

PRINTED: 02/22/2018  
FORM APPROVED

## Division of Health Service Regulation

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|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL001016</b>                      | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING: _____                                                                                                                                        | (X3) DATE SURVEY COMPLETED<br><br><b>02/07/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SPRINGVIEW - BROOK BUILDING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1032 C N MEBANE STREET<br/>BURLINGTON, NC 27217</b> |                                                                                                                                                                                                                   |                                                     |
| (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<br><br>Report of a Biennial Construction Survey by Suzanne Fay conducted on February 7, 2018.<br><br>Records indicate that the facility was licensed on June 20, 1995. The facility is currently licensed for 12 beds. Therefore, we are requiring that this facility to meet the 1994 "Minimum and Desired Standards and Regulations (Homes for the Aged and Family Care Homes) and applicable portions of the 2005 Regulations for Adult Care Homes of Seven or more beds and the 1991 North Carolina State Building Code General Construction-Section 408 I-2 Institutional.<br><br>Deficiencies were noted which require a plan of correction. | C 000                                                                                           |                                                                                                                                                                                                                   |                                                     |
| C 164                                                                  | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0308 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the walls and furnishings were not maintained in good repair.<br><br>Findings on February 7, 2018:<br>a. The handrail by the housekeeping closet was loose.      | C 164                                                                                           | 3) All of the interior walls are in the process of being patched/painted. The project was started shortly before the survey.<br>a) The handrail was tightened the same day as the survey and is secure and tight. |                                                     |

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

9999

7M3H21

If continuation sheet 1 of 4

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## Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SPRINGVIEW - BROCK BUILDING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1032 C N MEDANE STREET<br/>BURLINGTON, NC 27217</b> |                                                                                                                           |                                                        |
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| C 185                                                                  | Continued From page 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | C 185                                                                                           |                                                                                                                           |                                                        |
| C 185                                                                  | <p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>10A NCAC 13F .0309 PLAN FOR<br/>EVACUATION</p> <p>(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.</p> <p>(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.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:<br/>1. Review of records revealed that the facility was not including a short description of what the fire rehearsals involved.</p> <p>Findings on February 7, 2018:<br/>a. The descriptions did not provide details of what the fire rehearsal involved.</p> | C 185                                                                                           | <p>2(a) Going forward we will ensure that a short description with details of the fire drill are added to all drills.</p> |                                                        |
| C 189                                                                  | <p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>10A NCAC 13F .0311 OTHER<br/>REQUIREMENTS</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | C 189                                                                                           |                                                                                                                           |                                                        |

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STATE FORM

6892

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| C 189                                                           | Continued From page 2<br><br>This Rule is not met as evidenced by:<br>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.<br><br>Findings on February 7, 2018:<br>a. Room 5 - the escutcheon plate at the sprinkler head nearest the window had dropped leaving a gap in the ceiling at the penetration. This was corrected on site.<br>b. Linen closet - the escutcheon plate at the sprinkler head nearest the window had dropped leaving a gap in the ceiling at the penetration. This was corrected on site.<br>c. Riser room - the ceiling was damaged around the sprinkler head leaving gaps in the rated ceiling assembly. | C 189                                                                                   | As stated by the surveyor they were fixed while onsite. They are part of a weekly checklist but will be checked more frequently to keep them pushed up. |                                                 |
| C 199                                                           | Exhaust Ventilation<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(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 requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:<br>(1) soiled linen storage;<br>(2) soil utility room;<br>(3) bathrooms and toilet rooms;<br>(4) housekeeping closets; and<br>(5) laundry area.                                                                                                                                                                                                                                                                                           | C 199                                                                                   |                                                                                                                                                         |                                                 |

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| C 199                                                           | <p>Continued From page 3</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the facility did not provide exhaust ventilation at the rate of two cubic feet per minute per square foot in required areas.</p> <p>Findings on February 7, 2018:</p> <p>a. Women's half bath - the exhaust fan was not working.</p> <p>b. Staff bath - the exhaust fan was not working.</p> <p>c. Housekeeping supplies were being stored in the right closet across from Bedroom 4. The closet did not have exhaust ventilation.</p> | C 199                                                                                   | <p>a/b) The fan motors have both been replaced and are operating as they should be. See attached receipt for the motors.</p> <p>c) The closet beside the one mentioned here already had an exhaust fan so we added shelves inside, changed the door handle to one with a lock and we are now storing the cleaning supplies in that closet.</p> |                    |                                              |

