

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 08/21/2019
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 Report of a Construction Section Biennial Survey by Suzanna Fay and Frank Strickland on August 21, 2019. This facility was first licensed on May 15, 1996. The facility is currently licensed 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 08/21/2019
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. Observations revealed that the facility was not in compliance with NCSBC requirements in effect at the time of construction, addition or renovation. Facilities with special locking in place require a wiring diagram and system components location map provided under glass adjacent to the fire alarm panel. Findings on August 21, 2019: a. The components map located by the fire alarm panel did not indicate the special locking components. b. There was not a wiring diagram provided.	C 101		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe manner. Findings on August 21, 2019: a. The fascia trim outside of the exit by Room 312 has rotted and deteriorated.	C 160		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT	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 08/21/2019
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 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. Observations revealed that the walls and furnishings were not kept in good repair. Findings on August 21, 2019: a. Suite 114 Bathroom - the door frame is splitting at the top right corner causing the door to stick and making it hard to open. b. Laundry - the veneer on the door from the Laundry Room to Clean Linen is pulling away at the top. 2. Observations revealed that the floors were not kept clean and in good repair. Findings on August 21, 2019: a. Room 211 - the carpet in the bedroom is heavily stained and appears dirty.	C 164		
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;	C 166		

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 08/21/2019
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 166	Continued From page 3 (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the facility was not maintained free of hazards. Exposed sharp metal edges can cause injury. Findings on August 21, 2019: a. Room 501 - the door locking mechanism has been pried open leaving sharp metal edges exposed. 2. Based on observation the facility was not maintained free from hazards. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on August 21, 2019: a. Oxygen Storage - there was one oxygen bottle stored on the floor and six small oxygen bottles in a cardboard carrier.	C 166		
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.	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 08/21/2019
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 4 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. Findings on August 21, 2019: a. Suite 114 - the escutcheon plate is missing on the sprinkler head in the bathroom leaving a hole in the rated ceiling assembly. b. Mechanical Room 400 Hall - the fire caulk around one of the hot water heater pipes has loosened and is falling off leaving a gap in the rated ceiling assembly. c. Room 505 - there is a hole around the sprinkler head. d. SCU Sunroom - there is a hole at the sprinkler head. e. Cottage Laundry - there is a small 1/2" diameter hole in the ceiling above the dryer. f. Cottage Laundry - there is a gap around the auxiliary drain pipe as it penetrates the ceiling. g. Riser Room - an escutcheon plate is missing from the sprinkler head and there are yellow water stains around the head. h. Public Ladies Restroom - there is a hole at the sprinkler escutcheon plate. i. Room 205 Bath - there is a hole at the sprinkler escutcheon plate. j. Room 212 - the escutcheon plate has dropped leaving a gap at the ceiling. This was corrected at the time of survey. k. Suite 214 - the sprinkler escutcheon plate has dropped in front of the bathroom. l. There is a hole at the sprinkler head outside of Dining. m. Pantry - the escutcheon plate is missing from the sprinkler head leaving a hole around the	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 08/21/2019
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 5 head. n. Staff Locker Room - there is a hole at the sprinkler head escutcheon plate. o. Hazardous Storage - the escutcheon plate is missing from the sprinkler head leaving a hole in the rated ceiling assembly. 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. Findings on August 21, 2019: a. Dining Room - the corridor doors are on magnets that released on the fire alarm. When the fire alarm was tested, one leaf was held open with a small table and did not close and latch. b. Suite 114 - the corridor door hits the frame and does not close easily. The veneer is pulling off of the door where it hits the frame. c. Cottage Staff Station - the screws have been removed from one half of the top hinge so that the door is loose and does not close easily. 3. Observations revealed that the mechanical equipment was not maintained in a safe and operating condition. Findings on August 21, 2019: a. Cottage Lounge - the vent has a heavy accumulation of dust. b. Kitchen - the exhaust fan in the Janitor's closet has a heavy accumulation of grease and dirt. c. Laundry - the HVAC vents have a heavy accumulation of lint. d. Laundry - the exhaust fan in the the mop room has a heavy accumulation of lint and dust.	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 08/21/2019
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 6 e. Network Closet - the fan exhaust has a heavy accumulation of dust. 4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition as evidenced by doors with inoperable automatic self closing hardware. Occupants of the facility could be effected if rooms required to have self closing hardware did not close to limit smoke or the spread of fire to the area of origin. Findings on August 21, 2019: a. AL Mechanical Room across from Activity - the closer was broken on the 3/4 hour door to the Boiler Room. 5. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Findings on August 21, 2019: a. Lobby - the floor outlet by the Med Room was missing a cover plate leaving the outlet exposed and creating a trip hazard. 6. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have holes through the door nor gaps between the door and the door frame stops. Findings on August 21, 2019: a. 200 Hall Living Room - there are small 3/8" diameter holes above and below the door hardware.	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 08/21/2019
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 191	Continued From page 7	C 191		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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. Observations revealed that the facility contained portable electric heaters. Findings on August 21, 2019: a. Activity Office - there was one portable electric heater in the room.	C 191		