STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL074010	A. BUILDING: **01** B. WING _____	**11/16/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF GREENVILLE	**2097 WEST ARLINGTON BOULEVARD GREENVILLE, NC 27834**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Billy S. Bryant and Suzanna Fay conducted on 11/16/2017. This facility was first licensed on 08/18/1997. The facility is currently licensed for 66 including a 14 Beds 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 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. Deficiencies were noted that will 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 Health Service Regulation at no cost;	C 101		

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation the facility did not meet the code requirements in effect at the time of construction for special locking systems. 1. Finding on 11/16/2017: a. S.C.U. - Not all staff members responsible for evacuation had keys or also could not quickly identify the key used to operate the the S.C.U. entry door magnetic lock emergency release. In addition not all staff members responsible for evacuation had keys or also could not quickly identify the key used to operate the locked cover on the push button central emergency release for the door's magnetic lock.	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. There were unpleasant odors present in a wing of the building. Finding on 11/16/2017: a. S.C.U. - There was a constant urine odor present throughout the special care wing of the building.	C 164		

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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 was not maintained free from hazards. An oxygen bottle was improperly stored so that it could fall or be knocked over which could be a danger to the occupants of the facility. Finding on 11/16/2017: a. Suite 104, Bedroom "A" - An oxygen bottle was sitting upright on the floor with out any means of restraint to prevent it from falling over.	C 166		
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	C 185		

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C 185	Continued From page 3 facilities. This Rule is not met as evidenced by: 1. Based on a review of records the facility has not conducted rehearsals of the fire plan in accordance with the requirement of the local Fire Prevention Code Enforcement Official and other items required by the rule. Finding on 11/016/2017: a. Records for rehearsals for each quarter were not available for review. Those available for review revealed that rehearsals are not being conducted quarterly on each shift and do not include a short description of the rehearsals.	C 185		
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 there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Finding on 11/16/2017:	C 189		

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C 189	Continued From page 4 a. Room 108 and Suite 217 Bedroom "A" - In the closets there is a hole in the fire resistant rated ceiling at the fire sprinkler head's escutcheon. 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Finding on 11/16/2017: a. Dining Room - The doors from the dining room into the corridor did not latch to remain shut when closed. 3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. This could expose residents to fire if the fire could not be suppressed by the fire sprinkler head. Findings on 11/16/2017: a. S.C.U. Room #6 - A clear distance of 18" from the fire sprinkler head in the ceiling closet is not maintained. The fire sprinkler head was covered by blankets and other bulky items stored on the closet's top shelf. b. Kitchen - A clear distance of 18" from the fire sprinkler head in the pantry ceiling is not maintained. Items stored on shelving would obstruct the fire sprinkler's water flow pattern. 4. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage.	C 189		

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C 189	Continued From page 5 Findings on 11/16/2017: a. S.C.U. at Room #6 - When tested to operate on battery power the wall mounted emergency light did not illuminate. b. Building Entry, 100 Hall Sitting Room, Beginning of 200 Hall and Room 206 - At these locations the wall mounted emergency lights did not illuminate when tested to operate on battery power .	C 189		