Scanned By: Tiffany Dunn 3/8/2017 3:49:12 PM

N.C. Department of Environment and Natural Resources  
Division of Environmental Health**Inspection of  
Residential Care Facility**  
(For facilities, as defined, with  
not more than 12 residents)Demerit Score: 7  
Date of Insp/Chg: 01 / 27 / 2017  
Status Code: AHealth Department 1 Alamance  
Current Facility ID 3001430125  
Old Facility ID \_\_\_\_\_Water Supply: ☒ Municipal/Community ☐ On-Site Supply  
Wastewater: ☒ Municipal/Community ☐ On-Site SystemWater sample taken today? ☐ Yes ☒ No☒ Inspection ☐ Name Change  
☐ Re-inspection ☐ Verification of Closure  
☐ Violation ☐ Status ChangeName of Establishment: SPRINGVIEW CARE - BROCK BLDG.Permittee: BEVERLY HOWERTONLocation Address: 1032-C N MEBANE ST

Number of Residents: \_\_\_\_\_

City: BURLINGTON State: NC Zip: 27217Mailing Addr. 1032-C MEBANE ST

Classification

City: BURLINGTON State: NC Zip: 27216☒ Approved (20 or less demerits, and no 6-point demerits) ☐ Disapproved (More than 40 demerits or failure to improve provisional classification)  
☐ Provisional (more than 20, but 40 or less demerits, or a 6-point demerit)

Demerits

Comments

1. WATER SUPPLY: Public supply; private supply approved 6 (1611) \_\_\_\_\_

\*\* SEE COMMENT SHEET ATTACHED \*\*

2. LIQUID WASTES: Sewage and other liquid wastes disposed of by approved method 6 (1613) \_\_\_\_\_

## 3. FOOD SUPPLIES AND PROTECTION:

Supplies: All food clean, wholesome, no spoilage 6 (1619)

Protection: Adequate during storage, preparation and serving, potentially hazardous food 45°F or below, or 140°F or above 3; all refrigerators with thermometers 2; pork, ground beef products, poultry and stuffings, etc., thoroughly cooked; meat and poultry sealed, points sealed, etc., handled as required, no re-serving of portions once served to an individual 4; food containers stored above floor and protected from contamination 2; pets and other animals not allowed where food is prepared or stored, nor in serving area (unless caged or otherwise restricted) 4 (1620) \_\_\_\_\_

4. FOOD SERVICE UTENSILS AND EQUIPMENT: Food service utensils and equipment in good repair and kept clean 4; eating and drinking utensils clean to sight and touch, cleaned after each use; approved facilities 4; clean utensils properly stored 2; substances containing poisonous material not used for cleaning or polishing eating or cooking utensils 6; disposable items properly stored and handled, used only once 2 (1618) \_\_\_\_\_

5. FOOD SERVICE PERSONS: Clean clothes, hands, and work habits 6 (1621) \_\_\_\_\_

6. DRINKING WATER FACILITIES: ICE HANDLING: Common drinking cups not used 4; ice, if provided, handled and dispensed in a sanitary manner 2 (1612) \_\_\_\_\_

7. HOT AND COLD WATER: Adequate hot and cold water piped to points of use 4 (1611) \_\_\_\_\_

8. TOILET: HANDWASHING: LAUNDRY AND BATHING FACILITIES: Toilet, lavatory and bathing facilities adequate 4; fixtures in good repair and kept clean 2; soap and towels provided 2 (1610) \_\_\_\_\_

9. BEDS: LINEN: FURNITURE: All furniture, mattresses, linen, drapes, blinds and similar items in good repair and clean 2; bed linen changed as required 2; clean and soiled linens properly stored and handled 2 (1617) \_\_\_\_\_

10. STORAGE: MISCELLANEOUS: Rooms or areas provided for storage of clothes, personal effects, baggage, supplies and equipment kept clean 2; medications, cleaning supplies, pesticides and other hazardous products properly stored as required 4 (1616) \_\_\_\_\_

11. FLOORS: In good repair 1; kept clean 2 (1607) \_\_\_\_\_

12. WALLS AND CEILING: In good repair 1; kept clean 2 (1608) \_\_\_\_\_

13. LIGHTING AND VENTILATION: Windows and fixtures in good repair 1; kept clean 2 (1609) \_\_\_\_\_

14. VERMIN CONTROL: PREMISES: Outside openings effectively screened or otherwise protected against entrance of flying insects, and flying insects absent 4; effective control of rodents and other vermin 4; approved pesticides properly used 4; premises neat, clean, drained and free of litter and vermin harborage and breeding areas 2 (1615) \_\_\_\_\_

