

PRINTED: 01/05/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001126	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/24/2015
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NAME OF PROVIDER OR SUPPLIER SPRINGVIEW ASSISTED LIVING-PHILLIPS BUI	STREET ADDRESS, CITY, STATE, ZIP CODE 414 CHAPEL HILL ROAD BURLINGTON, NC 27216
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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 000	<p>Initial Comments</p> <p>Report by Suzanna Fay</p> <p>DHSR Construction Section conducted a Biennial Survey on November 24, 2015 from 10:14 AM to 11:27 AM at the above referenced facility. DHSR records indicate the home was first licensed on January 3, 2006 as a Family Care Home for six ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency.) Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2006 North Carolina State Building Code - Section 421.2 - Residential Care Homes.</p> <p>At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:</p>	C 000		
C 110	<p>Construction-Basement, Attic</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (g) The basement and the attic shall not to be used for storage or sleeping.</p> <p>This Rule is not met as evidenced by: 1. Observations revealed several items stored in the attic. Remove all stored items. Provide documentation of the repairs in the form of photos.</p>	C 110	<p><i>ALL ITEMS HAVE BEEN REMOVED FROM THE ATTIC AND ARE STORED IN A SEPARATE LOCATION.</i></p>	
C 117	<p>Have Current San. And Fire Safety Approvals</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND</p>	C 117		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/24/2016
NAME OF PROVIDER OR SUPPLIER SPRINGVIEW ASSISTED LIVING-PHILLIPS BUI		STREET ADDRESS, CITY, STATE, ZIP CODE 414 CHAPEL HILL ROAD BURLINGTON, NC 27216		
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C 146	Continued From page 2	C 146		
C 146	<p>Outside Entrances/Exits-Ramp(s)</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS</p> <p>(c) At least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the home has any resident that must have physical assistance with evacuation, the home shall have two outside entrances/exits at grade level or accessible by a ramp.</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that several of the Residents used walkers. Interview with Staff revealed that one Resident would not be able to exit without assistance using the steps. The facility has three exits. One of the three has a ramp. If the Resident needs assistance in evacuating, have a qualified technician construct a second ramp at the secondary exit. Provide documentation of the repairs in the form of photos, work orders or permits.</p>	C 146	<p>THE RESIDENT REFERENCED HERE IS NO LONGER IN THE FACILITY. ALL RESIDENTS COULD EXIT THE FACILITY WITHOUT ASSISTANCE IN CASE OF AN EMERGENCY.</p>	
C 149	<p>Outside Entrances/Exits-Handrails At Porches</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS</p> <p>(f) All steps, porches, stoops and ramps shall be provided with handrails and guardrails.</p> <p>This Rule is not met as evidenced by: 1. Observations revealed two steps from the exit</p>	C 149		

Division of Health Service Regulation
STATE FORM

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TDJ121

If continuation sheet 3 of 5

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER: **SPRINGVIEW ASSISTED LIVING-PHILLIPS BUI**
 STREET ADDRESS, CITY, STATE, ZIP CODE: **414 CHAPEL HILL ROAD BURLINGTON, NC 27216**

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C 149	Continued From page 3 out of Bedroom #1. The steps did not have handrails. Have a qualified technician install handrails either side of the steps. If this exit is the secondary exit and requires a ramp, the ramp shall be constructed with handrails at either side. Provide documentation of the repairs in the form of photos, work orders or permits.	C 149	HAND RAILS WILL BE ADDED GOING DOWN THE STAIRS. THIS WORK WILL BE COMPLETED ON OR BEFORE 2/5/2018.	
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. At the time of this survey, the call system was not working. Have a qualified technician repair the call system. Provide documentation of the repairs in the form of work orders or receipts. 2. Observations revealed that the exhaust fan in the hall bath by the Staff bedroom was clogged with dust. Sweep or vacuum out the fan to allow it to work properly. Provide documentation of the repairs in the form of photos. 3. Observations revealed that the bathroom exhaust fan in the hall bath by the Staff bedroom was ducted, but the duct was not connected to an exterior location. Have a qualified technician duct the fan to an exterior location. Provide documentation of the repairs in the form of photos, work orders or permits.	C 174	① THE BROKEN PARTS OF THE CALL SYSTEM WERE BOUGHT AND REPAIRED. PICTURE INCLUDED AS WELL AS RECEIPT. ② THE VAN HAS BEEN VACUUMED CLEAN AND ADDED TO A REGULAR CHECK LIST. PICTURE INCLUDED. ③ THE EXHAUST FAN HAS BEEN RUN THROUGH THE ATTIC AND OUTSIDE. PICTURES INCLUDED	

