STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084004	A. BUILDING: 01 B. WING _____	11/29/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF ALBEMARLE	315 PARK RIDGE ROAD ALBEMARLE, NC 28001

(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 and Frank Strickland conducted on November 29, 2017. Records indicate this facility was first licensed as a Home for the Aged serving 78 residents on 10-27-1997. Therefore the facility must meet the 1996 Rules for Adult Care Homes, the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds and the 1996 North Carolina State Building Code Section 409.1 Group I -Institutional Occupancy-Unrestrained. 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 Health Service Regulation at no cost;	C 101		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

LeAnn Nance | Executive Director | 1/11/18

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SPRING ARBOR OF ALBEMARLE	315 PARK RIDGE ROAD ALBEMARLE, NC 28001

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C 101	Continued From page 1 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 or alterations by not having all of the required components or procedures to properly operated doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s). Findings on November 29, 2017: 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. Note: The wiring diagram should include the name/location and circuit number for the electrical panel that energizes the system. b. Memory Care Unit - the exit doors and gate had metal-keyed emergency release switches, and the staff in the Memory Care Unit did not have keys to operate the switches. This is not in accordance with the NC State Building Code requirement that if emergency release switches are of the keyed type, all staff responsible for evacuation of the locked unit must carry keys at all times. Deficiency corrected before Construction Surveyors departed. 2. Based on observation, the facility does not meet Building Code requirements in effect at the time of recent alteration. Findings on November 29, 2017: a. Memory Care Unit - when activating the fire alarm on the AL side, there is no annunciation of the alarm on the Memory Care side.	C 101	It is the community's standard practice to comply with the referenced regulations. Plan of Correction: 1. A. A diagram of the locking system was obtained from Makson and emailed to Ed Miller on 12/8/17. B. Keys were made for the staff while inspector was still in building on 11/29/17. 2. A. Makson has repaired the system For the cottage to be alarmed when activated. Repairs made 11/30/17. Prevention of Re-occurrence: Diagram is to remain posted at the FACP. Monitor Responsibility & Frequency: Maintenance Director and Executive Director to monitor on a regular basis. Plan of Correction Completion Date: All complete on or before 12/8/17.	
C 132	Bathrooms-Must Provide Privacy SECTION .0300 - PHYSICAL PLANT	C 132		

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	HAL084004	A. BUILDING: 01 B. WING _____	11/29/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF ALBEMARLE	315 PARK RIDGE ROAD ALBEMARLE, NC 28001

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C 132	Continued From page 2 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that each shower has a curtain for privacy. Findings on November 29, 2017: a. Bedroom 412 Bathroom - the shower was not equipped with a curtain.	C 132	Plan of Correction: 1. A shower curtain has been placed In room 412 for privacy. Prevention of Re-Occurrence: Cottage Care Coordinator and Executive Director to monitor on an ongoing basis. Monitor Responsibility & Frequency: Cottage Care Coordinator and Executive Director to monitor on an ongoing basis. Completion Date: December 28, 2017	
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, corridors are not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on November 29, 2017: a. Exit Vestibule near Bedroom 412 - there was a large sofa, obstructing the path of egress in the space, decreasing the width to much less than the required six feet.	C 150	Plan of Correction: 1. Sofa stored in the path of egress Was removed on 11/29/17 while Inspector was still in the building. Prevention of Re-Occurrence: Maintenance Director and Executive Director to monitor on an ongoing basis. Monitor responsibility & Frequency: Maintenance Director and Executive Director to monitor on an ongoing basis. Completion Date: November 29, 2017	

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	HAL084004	A. BUILDING: 01 B. WING _____	11/29/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF ALBEMARLE	315 PARK RIDGE ROAD

