

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/30/2015
NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - STEWART BUILDING		STREET ADDRESS, CITY, STATE, ZIP CODE 611 W WHITSETT STREET GRAHAM, NC 27283		
(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 report is of a Biennial Construction Survey done by Bob Getchell on July 29, 2015. This facility was first licensed as a Home for the Aged serving 12 ambulatory residents on 08/18/1998. Therefore the facility must meet the 1998 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1998 North Carolina State Building Code - Section 419.5 for Large Residential Care Facility- Group R. Deficiencies were noted which will require a new plan of correction.	C 000		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 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; (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 resident furnishings in bedrooms and other areas were not maintained in good condition. Findings include: a) Bedroom 1 has handles loose on the chest of drawers. b) There are worn chairs in the Dining Room	C 164	(A) REPLACED SCREW AND A CHECK OF ALL FURNITURE HAS BEEN ADDED TO A MONTHLY LIST (B) CHAIRS HAVE BEEN STAINED ON WORN PLACES TO ENSURE PROPER COVERAGE AND PROTECTION	

CONSTRUCTION SECTION
AUG 31 2015
RECEIVEDDivision of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE*Beverly A. Weaver*

TITLE

Administrator

(X6) DATE

08/28/2015

BWA

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HALD01029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/30/2015
NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - STEWART BUILDING		STREET ADDRESS, CITY, STATE, ZIP CODE 011 W WHITSETT STREET GRAHAM, NC 27253		
(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 108	Continued From page 1	C 108		
C 108	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 in a safe manner by improper storage of oxygen cylinders. This would affect all residents by potentially exposing them to hazards from a ruptured cylinder. Findings include: Room 6 has an oxygen bottle that is loose, and not secured in a holder designed for that purpose.	C 108		
C 108	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 observation, the building Exit	C 108	HAVE SPOKE WITH SUPERVISOR ON SITE TO ENSURE SHE GETS THE PROPER STORAGE CRATE FROM THE O2 COMPANY. NOW STORED PROPERLY	

BH

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/30/2015
NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - STEWART BUILDING		STREET ADDRESS, CITY, STATE, ZIP CODE 811 W WHITSETT STREET GRAHAM, NC 27253		
(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 2</p> <p>signage was not maintained in a safe manner. This would affect all residents by not keeping the exits visible in an emergency.</p> <p>Findings include: a) Exit sign on the back right corridor I) is not working on battery backup, and ii) has bulbs burned out</p> <p>2. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin.</p> <p>Findings include: a) The ceiling penetrations at the HVAC returns in I) Room 2, and II) Room 3 are clogged with dust and dirt, which can delay or prevent the radiation damper from activating during a fire emergency. b) The back left exterior storage room has unprotected penetrations in the ceiling by wires c) The sprinkler riser / mechanical room has I) unprotected wall penetrations and II) a heat detector coming loose from the ceiling.</p> <p>These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814.</p> <p>3. Based on observation, the facility components were not maintained operable by having doors that did not close completely and latch.</p> <p>Findings include: The following doors have issues: a) The Office door won't close and latch, b) The Living Room door won't close and latch,</p>	C 189	<p>(A) INSTALLED A BATTERY PACK. WILL DO WEEKLY CHECKS</p> <p>(A) RETURNS WERE CLEANED AND WILL BE DONE BI-MONTHLY</p> <p>(B) CAULKED ALL PENETRATIONS TO FILL SPACE AROUND WIRES</p> <p>(C) REPLACED SCREWS IN MOUNT</p> <p>(3A) SHAVED AROUND EDGES, THE DOOR NOW CLOSES AND LATCHES</p> <p>(3B) SHAVED AROUND EDGES, THE DOOR NOW CLOSES AND LATCHES</p>	

BAH

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/30/2015
--	---	---	--

NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - STEWART BUILDING	STREET ADDRESS, CITY, STATE, ZIP CODE 811 W WHITSETT STREET GRAHAM, NC 27283
---	--

(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

Beverly Houston 8/28/15