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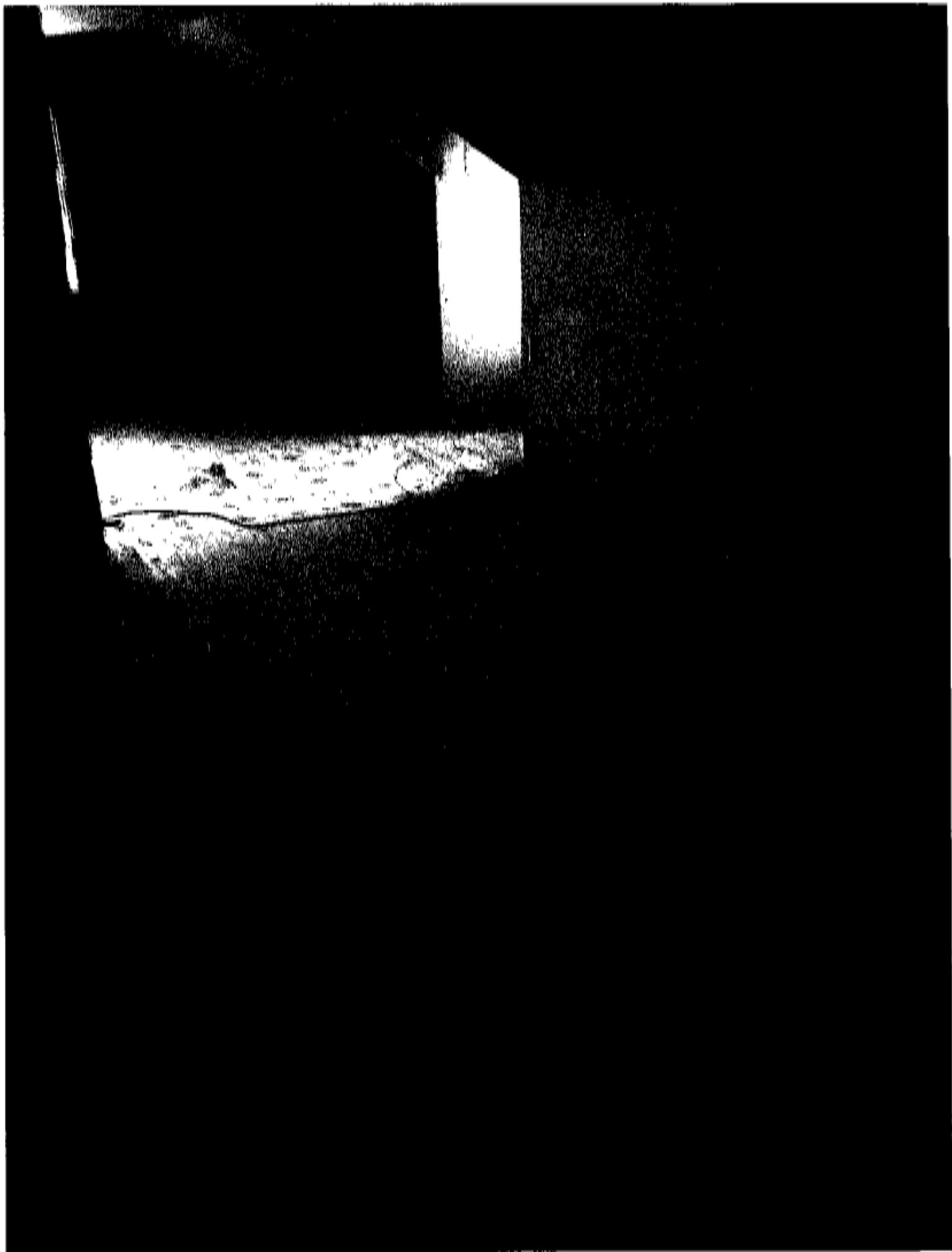
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C 174	Continued From page 4 4. Observations revealed a loose canister of oxygen in Bedroom #1. All oxygen tanks should be properly secured. Contact your oxygen vendor to provide proper storage racks. Provide documentation of the repairs in the form of photos, work orders or receipts.	C 174	④ THE OXYGEN COMPANY HAS BEEN CALLED AND WILL DELIVER THE STORAGE CRATE FOR CYLINDERS.	
C 272	10A NCAC 13G .0904(d)(2) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (d) Food Requirements in Family Care Homes: (2) Foods and beverages that are appropriate to residents' diets shall be offered or made available to all residents as snacks between each meal for a total of three snacks per day and shown on the menu as snacks. This Rule is not met as evidenced by: 1. Based on interview with Staff, the kitchen may be locked at night. Make provisions for the Residents to have water and/or snacks during the hours the kitchen is not available. Provide a statement of the facility's policy regarding provisions when the kitchen is locked.	C 272	FOOD AND DRINK IS ALWAYS AVAILABLE FOR RESIDENTS UPON REQUEST. STAFF ARE ALWAYS AVAILABLE FOR THESE REQUESTS AS IT COULD BE A SAFETY HAZARD WITH RESIDENTS HAVING FREE-ROAM OF THE KITCHEN. STAFF ALWAYS HAD KEYS TO UNLOCK THE DOORS WERE THERE ANYONE TO REQUEST FOOD OR WATER ONCE THE DOORS WERE LOCKED.	

