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	HAL001161	A. BUILDING: 01 B. WING _____	05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGVIEW - BROCK BUILDING	1032 C N MEBANE STREET BURLINGTON, NC 27217

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller, conducted on May 23, 2024. The facility was licensed on 06/20/1995 and 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 409 I-2 Institutional. 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		

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation and interviews with Staff, the facility failed to meet the Code requirements in effect at the time of alterations by not having all the components required and or procedures to comply and properly operate doors equipped with Special Locking. This could affect all occupants who need to evacuate through the door(s). Findings on May 23, 2024: a. Building - the "Special Locking System" does not have a central on/off emergency release switch. b. Front and Back Exits -. the emergency release switches on these doors were not on/off switches, but momentary switches, which automatically relock after a few seconds of being activated. c. Entire Building - upon activation of the fire alarm system, the "Special Locking System" did not release the doors when an anti-wander bracelet was in the range of the receivers. In addition, the local release button did not release the doors when an anti-wander bracelet was in the range of the receivers.	C 101	Locking system was removed from front & back exit doors 5/29/2024	
C 116	Plans Submittals and Approvals SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be	C 116	BPQM	

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C 116	Continued From page 2 submitted for approval prior to the required submission of Construction Documents. (b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained. (c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division. (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder. (f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion. This Rule is not met as evidenced by: 1 Based on observation and an interview with Administrator, remodeling occurred, and no plans or specifications have been received by the DHSR Construction Section, and approval was not obtained from DHSR Construction Section. Findings on May 23, 2024:	C 116		

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C 116	Continued From page 3 a. Based on observation, a "Special Locking System" has been installed on the building's exit doors. Review of DHSR Construction records indicate that a "Special Locking System" was not installed on the exits at the time of the last Construction Section Biennial Survey. b. Interview with Administrator confirmed that a "Special Locking System" has been installed since the last Construction Section Biennial Survey. b. Review of DHSR Construction project records show no evidence that plans or specifications for a "Special Locking System" were submitted for review and approval.	C 116	Locking system has been removed from front & back exit doors & will no longer be used.	5/29/2024
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, the corridors were not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on May 23, 2024: a. Corridor near Dining- there was an unattended medication cart, obstructing the required six feet wide corridor to three feet and ten inches.	C 150	Med Cart has been removed from hallway & Med Aides have been told not to keep the Med Cart in hallway	5/24/2024
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 166	BAM	

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C 166	Continued From page 4 FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the Building was not maintained free of hazards because the compressed gas cylinders were not properly secured. They may fall and break their valves off. This would turn the compressed gas cylinder into a dangerous projectile. Findings on May 23, 2024: a. Office - two portable oxygen cylinders were standing up on the floor not properly chained or supported by the wall or in a stand or cart.	C 166	2 oxygen cylinders Were removed facility 5/24/2024	
C 184	Fire Safety-Evacuation plan SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the Facility failed to	C 184	BPQM	

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C 184	Continued From page 5 properly post and maintain the evacuation diagrams. This would affect all by not providing proper guidance during an emergency. Findings on May 23, 2024: a. Building - the mounted evacuation diagrams were not oriented for where they were located. The diagrams must be properly oriented. As you stand looking at the diagram, the evacuation route shown on the right shall be to your right etc. Facility Staff corrected this deficiency before the Construction Surveyor left the site.	C 184	Mounted evacuation diagram has been reoriented for where they are located 5/24/2024 the day of the survey.	
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 was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict fire and smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on May 23, 2024: a. Smoke Barrier - the smoke barrier's Back leaf of the automatic closing, cross-corridor, double egress doors, had a med cart blocking the door open when the fire alarm activated.	C 189	1)a - Med Cart has been removed from hallway & Med Aides have been told not to keep the med cart in hallway 5/24/2024 Brdm	

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C 189	Continued From page 6 2. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on May 23, 2024: a. Smoke Barrier Office side - the exit sign did not illuminate on backup power when tested. 3. Based on observations, the building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in the room of origin. Findings on May 23, 2024: a. Office - there was a hole and a cable beside a conduit not firestopped as they penetrated the fire-resistance-rated ceiling assembly. b. Riser Room - a cable with its firestopped sealant was pulled out of the fire-resistance-rated ceiling, leaving an unprotected opening. c. Riser Room - there was a conduit not firestopped as it penetrated the fire-resistance-rated ceiling assembly. 4. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on May 23, 2024: a. Exterior Storage Room - many items are stored in front of the electrical panel, limiting the required 36-inches by 30-inches minimum clear working space to zero-inches. Facility Staff corrected this deficiency before the Construction Surveyor left the site. b. Kitchen - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not reset after the units were tripped. c. Exterior, Back Porch - the ground-fault circuit-interrupter (GFCI) electrical power	C 189	2a replaced exit Sign 5/28/2024 3a fire caulked closing hole 5/28/2024 b fire caulked closing hole 5/28/2024 c. fire caulked closing hole 5/28/2024 4a Exterior Storage Room items were cleaned out & are no longer stored in front of electrical on day of survey 5/24/2024 4b Licensed electrician inspected GFCI & found nothing wrong & nothing to replaced 6/20/2024 4c Ross Bldg NOT Brock Bldg	

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C 189	Continued From page 7 receptacle did not trip when the test button was pushed and when tested with a ground fault receptacle tester & circuit analyzer device. 5. Based on Observation, corridor doors are not maintained in a safe and operating condition. Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin. Findings on May 23, 2024: a. Living Room - both corridor doors were propped open, one with a large chair with a resident sitting in it and the other with a walker wedge between the door and a couch. 6. Based on Observation, a hazard was present due to the possibility of the backflow of contaminated water into the domestic water supply. Findings on May 23, 2024: a. Bath near Bedroom 4 - the shower was equipped with a handheld shower wand with hose. The hose was long enough to reach gray water and was not equipped with a noticeable vacuum breaker to prevent the backflow of water. b. Tub Room near Bedroom 3 - the tub was equipped with a handheld shower wand with hose. The hose was long enough to reach gray water and was not equipped with a noticeable vacuum breaker to prevent the backflow of water. 7. Based on observations and an interview with Maintenance, the Building did not have an adequate supply of spare fire sprinkler heads as required by NFPA 13. Findings on May 23, 2024: a. Sprinkler Riser Room - the fire sprinkler head	C 189	5a) chairs removed 5/28/2024 6a) replaced handheld shower w/ vacuum breaker 5/29/2024 b) replaced handheld shower w/ vacuum breaker 5/29/2024 Ordered sprinkler heads on 6/24/2024 should have them on hand by 7/5/2024 BPQM	

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C 189	Continued From page 8 storage box only had spare fire sprinkler heads for use in the attic.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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 testing with a thin plastic sheet, the facility did not provide working exhaust ventilation in required spaces. Findings on May 23, 2024: a. Bath near Bedroom 4 - the exhaust ventilation system was not functioning. b. Restroom near Bedroom 5 - the exhaust ventilation system was not functioning. c. Restroom near Dining - the exhaust ventilation system was not functioning.	C 199	a) replaced exhaust Ventilation 6/4/2024 b) replaced exhaust Ventilation 6/4/2024 c) replaced exhaust Ventilation 6/4/2024 BnDm	