

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 R 08/04/2015	
NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF WILSON		STREET ADDRESS, CITY, STATE, ZIP CODE 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)	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)	CONSTRUCTION SECTION SEP 01 2015 RECEIVED	
(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)		

Please Initial

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

Donald Wilson Executive Director (X5) DATE 8/31/15

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{C 189}	Continued From page 1 facilities with the exception of Paragraph (e) which shall not apply to existing facilities. 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. Followup Findings from 8-4-15 include: 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	{C 189}		

Plan of Correction

HA Follow-Up Biennial Construction Survey 08/04/15

Spring Arbor of Wilson

HAL 098006, FID #960313

(C 166) 10A NCAC 13F .0306 Housekeeping and Furnishings

The noted 'laundry storage' closet has ceased being used as an overflow supply closet to prevent items being placed on the floor to potentially block breaker panels. Maintenance Director responsible for on-going compliance, and Executive Director will ensure compliance with weekly review in all storage areas. Floor area has been marked with red tape to further caution employees from leaving anything in the area.

Completion Date: 08/04/15

(C 189) 10A NCAC 13F .0311 Other Requirements

All escutcheons in place 08/04/15. #114 Bathroom and Hall near #108 were disturbed by the cable re-wiring in the attic, but audit confirms all escutcheons are now in place. In order to ensure on-going compliance, contracted Alarm Inspection company will monitor on each location visit, and item will be reviewed by Maintenance personnel on Building Checklist form. ED will ensure on-going compliance with review of Building Checklist, review and maintain file.

Completion Date: 08/04/15