

PRINTED: 07/19/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HA1001017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/27/2017
NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - ROSS BUILDING		STREET ADDRESS, CITY, STATE, ZIP CODE 1032 B NORTH MEBANE STREET BURLINGTON, NC 27217		
(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 Construction Section Biennial Survey by Ed Miller on June 27, 2017. Records indicate his facility was first licensed as a Home for the Aged serving 12 residents on October 28, 1998. Therefore, the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 North Carolina State Building Code, Section 409.1, for Group I Unrestrained Occupancy. Deficiencies were cited that require a Plan of Correction.	C 000		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 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 June 27, 2017: a. Kitchen - the HVAC return grille with its radiation damper has an excessive accumulation of dust/lint. 2. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts.	C 166	The vent cover and damper have been cleaned and are free of dust and lint.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

999

0BR421

If continuation sheet 1 of 4

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER HAL001017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/27/2017
NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - ROSS BUILDING		STREET ADDRESS, CITY, STATE, ZIP CODE 1032 B NORTH MEBANE STREET BURLINGTON, NC 27217		
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C 186	Continued From page 1 This could affect all residents, staff, and visitors by not protecting them from falls or injury due to broken or missing parts. Findings on June 27, 2017: a. Restroom near Bedroom 2 - the sink did not have any cold water.	C 186	One of the residents had turned off the cold water under the sink. It was turned back on same day as the survey.	
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 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 Record review and interview with Executive Director/Administrator/Maintenance Director/Manager the facility failed to document all aspects of the fire plan rehearsals. This deficiency affects all by not finding weakness or opportunities for improving evacuation responses. Findings on June 27, 2017: a. The fire plan rehearsal records included date, time, shift, and staff members present but little to no description of what the rehearsal involved.	C 185		
C 189	Building Equipment Maintained Safe, Operating	C 189	(senior manager) have spoken with all ECCs about the importance of more detail on fire drill logs and they will do so going forward.	

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NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - ROSS BUILDING			STREET ADDRESS, CITY, STATE, ZIP CODE 1032 S NORTH MEBANE STREET BURLINGTON, NC 27217		
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C 189	Continued From page 2 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (e) 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, 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 June 27, 2017: a. Bedroom 4 Window Closet - the fire sprinkler escutcheon plate was missing, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat. b. Bedroom 8 - 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. Deficiency corrected before Construction Surveyor departed the site. 2. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on June 27, 2017: a. Bathroom near Bedroom 3 - the corridor door's latch bolt is retracted, not allowing the door to latch. 3. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition.	C 189	A) The escutcheon cap has been replaced to cover the hole. The door handle has been replaced and is operating properly.		

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NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - ROSS BUILDING		STREET ADDRESS, CITY, STATE, ZIP CODE 1032 B NORTH MEBANE STREET BURLINGTON, NC 27217			
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C 188	Continued From page 3 Findings on June 27, 2017: a. Rest Room near Dining - the ground-fault circuit-interrupter (GFCI) electrical power receptacle made a buzzing sound when the test button was pushed and did not trip. 4. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room or compartment of origin. Findings on June 27, 2017: a. Riser Room - there is a hole not firestopped where a flexible conduit penetrates the fire-resistance-rated ceiling assembly.	C 188	The outlet has been replaced and is operating properly. The hole has been filled with the proper fire proof caulk.		