

PRINTED: 01/05/2015  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL029004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  12/05/2014
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CONSTRUCTION SECTION

JAN 20 2015

RECEIVED

NAME OF PROVIDER OR SUPPLIER  SPRING ARBOR OF THOMASVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 915 WEST COOKSEY DRIVE THOMASVILLE, NC 27360
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C 000 Initial Comments  
  
This is a Report of a Biennial Survey completed by Greg Cales and Ed Miller on December 5, 2014.  
  
Based on information gathered from our files, the Facility was first licensed or submitted for licensure on or about June 19, 1991 for Sixty-Two (62) Beds. Based on this information, the facility is required to meet the 1991 Homes for the Aged- Minimum and Desired Standards and Regulations; applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds; and the 1991 North Carolina State Building Code, Section 409.1- Institutional (I) Occupancy.

C 000 It is the community's standard practice to comply with the referenced regulations  
  
Plan of Correction:  
Courtyard gate is now labeled with the proper signage designating it as delayed egress.  
  
Prevention of Re-occurrence:  
Facility monitoring to ensure all applicable exits have proper signage.  
  
Monitor Responsibility & Frequency:  
Maintenance Director and Executive Director on a regular basis

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, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;  
  
This Rule is not met as evidenced by:  
1- Based on observations, the facility failed to

C 101  
  
Plan of Correction Completion Date:  
12/12/14  
  
Plan of Correction:  
All oxygen bottles were placed in approved containers.  
  
Prevention of Re-occurrence:  
Routine monitoring to ensure proper storage of oxygen bottles, including monitoring of 3<sup>rd</sup> party vendors providing oxygen to our community.

Division of Health Service Regulation  
LABORATORY/DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

DATE

*[Signature]*

Executive Director

1/13/2015

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NAME OF PROVIDER OR SUPPLIER  SPRING ARBOR OF THOMASVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 016 WEST COOKSEY DRIVE THOMASVILLE, NC 27380
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C 101	<p>Continued From page 1</p> <p>ensure that the building meets the NC State Building Code regarding delayed egress. This deficiency directly affects all residents, personnel, and visitors who may have to exit the building through the courtyard in an emergency.</p> <p>Findings on December 5, 2014 include:</p> <p>a- The courtyard gate is equipped with a 15-second delayed egress system but is not labeled with the required signage designating it as delayed egress.</p>	C 101	<p><u>Monitor Responsibility &amp; Frequency:</u> Maintenance Director, Executive Director, and Resident Care Coordinator at the time of delivery and ongoing.</p> <p><u>Plan of Correction Completion Date:</u> 12/5/14</p>	
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: 1- Based on observations, the facility failed to ensure that all oxygen bottles are stored and secured properly to prevent them from falling over or rolling around. This deficiency directly affects residents, personnel, and visitors in the room and direct vicinity by possibly exposing them to the potentially dangerous force of a damaged oxygen container.</p> <p>Findings on December 5, 2014 include: a- In Room 101, there are oxygen bottles being stored in an unapproved container that does not provide adequate support.</p>	C 166		

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NAME OF PROVIDER OR SUPPLIER: SPRING ARBOR OF THOMASVILLE  
STREET ADDRESS, CITY, STATE, ZIP CODE: 916 WEST COOKSEY DRIVE THOMASVILLE, NC 27380

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C 189	<p><b>Building Equipment Maintained Safe, Operating</b></p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (e) 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.</p> <p>This Rule is not met as evidenced by: 1- Based on observations, fire safety, electrical, mechanical, and plumbing systems are maintained safe and operating. These deficiencies may affect residents, staff, or visitors in the facility.</p> <p>Findings on December 6, 2014 include:</p> <p>a- The EXIT signs in the following locations did not illuminate on battery power: 1- Corridor at the Breezeway Entrance (The Cottage) 2- Corridor at Room 401 (The Cottage)</p> <p>b- The emergency lights on the 100 Hall did not illuminate on battery power.</p> <p>c- The GFCI receptacle located in the Men's Room at the Main entrance did not reset after testing.</p> <p>d- The ducts of the HVAC units located in The Cottage are not equipped with any means of accessing the duct detection sampling tubes.</p> <p>e- a- The roll-down fire door located in the kitchen area of The Cottage is broken and does not operate. (Note: Consult with the local Building Official to determine if the roll-down door is required).</p>	C 189	<p><u>Plan of Correction:</u></p> <p>a) EXIT signs at the breezeway entrance and Room 401 corridor replaced</p> <p>b) The non working emergency lights on 100 hall will be repaired.</p> <p>c) The GFCI receptacle located in the men's room replaced.</p> <p>d) The HVAC ducts in the cottage will have sampling tube access doors installed.</p> <p>e) The roll-down door located in the cottage kitchen will be repaired by Daugherty Equipment. (The local Fire Marshal deemed the rolling door as necessary after inspection).</p> <p><u>Prevention of Re-occurrence:</u> Routine monitoring and testing of the community safety systems to ensure in working order. (EXIT signs, Emergency lights, GFCI receptacles, sampling tube access, and roll down doors</p> <p><u>Monitor Responsibility &amp; Frequency:</u> Maintenance Director and Executive Director on a weekly basis.</p>	

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C 189	<p>Continued From page 3</p> <p>2- Based on observations, the facility failed to ensure that the building is safe by not maintaining the fire resistance of building components. This deficiency directly affect all residents, personnel, and visitors by allowing the possible spread of smoke beyond the compartment of origin.</p> <p>Findings on December 5, 2014 include:</p> <p>a- The corridor door to the Sun Porch is propped open with a door stop. b- One of the corridor double doors is blocked by a large stack of chairs. c- There is a kick-down device on the Beauty Shop corridor door.</p>	C 189	<p><u>Plan of Correction Completion Date:</u></p> <p>a) 1/16/15 b) 1/16/15 c) 12/8/14 d) 1/15/15 e) 1/31/15</p> <p><u>Plan of Correction:</u></p> <p>a) The sun porch door stop was removed. b) Stacking chairs removed from corridor double doors. c) The kick-down device on the Beauty Shop corridor door removed.</p> <p><u>Prevention of Re-occurrence:</u> Routine monitoring to ensure to ensure the fire resistance of building components are maintained.</p> <p><u>Monitor Responsibility &amp; Frequency:</u> Maintenance Director and Executive Director on a weekly basis</p> <p><u>Plan of Correction Completion Date:</u> 12/5/14</p>	