5 RBM
PICS 1-3

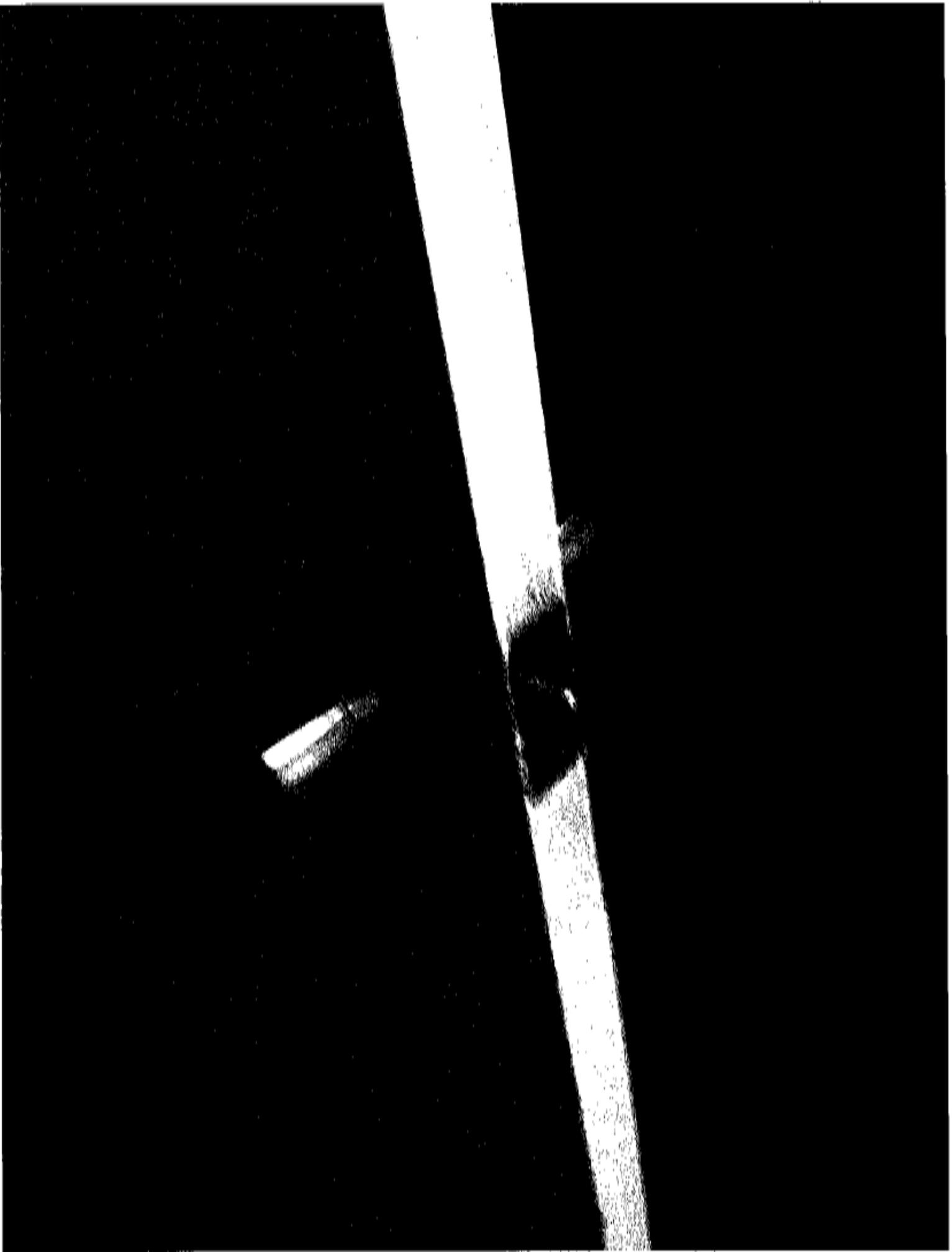






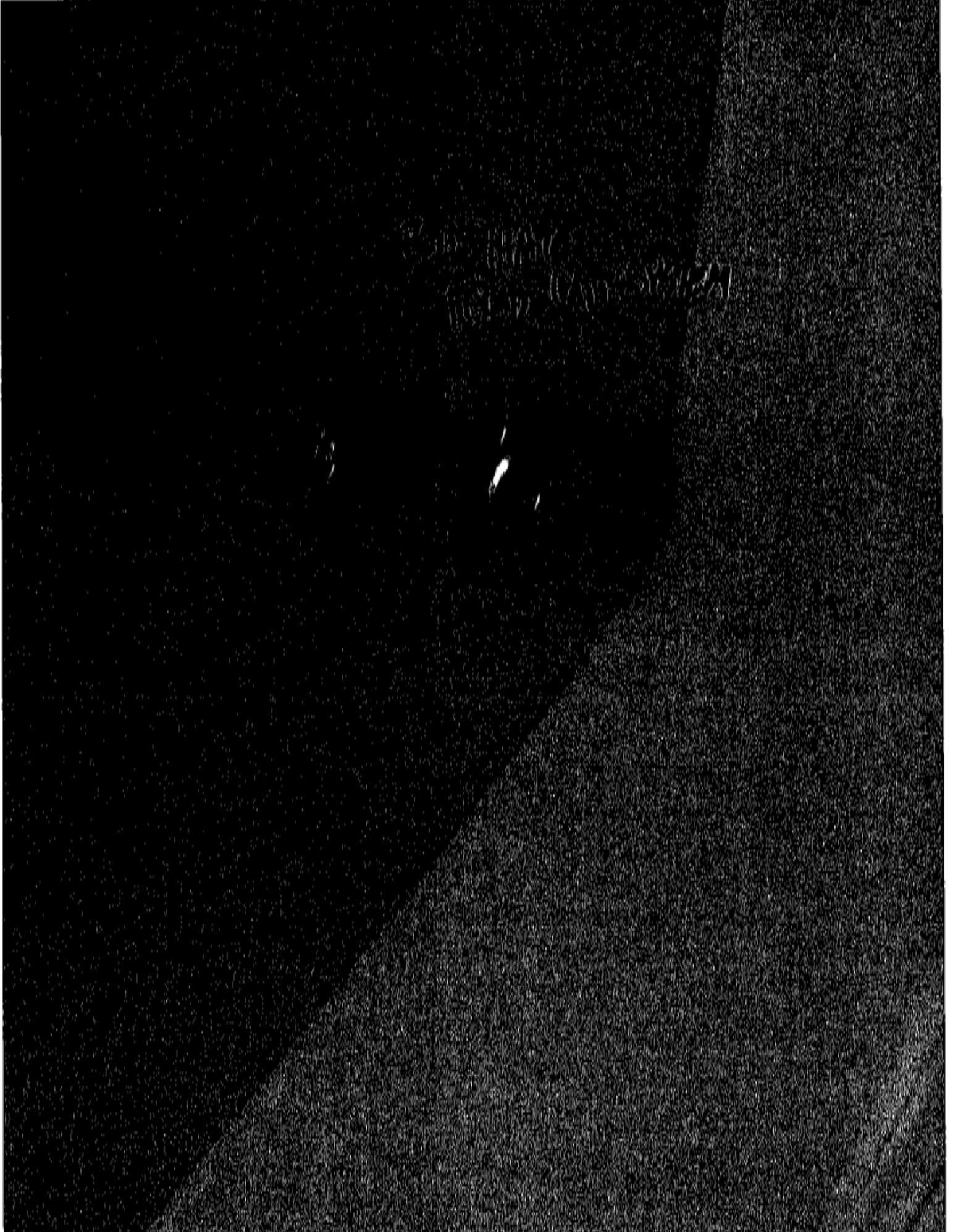
KITCHEN DOORS
Pics 1-4











11/25/2016 9:20 AM Sales Receipt #405326
Store: 1

Customer Copy

for Phillips +
