STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL00164	A. BUILDING: 01 B. WING _____	05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGVIEW - ROSS BUILDING	1032 B NORTH 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. Records indicate his facility was first licensed as a Home for the Aged serving 12 residents on October 28, 1996. Therefore, the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 North Carolina State Building Code, Section 409.1, for Group I Unrestrained Occupancy. 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; This Rule is not met as evidenced by: 1. Based on observation and interviews with	C 101		

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C 101	Continued From page 1 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. Doors that lock back when the emergency release switch are activated can trap Occupants in the facility. 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 reset button did not release the doors when an anti-wander bracelet was in the range of the receivers.	C 101	Special Locking System has been removed & will not be reinstalled 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	BJ Jones	

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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. Entire Building - since the last DHSR Construction Section's Biennial Survey of 09/23/2021, a "Special Locking System" has been installed on the building's exit doors. b. Review of DHSR project records show no evidence that plans or specifications for a "Special Locking System" were submitted for review and approval.	C 116	Special locking system has been removed & will not be re-installed 5/29/2024	
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. Based on observation, the outside grounds were not maintained in a clean and safe condition. Findings on May 23, 2024: a. Front Yard - a cleanout top on a plumbing line was missing leaving a three-to-four-inch hole. This has created a tripping hazard hiding in the grass.	C 160	Capped drainage pipe 5/31/2024	
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 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;	C 164	BDM	

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C 164	Continued From page 4 (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. Based on observation, the floors were not kept clean and in good repair. Findings on May 23, 2024: a. Bedroom 2, Both Closets - the floors were dirty and a different shade than the floor in the room (wax buildup).	C 164	Cleaned closet floors 6/24/2024	
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; (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. Bedroom 2 Back Closet - one portable oxygen cylinder was standing up on the floor not properly chained or supported by the wall or in a stand or cart.	C 166	Removed oxygen cylinders 5/23/2024 BDMc	

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C 166	Continued From page 5 2. Based on Observation, the Building was not maintained free of hazards, because general maintenance was not being done or has not been completed. This could affect all residents, staff, and visitors if items were broken or partially removed and left where they could harm all. Findings on May 23, 2024: a. Bedroom 2 First Closet - the mounting brackets for the missing towel bar remain attached to the wall. These brackets were rough and had sharp edges, which provides potential to cause harm.	C 166	Replaced towel rod 6/24/2024	
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) 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 provide residents areas with the required individual towel bar for each resident. Findings on May 23, 2024: a. Bedroom 2- this double occupancy bedroom was missing one of its two required individual towel bars.	C 175	Replaced towel rod 6/24/2024	
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 189	Done	

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C 189	Continued From page 6 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'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. Kitchen - the self-contained emergency light did not illuminate on backup power when the test button was pushed. b. Corridor near Bedroom 6 - the exit sign did not illuminate on backup power when tested. 2. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on May 23, 2024: a. Shower Room - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power; therefore, testing for ground fault could not be performed. b. Kitchen - the kitchen hood light fixture was missing it light bulb. c. Back Entrance Patio - a blade was broken off in the neutral slot of the electrical power receptacle. If the unit was wired incorrectly this could be dangerous but at a minimum the receptacle was of no use. This electrical power receptacle did not have electrical power;	C 189	The emergency light is not inside the kitchen, it is just outside in the hallway - it was repaired 6/4/2024 Bedroom #6 exit sign replaced 5/29/2024 2a) GFCI receptacle was replaced 6/4/2024 2b) Switch on wall & bulb replaced was turned off 5/29/2024 2c) repaired outlet removed blade 5/28/2024 BDMC	

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C 189	Continued From page 7 therefore, testing for ground fault could not be performed. 3. Based on observation, the mechanical systems were not maintained in a safe and operating condition. This would affect all residents, staff and visitors by allowing unsafe conditions to persist. Findings on May 23, 2024: a. Kitchen - the kitchen hood fan was not working. 4. 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. Bedroom 6- a trash can was holding the corridor door open. 5. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This would affect all if fire were not contained in the room of origin. Findings on May 23, 2024: a. Bedroom 2 - a fire sprinkler escutcheon plate had dropped from the ceiling, exposing an opening around the sprinkler that allows fire and smoke to spread into the attic. b. Bedroom 2 First Closet - the escutcheon plate on the fire sprinkler does not cover the complete hole through the fire-resistance-rated ceiling providing an opening that allows fire and smoke to spread into the attic. c. Kitchen - the escutcheon plate on the fire sprinkler does not cover the complete hole	C 189	switch on wall: turned off 5/29/2024 Removed trashcan & door was repaired 5/28/2024 a) repaired escutcheon plate 6/24/2024 b) fire caulked 6/24/2024 c) fire caulked 6/24/2024	

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C 189	Continued From page 8 through the fire-resistance-rated ceiling providing an opening that allows fire and smoke to spread into the attic. d. Bedroom 4 Last Closet - a fire sprinkler escutcheon plate had dropped from the ceiling, exposing an opening around the sprinkler that allows fire and smoke to spread into the attic. e. Front Entrance Lobby - the fire sprinkler was missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of fire and smoke into the attic.	C 189	d) repaired escutcheon plate 6/24/2024 e) replaced escutcheon plate 6/24/2024	
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. Laundry - the exhaust ventilation system was	C 199	repaired exhaust ventilation fan 6/4/2024 BAM	

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C 199	Continued From page 9 not functioning.	C 199		