particulate build-up. 5-Based on observations, the facility fire protection equipment has not been maintained. Findings on 07/19/2017: The following locations had dropped sprinkler head escutcheons: (a) Front Porte-cochere ceiling. (b) Cottage Laundry Room-400 HALL.	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	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL098006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/19/2017
NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF WILSON		STREET ADDRESS, CITY, STATE, ZIP CODE 2045 WARD BOULEVARD, NW WILSON, NC 27893		
(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 199	Continued From page 4 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: 1-Based on observation, this facility has failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. Findings on 07/19/2017: The mechanical exhaust fan(s) are not exhausting interior air in the following rooms: (a) Soiled Linen Room-400 HALL	C 199		