Spare

CALL BELL
REPAIR.

Colonial Hardware Co., LLC

104 E. Elm St.
Graham, NC 27268
336-228-3754

Customer Service is Our #1 Priority!
Accounts Receivable 336-229-4225

Cashier: LongAaronF

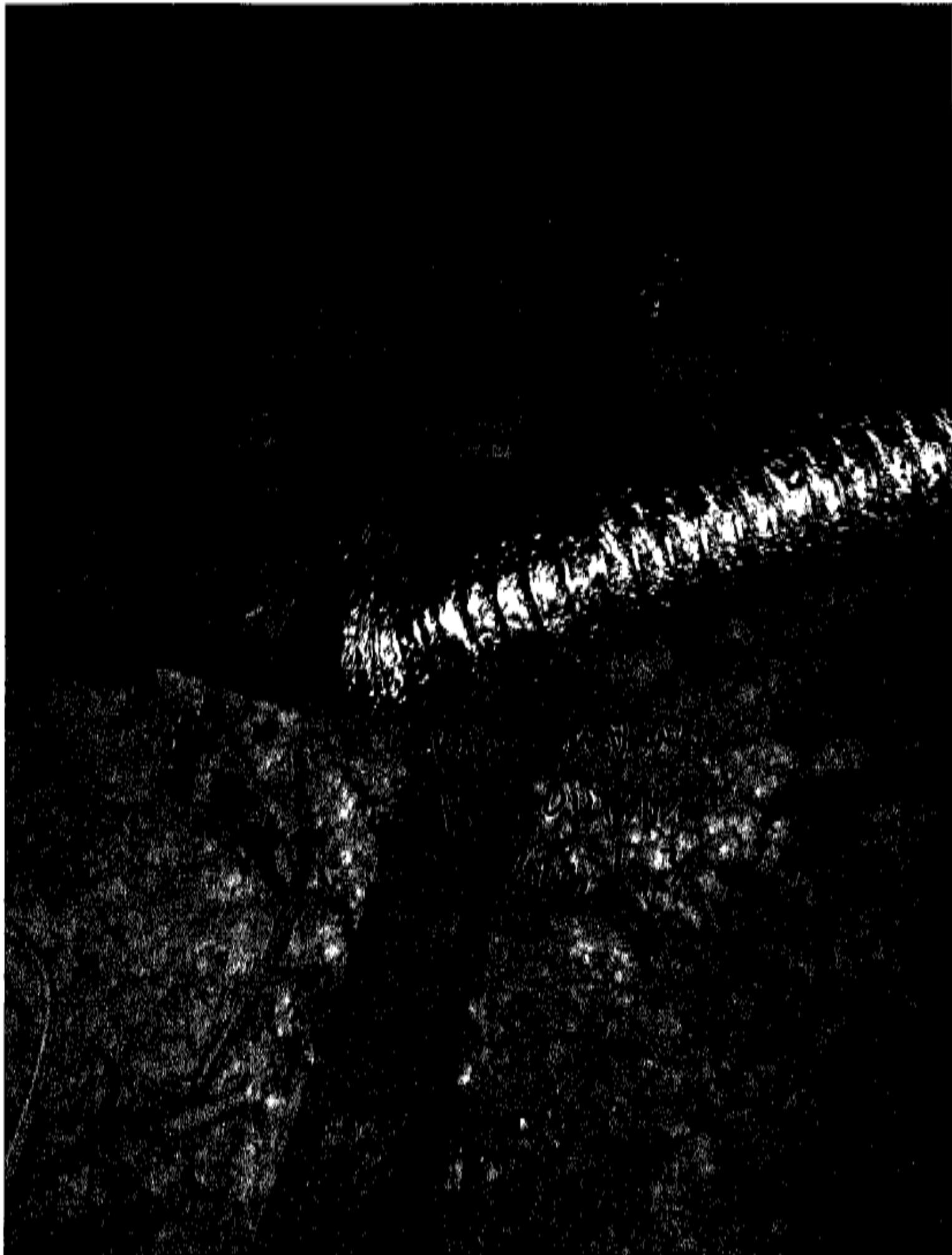
Item #	Qty	Price	Ext Price
78821	1	\$10.99	\$10.99 T
QH922 BELL 2-1/2II			
78821	1	\$10.99	\$10.99 T
QH922 BELL 2-1/2II			
		Subtotal:	\$21.98
		TAXES 8.75 % Tax	+ \$1.48
		RECEIPT TOTAL:	\$23.46

