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
	HAL098032	A. BUILDING: 01 B. WING _____	R 11/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF WILSON	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 Biennial Follow Up Construction Survey by Tod Hancock conducted on November 14, 2023. There are deficiencies cited in the Biennial Construction Survey that remain to be corrected.	{C 000}		
{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 facility's fire safety systems are not maintained in a safe condition. Failure to maintain the fire safety systems in a safe condition could affect occupants of the facility if the system did not provide the required fire-resistant rated protection. Findings on November 14, 2023: a. Interview with staff revealed that some sprinkler lines had frozen causing (10) sprinkler heads to leak. The incorrect sprinkler heads were ordered, and the facility is now waiting for the correct heads to arrive and be installed. The affected locations were 300 Hall IT Closet, Room 112, Beauty Salon, AL Riser Room, SCU Clean Linen, and Room 505 (3 Locations).	{C 189}	VSC to replace heads with proper sprinkler heads.	2/25/24

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Deborah Ford — Executive Director — 12/28/23