15. SOLID WASTES: Garbage in standard containers, properly covered and stored, approved disposal 4; containers, storage area kept clean 2; dry rubbish in suitable receptacles, approved storage and disposal 2 (1614) \_\_\_\_\_

Comment Sheet Attached

☐ Yes ☒ No

Rept Received

TOTAL DEMERIT SCORE 7

Inspection by:

EHS I.D.#

1437 - MEEKS, BETTY

Purpose: Chapter 130A requires the Commission for Health Services to adopt rules governing the regulation of institutions. 13A NCAC 130A.1003 specifies the contents of an inspection form to record the results of inspections made of residential care facilities. This form is to be used for the inspection of residential care facilities. Preparation: Local environmental health specialists shall complete this form every time they conduct an inspection. Prepare an original and three copies: one for the person in charge, one for the receiving agency (if not a residential care facility), one for the local health department. Signatures: Please refer to Records Retention and Disposition Schedule 1.0.0.0, for County/State Health Department rules published by the North Carolina Division of Archives & History. Additional forms may be prepared upon approval from the Division of Environmental Health, 1032 Mail Service Center, Raleigh, NC 27699-1032, (919) 733-1000.

EHS 3094 (Revised 07/02) / Environmental Health Services Division (Revised 07/02)

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|                                                                                                                         |                                      |                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------|
| N.C. Department of Environment and Natural Resources<br>Division of Environmental Health<br><br><b>COMMENT ADDENDUM</b> | Name: <u>SPRINGVIEW CARE - BROCK</u> | Time In: <u>02:15</u> <input checked="" type="checkbox"/> am <input checked="" type="checkbox"/> pm |
|                                                                                                                         | ID: <u>3001430125</u>                | Time Out: <u>03:30</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm           |
|                                                                                                                         | Street: <u>1032-C N. MEBANE ST</u>   | Total Time: <u>1 hr 15 minutes</u>                                                                  |
|                                                                                                                         | City: <u>BURLINGTON</u>              |                                                                                                     |

✓  
Spill

- 3 open bags and plastic sleeves of crackers and chips in cabinet. Once these foods are open they need to be stored in a tightly covered container.
- 6 clean linens stored on the floor of linen closet- all clean linens should be stored off the floor and in a manner so that they are kept protected and clean. If the small hall closet next to the chemical storage closet is not used, recommend installing shelves and store linen in this closet on shelves so that it is off the floor.

**UP UNITED REFRIGERATION INC.**

11401 Roosevelt Blvd  
Philadelphia, PA 19134  
Ph: (215) 698-0100

Branch  
BURL UNITED REFRIGERATION INC  
2240 TUCKER ST.  
BURLINGTON, NC 27215-6739  
Ph: (336) 229-6696 Fax: (336) 229-9609  
Email: branch479@url.com

**PICK TICKET**

\*\*\* Counter Sale \*\*\*

|         |                                          |         |  |
|---------|------------------------------------------|---------|--|
| Bill To | SPRINGVIEW ASSISTED LVC 479              | Ship To |  |
| Address | PO BOX 2173<br>BURLINGTON, NC 27216-2173 |         |  |

|           |                |
|-----------|----------------|
| Order #   | 60939238-00    |
| Part #    | 1              |
| VHS#      | 479            |
| Via       | PICK-UP        |
| Terms     | 1% 10thprox    |
| D Ordered | 02/07/18       |
| A Shipped | 02/07/18       |
| T Printed | 02/07/18 14:41 |

|          |     |               |         |       |      |              |       |
|----------|-----|---------------|---------|-------|------|--------------|-------|
| Customer | HOW | Customer Name | RICHARD | Phone | 479h | Customer Ref | BROCK |
|----------|-----|---------------|---------|-------|------|--------------|-------|

| Item # | Product and Description                              | U/C Item # | Pin Location  | Quantity Ordered | Quantity B.O. | Quantity Shipped | Qty UM | Unit Price | Amount (Net) |
|--------|------------------------------------------------------|------------|---------------|------------------|---------------|------------------|--------|------------|--------------|
| 1      | DD124<br>3/1/2018 1350RPM 115V<br>CWSP BOHN 4P MOTOR | 00000      | 01/E4/001/009 | 2.00             | 0.00          | 2.00             | ea     | 71.06      | 142.12       |

Exhaust Fan Motors

Total 142.12  
Taxes 0.59  
INVOICE TOTAL \$ 142.71

Cash Discount \$ 1.42 If Paid Within Terms

Date Received