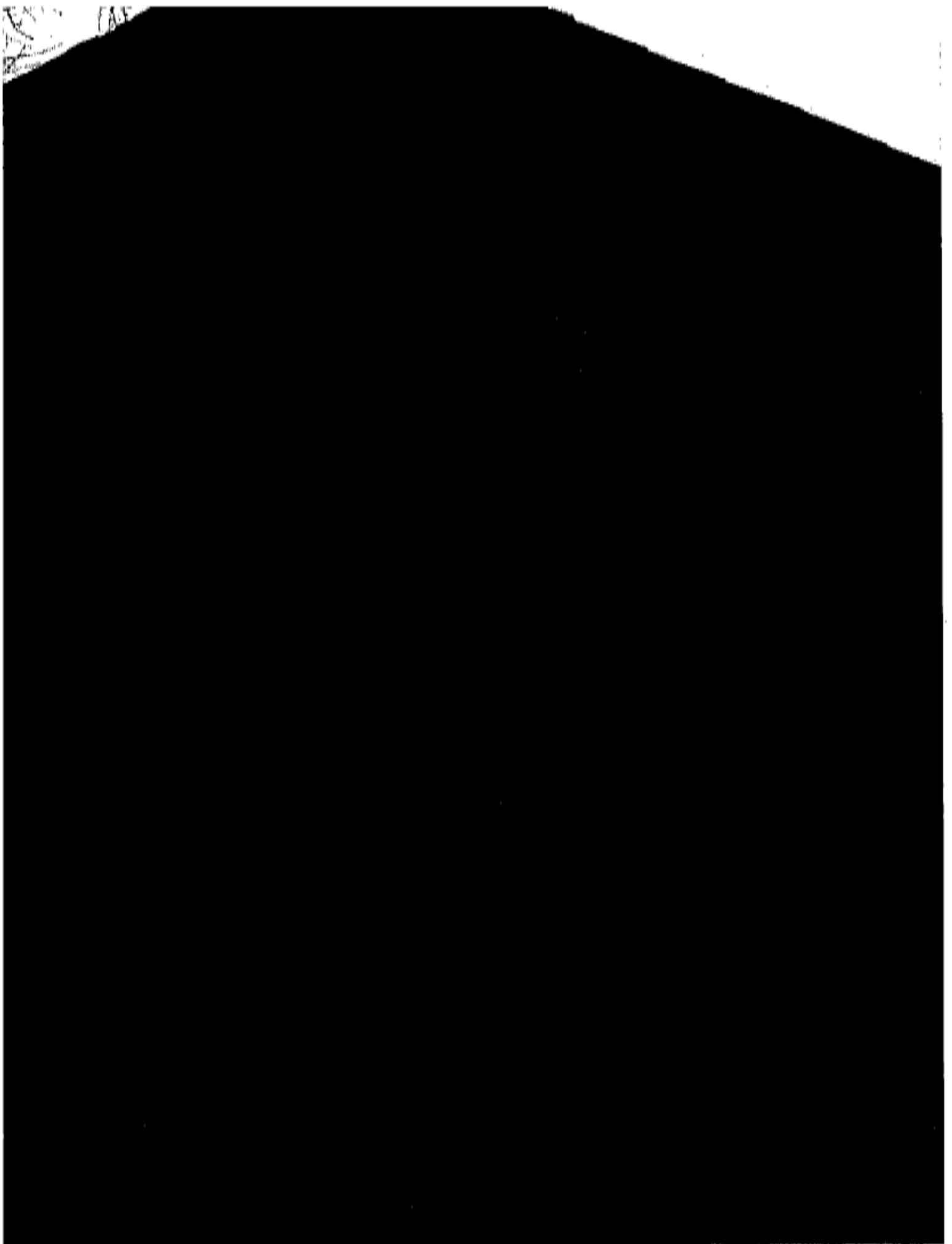
Credit Card: \$23.46 XXXX6751
Via
Reference # 5000021823 Auth=261091
Entry Swiped Merchant # ***32494

