

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

HAL092079

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 01

B. WING _____

(X3) DATE SURVEY COMPLETED

R
10/20/2015

NAME OF PROVIDER OR SUPPLIER

SPRING ARBOR OF RALEIGH

STREET ADDRESS, CITY, STATE, ZIP CODE

1810 NEW HOPE ROAD
RALEIGH, NC 27604

(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 Followup Survey done by Bob Getchell on October 20, 2015.

The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.

{C 000}

DEC 03 2015

{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:
3- Based on observation, the facility has failed to keep the building and its environment clean and maintained.

Followup Findings on October 20, 2015 include:
a- The HVAC return grill in the Kitchen is coated in grease and dust.

{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

Tanelofmay

TITLE

Executive Director

(X6) DATE

10/20/15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/20/2015
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NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 1810 NEW HOPE ROAD RALEIGH, NC 27604
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(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: 1- 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>Followup Findings on October 20, 2015 include:</p> <p>a- The one-hour smoke resistant walls in the attic are not sealed due to penetrations or damage to the construction system. Locations include but are not limited to: 1- Penetrations by Cable wiring near Resident Room 102</p>	{C 189}		

Spring Arbor of Raleigh

HA Biennial Survey 10/20/15 Follow Up

FID# 990961, HAL 092079

Regulation #	Tag#	Response/Plan of Correction	Completed Date:
Section .0300-PHYSICAL PLANT 10ANCAC 13F .0306 HOUSEKEEPING FURNISHINGS HVAC has grease and dust accumulated	C-166	All vents were cleaned before inspector left. Maintenance Director will inspect bi-weekly and clean as needed. Food Service Director will be checking behind MD to ensure on-going compliance (also documented on FS Cleaning schedule). Documented in Maintenance Log of inspection and/or cleaning.	Completed 10/20/15
Section .0300-PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS A. The one-hour smoke resistant walls in the attic are not sealed due to penetrations or damage to the construction system. Locations include but not limited to: Penetrations by Cable wiring near Resident Room 102.	C-189	All areas were sealed and will be monitored closely by Maintenance Director monthly and if any new areas observed will be fixed immediately. Additionally, all areas will be monitored after work done in the attic by contractors (cause of this incident). Monthly checks and documented in the Maintenance Log that attic has been observed and noted of any changes/cleaning to ensure on-going compliance.	Completed 10/21/15

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