

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2015
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF GREENSBORO	STREET ADDRESS, CITY, STATE, ZIP CODE 5125 MICHAUX ROAD GREENSBORO, NC 27410
-----------------------------------------------------------------------	--------------------------------------------------------------------------------------------

(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 conducted by Greg Cates and Bob Getchell on July 16, 2015.</p> <p>Based on information gathered from our files, the Facility was first licensed or submitted for licensure on or about September 27, 2011 for One Hundred (100) residents, including Forty-Eight (48) Special Care residents. Based on this information, we are requiring the facility to meet the 2005 Regulations for Adult Care Homes, and the 2009 Edition of the North Carolina State Building Code-Section 419 Institutional Occupancy.</p>	C 000	<p style="text-align: center;">CONSTRUCTION SECTION AUG 10 2015 RECEIVED</p>	
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS</p> <p>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;</p> <p>This Rule is not met as evidenced by: 1- Based on observations, the facility failed to</p>	C 101		<p style="text-align: center;">- See pg 2 -</p>

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Becky Vance, Executive Director
TITLE
Executive Director
(X6) DATE
8-5-15

STATE FORM 8999 XQ2R21 If continuation sheet 1 of 5

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2015
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF GREENSBORO	STREET ADDRESS, CITY, STATE, ZIP CODE 5125 MICHAUX ROAD GREENSBORO, NC 27410
-----------------------------------------------------------------------	--------------------------------------------------------------------------------------------

(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 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 Special Care Wing in an emergency.</p> <p>Findings on include:</p> <p>a- The EXIT doors leading from both Special Care wings are equipped with a 15-second delayed egress system but the doors are not labeled with the required signage designating it as delayed egress.</p>	C 101	<p>C 101 Physical Plant Requirements (2)</p> <p>a It is Spring Arbor's standard practice to comply with state licensure rules. All EXIT doors leading from the Special Care wing(s) that are equipped with a 15 second delayed egress system are labeled with the required signage designating it as delayed egress. Signage will be checked periodically to assure they are in place as required.</p> <p>Completion Date: July 20, 2015</p>	
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <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: 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 include:</p> <p>a- There is a duplex receptacle located in the Beauty Shop located beside the hand-wash sink</p>	C 189	<p style="text-align: center;">CONSTRUCTION SECTION AUG 10 2015 RECEIVED</p> <p>C 189 Building Equipment Maintained</p> <p>1a It is Spring Arbor's standard practice to comply with state licensure rules. The duplex receptacle located in the Beauty Shop beside the hand wash sink has been replaced with a GFCI protected receptacle.</p> <p>Completion Date: July 20, 2015</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/16/2015
--------------------------------------------------	----------------------------------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF GREENSBORO	STREET ADDRESS, CITY, STATE, ZIP CODE 5125 MICHAUX ROAD GREENSBORO, NC 27410
-----------------------------------------------------------------------	--------------------------------------------------------------------------------------------

CONSTRUCTION SECTION
AUG 10 2015

(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 that is not GFCI protected.</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 include:</p> <p>a- There are wedges, kick-down devices, furniture, or other items propping open the corridor doors to the following areas, to include but not limited to:</p> <ul style="list-style-type: none"> 1- Most resident rooms. 2- Most offices 3- Special Care/ 400 Hall Activity Room 4- Special Care/ 400 Hall Med Room 5- Wellness Room 6- Clean Linen Room (Main Laundry) 7- Sunroom <p>b- The fire doors located outside of the Special Care Unit and beside the Wellness Center have an approximately 3/4 inch gap between the doors.</p> <p>c- In the Special Care Unit /400 Hall Soiled Linen Room, the filter tubes for the fish tank penetrate a one-hour wall with unsealed gaps around them.</p> <p>d- The middle Dining Room door does not completely latch as the top flush-bolt is not activating.</p> <p>e- There are unprotected penetrations in the following locations to include but not limited to:</p> <ul style="list-style-type: none"> 1- Special Care Unit/ 200 Hall Med Room ceiling. 2- Two PVC conduits penetrating the fire wall in the attic near the Dining Room and Activity Room. 3- Firewall in the attic located near Room 113. 	C 189	<p>2a. It is Spring Arbor's standard practice to comply with state licensure rules. All doors to resident rooms, offices, Wellness room, clean linen, sunroom and all other doors are being equipped with a 2 piece magnetic device to hold the door open. The doors can then be closed quickly in case of an emergency. On going, this will be monitored to assure nothing is placed in front of a door that would obstruct a quick closure.</p> <p>Completion Date: August 31, 2015</p> <p>2b. It is Spring Arbor's standard practice to comply with state licensure rules. The 3/4 inch gap between the fire doors outside of the Special Care Unit and beside the Wellness Center has been corrected with the installation of a metal blank. All fire doors will be periodically checked for gaps and will be correct as needed.</p> <p>Completion Date: July 20, 2015</p> <p>2c. It is Spring Arbor's standard practice to comply with state licensure rules. In the Special Care Unit (400 Hall) all gaps have been sealed in the one hour fire wall where the fish tank filter tubes had penetrated.</p> <p>Competition Date: 7/20/15</p> <p>2d. It is Spring Arbor's standard practice to comply with state licensure rules. The middle Dining Room door flush bolt has been adjusted so as to completely latch. This will be routinely checked for compliance.</p> <p>Completion Date: July 17, 2015</p>	
-------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2015
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER
SPRING ARBOR OF GREENSBORO

STREET ADDRESS, CITY, STATE, ZIP CODE
**5125 MICHAUX ROAD
GREENSBORO, NC 27410**

AUG 10 2015

CONSTRUCTION SECTION

RECEIVED

(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	Continued From page 3 4- 100 Hall Mechanical Room ceiling. 2- Based on observations, the facility failed to ensure that the fire safety systems are maintained safe and operating. Findings include: a- The emergency light located at the front entry does not illuminate on battery power.	C 189	2e. <i>Cont From pg. 3</i> It is Spring Arbor's standard practice to comply with state licensure rules. All unprotected penetrations in the 200 hall Med Room ceiling and the 100 Hall Mechanical Room ceiling have been caulked and sealed. The firewall in the attic near the Dining Room and Activity Room and the firewall in the attic located near Room 113, and all other areas of concern are in the process of being caulked and sealed. Completion Date: September 4, 2015	
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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 and testing, the facility has failed to maintain the mechanical exhaust systems in working condition. Findings include: a- The exhaust fan located in the Special Care/	C 199	C189 2a – Mechanical Exhaust Systems It is Spring Arbor's standard practice to comply with state licensure rules. A new battery was installed in the emergency light located at the front entry so it will illuminate on battery power. All emergency light batteries are checked monthly to assure they are working as required. Completion Date: 7/17/15 C 199 g Exhaust Ventilation It is Spring Arbor's standard practice to comply with state licensure rules. The motor in the exhaust fan located in the Special Care unit (400 hall) has been replaced. All breakers and exhaust fans throughout the building will be checked periodically to assure they are working correctly. Completion Date: August 7, 2015	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____ CONSTRUCTION SECTION AUG 10 2015	(X3) DATE SURVEY COMPLETED 07/16/2015
--------------------------------------------------	----------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF GREENSBORO	STREET ADDRESS, CITY, STATE, ZIP CODE 5125 MICHAUX ROAD GREENSBORO, NC 27410
-----------------------------------------------------------------------	--------------------------------------------------------------------------------------------

RECEIVED

(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 199	Continued From page 4 400 Hall Laundry Room is turned off at the breaker due to mechanical malfunction.	C 199		