

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL098006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  05/27/2015
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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	<p>Initial Comments</p> <p>This is a Report of a Biennial Construction Survey by Greg Cates and Billy Bryant on May 27, 2015.</p> <p>Based on information gathered from our files, the Facility was first licensed or submitted for licensure on or about May 15, 1996 with Seventy-Two (72) resident beds, including Fifteen (15) Special Care Beds. Based on this information, we are requiring the facility to meet the 1998 Homes for the Aged and Infirm Minimum Desired Standards, applicable portions of the 2005 Regulations for Adult Care Homes, and the 1996 Edition of the North Carolina State Building Code-Section 419- Institutional Occupancy.</p>	C 000	<p>CONSTRUCTION SECTION</p> <p>JUN 29 2015</p> <p>RECEIVED</p>	
C 106	<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:</p> <p>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1- Based on observations, the facility has failed to maintain the building free of hazards.</p> <p>Findings include:</p> <p>a- In the Oxygen Storage Room, there are oxygen bottles that are being stored in an unapproved container and are not supported properly.</p> <p>b- In the Special Care Utility Room, the</p>	C 106		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Diana Dawson**Executive Director*

6/29/15

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C 188	Continued From page 1  condensate line for the HVAC units is draining onto the floor and away from the floor drain, creating a large puddle. c- The Breaker Panels are partially blocked from access in the following areas, to include but not limited to: 1- Laundry Storage 2- Mechanical Room opposite the Activity Room	C 188		
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 observations, the facility has failed to maintain the magnetic locking system in a safe manner. This could affect all occupants in the Special Care wing of the facility by possibly slowing or stalling the evacuation of the wing in the event of an emergency.  Findings include:  a- At all EXIT doors, there are two keyed switches (one for the alarm and one for the emergency magnetic lock release), which are not labeled and in an emergency, could easily cause confusion as to which lock unlocks the doors.	C 189		

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C 189	<p>Continued From page 2</p> <p>Note: The administrator installed temporary identifying signage at each lock prior to the completion of the survey.</p> <p>2- Based on observations, the facility failed to ensure that the fire safety systems are maintained safe and operating.</p> <p>Findings include:</p> <p>a- Throughout the building, there are multiple locations where the sprinkler escutcheons are missing. Specific examples include but are not limited to:</p> <ul style="list-style-type: none"> <li>1- Resident Room 505</li> <li>2- Laundry</li> <li>3- Janitor Room</li> <li>4- Room 114</li> <li>5- Special Care Laundry at the Sprinkler Drain</li> </ul> <p>b- The following EXIT signs do not illuminate on battery power, to include but not limited to:</p> <ul style="list-style-type: none"> <li>1- Corridor outside Room 203</li> </ul> <p>c- The fire extinguishers show no signs of a monthly inspection.</p> <p>3- Based on observations, the facility has failed to ensure that the doors operate correctly to prevent the passage of fire or smoke. This could affect all occupants of the building in the event of a fire by allowing smoke to move from one smoke compartment to another.</p> <p>Findings include:</p> <p>a- The corridor doors at the Activity Room do not close completely.</p> <p>b- The corridor doors at the Dining Room do not</p>	C 189		

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C 189	Continued From page 3 close completely.	C 189		
C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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:</p> <ul style="list-style-type: none"> <li>(1) soiled linen storage;</li> <li>(2) soil utility room;</li> <li>(3) bathrooms and toilet rooms;</li> <li>(4) housekeeping closets; and</li> <li>(5) laundry area.</li> </ul> <p>(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:</p> <p>1- Based on observations and testing, the facility has failed to maintain the bathroom mechanical exhaust systems in working condition.</p> <p>Findings include:</p> <p>a- In Resident Room 101 bathroom, the exhaust fan is not operating.</p>	C 199		

Plan of Correction

Response to DHSR Construction Biennial Survey dated 05/27/15  
Spring Arbor of Wilson, HAL 098006, FID# 960313

## C 166 Housekeeping

1.a Approved containers ordered immediately and replaced on 06/24/15. Communicated to vendor on-going need for approved containers. Resident Care Coordinator and Maintenance Director will monitor weekly to ensure compliance. Executive Director will ensure at least monthly approved containers remain in place.

1.b Storage Areas corrections completed 06/23/15. Maintenance Director responsible for on-going compliance, and Executive Director will ensure compliance with weekly review in all storage areas.

## C 189 Building Equipment

1.a Temporary signage in place 05/27/15 and permanent signage in place 06/23/15.

2.a All escutcheons in place 06/02/15. Contracted Alarm Inspection company will monitor on each location visit, and item will be reviewed by Maintenance personnel on Building Checklist. ED will ensure on-going compliance with review of Building Checklist, review and maintain file.

2.b Battery replaced 06/02/15. To ensure on-going compliance, testing of exit signs will be checked and documented by Maintenance personnel, and compliance verified by Executive Director.

2.c The one non-compliant fire extinguisher was inspected 05/28/15. Monthly review to be completed by Maintenance personnel and compliance ensured by ED review.

3.a and b Latch on doors have been engaged and therefore both doors close completely, corrected 06/23/15. Maintenance Director to ensure compliance during monthly Fire Drills.

## C 199 Exhaust Ventilation

1.a Exhaust fan repaired on 06/02/15. Residents and/or care staff will complete a service request for any inoperable fans. Additionally, fans will be tested while Maintenance Director is performing bathroom water temp testing. ED will ensure compliance with monthly review of Temp Logs and review of Service Tickets.

Donna Dawson Executive Director 6/29/15