Signature _____
I agree to pay above amount according to
card
issuer agreement (merchant agreement
if credit voucher).

Thanks for shopping with us!







FIRE AND BUILDING SAFETY INSPECTION REPORT NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES

Non-Institutional Buildings (Five or fewer residents)

Name of home: Springview Assisted Living Name of person in charge: Beverly Howerton

Street address: 414 Chapel Hill Rd.

City: Burlington Zip: 27215 Telephone: 336-222-8913

Age range of population: 65 +

Type of construction: Wood Frame Number of stories: 1 Sq. ft. of floor space: 1640

Type of heating system: Gas Location: Exterior

No. of U/L approved fire extinguishers: 3 Location: Den/ Kitchen/ Basement Properly charged?: Yes

U/L approved single station fire detectors in attic, basement, and on first floor? Attic and Basement Heat/ first floor smoke alarms

Is there an evacuation plan? Yes No Are doors locked from inside? Yes approved Hardware

Condition of basement: Good Use? n/a Condition of attic: Good Use? n/a

Condition of building: Satisfactory Unsatisfactory

Types of hazards: (Please check those which apply)

Heating

- 1. Defective furnace
- 2. Defective heater
- 3. Defective flue
- 4. Defective smoke pipe
- 5. Heater too near combustibles
- 6. Storage of ashes
- 7. Portable heaters used

Electrical

- 8. Defective fixture
- 9. Defective wiring
- 10. Defective fuses
- 11. Inadequate lighting in stairways and halls

Exits

- 12. Halls blocked
- 13. Exits blocked
- 14. Bad fire exits

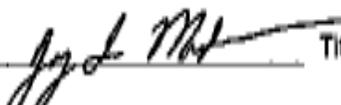
- 15. Storage on escapes
- 16. Inadequate exit lighting

Miscellaneous

- 17. Rubbish and trash
- 18. Fire extinguishers
- 19. Improper storage & use of flammable materials
- 20. Defective water heater
- 21. Unsupervised smoking by residents

Location of hazards found: _____

Recommendations to correct above and/or provide greater safety: _____

Inspector: Lieutenant J.L. Mebane  Title: Fire Inspector

Address: 215 S. Church St. Burlington NC 27215 Date of inspection: 12/8/15

(Fill-in in triplicate.) For Family Care Homes for Adults, send one copy to the State Division of Facility Services. One copy should be given to the person in charge of the facility or home and one copy should be retained by the county department of social services.