ALBEMARLE, NC 28001

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C 164	Continued From page 3	C 164	Plan of Correction:	
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, the building mechanical systems are not being kept clean and in good repair. Findings on November 29, 2017: a. Janitor near Bedroom 111 - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint. b. Kitchen Pantry - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint and grease. c. Biohazard Room inside Laundry - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint. 2. Based on observation, the building was not providing handrails in the corridor that could support 250 pounds. This deficiency affects all whom use unstable handrails by not providing increase safety, stability/balance, and maneuverability provide by these devices. Findings on November 29, 2017: a. Corridor near Bedrooms 104 - the handrail is loose, and may not support a 250 pound concentrated load.	C 164	1.All vents in janitor closet, kitchen pantry and biohazard room were cleaned of dust and lint. 2. The handrail on 100 hall was secured to the wall. Prevention of Re-Occurrence: Executive Director to monitor on an ongoing basis. Monitor Responsibility & Frequency: Maintenance Director and Executive Director to monitor on an ongoing basis. Completion Date: November 30, 2017	

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		A. BUILDING: **01**	

	HAL084004	B. WING	11/29/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF ALBEMARLE	315 PARK RIDGE ROAD ALBEMARLE, NC 28001

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C 183	Continued From page 4 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. Findings on November 29, 2017: a. Laundry - the documentation of the portable fire extinguisher's monthly inspections stopped in June 2017.	C 183 C 183	Plan of Correction: 1. Fire extinguishers in building have been inspected by Albemarle FD and all tags are newly update for 2018. A. Laundry extinguisher has been inspected by Simplex and new tag update for 2018. Prevention of Re-Occurrence: Executive Director to monitor on an ongoing basis. Monitor responsibility & Frequency: Maintenance Director and Executive Director to monitor on an ongoing basis. Completion Date: December 5, 2017	
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, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all	C 189	Plan of Correction: 1. The exit sign on 100 hall was replaced on 11/30/17. 2. The ceiling in the mechanical room on 100 hall was re-sealed with sealant on 11/30/17. 3. The fire escutcheon plate was reset into its setting. 4. A. The door in room 210 has been adjusted to where there is no gap. B. The door in room 212 has been adjusted to where there is no gap.	

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C 189	Continued From page 5 if they could not promptly find their way to an exit during an emergency. Findings on November 29, 2017: a. Cross-Corridor Double Egress Door near Bedroom 103 - the exit sign did not illuminate on backup power when tested. 2. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on November 29, 2017: a. Mech Room near Bedroom 112 - a firestopped cable penetration had its sealant pulled out of the penetration of fire-resistance-rated ceiling, leaving an unprotected opening. 3. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all if smoke/fire is not contained in the Room or compartment of origin. Findings on November 29, 2017: a. Lobby Clearstory - the fire sprinkler escutcheon plate had pulled away from the fire-resistance-rated ceiling/wall exposing an opening that allows the spread of smoke and heat. 4. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on November 29, 2017: a. Bedroom 210 - the corridor door has a 0 to ¼- inch gap between the top of the door and the doorframe's stop. b. Bedroom 212 - the corridor door has a 0 to ¼-inch gap between the top of the door and the doorframe's stop.	C 189	Prevention of Re-occurrence: Maintenance to monitor on an ongoing basis. Monitor responsibility & Frequency: Maintenance Director and Executive Director to monitor on an ongoing basis. Completion Date: November 30, 2017	

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C 193	Continued From page 6	C 193		
C 193	Ovens, Ranges in Activity or Res. Rooms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff. (5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner. (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, and interview with Staff the facility failed to provide an environment in accordance with Rule by not providing proper control over the range. Findings on November 29, 2017: a. Residents Virtual Kitchen - the locking feature (key light switch) for the range was in the energized position, which allows the burner to heat up, and staff was unaware of this setting. Maintenance used its key to lock out the electrical power going to the burners.	C 193	Plan of Correction: The locking feature was turned off at the switch which would allow the stove to not heat up. Staff was made aware to ensure it is switched off after using stove for activities. Prevention of Re-Occurrence: Maintenance Director and Cottage Care Coordinator to monitor on an ongoing basis. Monitor Responsibility & Frequency: Maintenance Director and Cottage Care Coordinator to monitor on an ongoing basis. Completion Date: November 29, 2017	