## Greenville SL Executive Director (Elaine Bulla)

**From:** Godwin, Alison M <mercedez.godwin@dhhs.nc.gov>
**Sent:** Friday, November 22, 2019 2:35 PM
**To:** Greenville SL Executive Director (Elaine Bulla); 'LEVERETT@GREENVILLENC.GOV'; 'Reggie.Satterfield@pittcountync.gov'
**Cc:** Sluder, Chris; Fay, Suzanna E
**Subject:** DHSR- Spring Arbor of Greenville
**Attachments:** 20191122-Spring Arbor of Greenville-letter.pdf; 20191122-Spring Arbor of Greenville-sod.pdf

**Importance:** High



Attached is the Statement of Deficiencies and letter for the **DHSR-Construction Section Biennial Survey** conducted on November 14, 2019 by Suzanna Fay.

**Write the date that the work will be completed, and how it will be completed on the right hand side of your Plan of Correction. The work does not have to be completed before you submit this form. You also need to sign and date the Plan of Correction at the bottom. The POC is due back by December 07, 2019.**

The Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Thank you

Mercedez Godwin
Administrative Specialist I
Division of Health Service Regulation, Construction Section
NC Department of Health and Human Services

Office: 919-855-3871
Fax: 919-733-6592
mercedez.godwin@dhhs.nc.gov

1800 Umstead Drive, Williams Building
2705 Mail Service Center
Raleigh, NC 24699-2705

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL074010 | A. BUILDING: 01<br>B. WING _____ | 11/14/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SPRING ARBOR OF GREENVILLE | 2097 WEST ARLINGTON BOULEVARD<br>GREENVILLE, NC 27834 |

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| C 000 | Initial Comments<br><br>Report of a Construction Section Biennial Survey by Suzanna Fay conducted on November 14, 2019.<br><br>This facility was first licensed on August 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.<br><br>Deficiencies were noted that will require a plan of correction. | C 000 | It is Spring Arbor of Greenville's policy & standard practice to comply with all North Carolina Adult Care rules and regulations. | |
| C 101 | Existing Licensed Fac- No less than '71 Rules<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS<br>The physical plant requirements for each adult care home shall be applied as follows:<br>(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 | C 101 | | |

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| C 101 | Continued From page 1<br>Health Service Regulation at no cost;<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the facility does not meet the code requirements in effect at the time of construction, renovation or alteration.<br><br>Findings on November 14, 2019:<br>a. There was not a systems components map nor a wiring diagram located at the fire alarm panel. | C 101 | To be completed Jan 15. 2020 | |
| C 164 | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 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 ceilings and equipment were not kept clean and in good repair.<br><br>Findings on November 14, 2019:<br>a. The radiation dampers in both the Women's and Men's Toilet rooms had heavy accumulations of dust.<br>b. The radiation damper in the right Staff Toilet had a heavy accumulation of dust.<br>c. Kitchen - the filters on the range hood had a | C 164 | Completed 11-18-19<br>Completed 11-18-19<br>Completed 11-29-19 | |

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| C 164 | Continued From page 2<br>coating of grease. | C 164 | | |
| C 166 | Housekeeping-Maintained Free of Hazards<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. 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.<br><br>Findings on November 14, 2019:<br>a. Oxygen Storage - six oxygen bottles were stored in a shallow open crate on a shelf in the closet.<br><br>2. Observations revealed that the facility was not free of all hazards. Loose, missing or raised transition strips create a trip hazard.<br><br>Findings on November 14, 2019:<br>a. SCU - the transition strip between the dining and living room areas was loose at one side creating a trip hazard. | C 166 | completed 11-18-19<br><br>completed 11-18-19 | |
| C 185 | Fire Safety-Rehearsals on Each Shift<br><br>SECTION .0300 - PHYSICAL PLANT | C 185 | | |

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| C 185 | Continued From page 3<br>10A NCAC 13F .0309 PLAN FOR EVACUATION<br>(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.<br>(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.<br>(f) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Review of records revealed that the fire rehearsals were not being conducted on each shift per quarter.<br><br>Findings on November 14, 2019:<br>a. There were no drills conducted on the first and second shifts of the first quarter of 2019. There were no drills conducted on the first shift of the second quarter of 2019 and there were no drills conducted on the third shift of the third quarter. | C 185 | Drills will be conducted quarterly in accordance with the fire prevention code. A spreadsheet has been implemented to ensure all 3 shifts are done each quarter. | |
| C 189 | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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.<br>(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 | | |

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| C 189 | Continued From page 4<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 or walls could allow fire and smoke to spread beyond the area of origin.<br><br>Findings on November 14, 2019:<br>a. Room 112 - the escutcheon plate has dropped down in the right hand closet leaving a gap in the rated ceiling assembly.<br>b. Mechanical Room off of Spa (AL side) - one of the ducts has shifted pulling the fire caulk and ceiling finish away from the ceiling and leaving a gap in the ceiling.<br>c. Attic above Room 205 - there is a small hole to the right of the signage in the one hour smoke barrier wall.<br>d. Mechanical Room by Staff Lounge - the duct for the low air intake has shifted leaving a gap in the rated ceiling assembly.<br>e. Soiled Utility - the sprinkler head escutcheon plate has dropped leaving a gap in the rated ceiling assembly.<br><br>2. 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.<br><br>Findings on November 14, 2019:<br>a. The emergency light at the reception area did not illuminate on test.<br>b. Activity Room - the emergency light did not illuminate on test.<br>c. Mechanical Room by Staff Lounge - the | C 189 | A Completed 11-14-2019<br>B Completed 11-21-2019<br>C Completed 11-25-2019<br>D Completed 11-25-2019<br>E Completed 11-21-2019<br><br>A Completed 11-18-2019<br>B Completed 11-18-2019<br>C Completed 11-18-2019 | |

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| C 189 | Continued From page 5<br>emergency light did not illuminate on test.<br>d. SCU Dining - the emergency light did not illuminate on test.<br><br>3. 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.<br><br>Findings on November 14, 2019:<br>a. Room 2 - the door has dropped so that it hits the frame and no longer closes. This was corrected at the time of survey.<br>b. Spa Toilet Room - the door has dropped so that it hits the frame and no longer closes. This was corrected at the time of survey. | C 189 | D Completed 11-18-2019<br><br>A. Completed 11-18-2019<br>B Completed 11-14-2019 | |