

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL098006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/04/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF WILSON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2045 WARD BOULEVARD, NW WILSON, NC 27893</b>
---	--

(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  This is a Report of a Followup Survey done by Bob Getchell on August 4, 2015.  Deficiencies were noted which will require a new plan of correction.	{C 000}		
{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 observations, the facility has failed to maintain the building free of hazards.  Findings include: c- The Breaker Panels are partially blocked from access in the following areas, to include but not limited to: 1- Laundry Storage	{C 166}		
{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	{C 189}		

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL098006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/04/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF WILSON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2045 WARD BOULEVARD, NW WILSON, NC 27893</b>
---	--

(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 189}	<p>Continued From page 1</p> <p>facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: 2- Based on observations, the facility failed to ensure that the fire safety systems are maintained safe and operating.</p> <p>Followup Findings from 8-4-15 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: 1- Room 114 Bathroom 2- Corridor near Room 108</p>	{C 189}		