

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/07/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - BROCK BUILDING	STREET ADDRESS, CITY, STATE, ZIP CODE 1032 C N MEBANE STREET BURLINGTON, NC 27217
--	---

(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 of a Biennial Construction Survey by Ed Miller April 7, 2016.</p> <p>Records indicate that the facility was licensed on 06/20/1995. Therefore, we are requiring that this facility to meet the 1994 "Minimum and Desired Standards and Regulations (Homes for the Aged and Family Care Homes) and applicable portions of the 2005 Regulations for Adult Care Homes of Seven or more beds and the 1991 North Carolina State Building Code General Construction-Section 409 I-2 Institutional. FACILITY IS CURRENTLY LICENSED FOR 12 BEDS.</p> <p>Physical plant deficiencies were noted which require a plan of correction.</p>	C 000		
C 160	<p>Outside Premises-Clean, Safe</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the outside grounds were not maintained in a clean and safe condition. This could affect all residents, staff and visitors if the grounds are not free of obstructions, tripping hazards or have equipment in disrepair. Findings on April 7, 2016: a. Front Porch - the porch slab does not provide a smooth transition with the adjacent ground and there was no rail.</p>	C 160	<p>DIRT HAS BEEN PLACED IN THE AREA BETWEEN THE PORCH AND THE GRASS TO FILL THE GAP AND PROVIDE A SMOOTH TRANSITION.</p>	

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

[Signature]

[Signature]
GENERAL MANAGER

DATE
5/4/2016

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/07/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - BROCK BUILDING	STREET ADDRESS, CITY, STATE, ZIP CODE 1032 C N MEBANE STREET BURLINGTON, NC 27217
--	---

(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>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:</p> <p>1. Based on observations, the Building was not maintained in a safe and operating condition, because the some sprinkler heads are obstructed. This could affect all residents, staff and visitors if fire is not contained in Room or compartment of origin. Findings on April 7, 2016: a. Though-out the Building - the fire sprinkler heads were loaded (covered) with lint,</p> <p>2. Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was in disrepair. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm. Findings on April 7, 2016: a. When the fire alarm was activated, the hold open devices released their doors closing the openings in the smoke compartment. When the fire alarm system was put into silence mode, these hold open devices reenergized, which allows the smoke compartment doors to be held open during an alarm.</p>	C 189	<p>ALL OF THE SPRINKLER HEADS HAVE BEEN CLEARED OF LINT "UNLOADED". A CHECK HAS BEEN ADDED TO A MONTHLY LIST TO AVOID THIS HAPPENING AGAIN.</p> <p>WHEN THE ALARM GOES OFF - THE CODE IS PUT IN ONCE TO SILENCE THE ALARM. THE MAGNETS WILL NOT RE-ENERGIZE UNTIL THE CODE IS PUT IN A SECOND TIME.</p>	



PRINTED: 04/21/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/07/2016
NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - BROCK BUILDING		STREET ADDRESS, CITY, STATE, ZIP CODE 1032 C N MEBANE STREET BURLINGTON, NC 27217		
(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 2 3. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on April 7, 2016: a. Office - there were gaps around a conduit with cables on the outside that penetrates through the fire-resistance-rated ceiling assembly above the FAP. b. Sprinkler Riser room - there were gaps around the sprinkler pipe as it penetrates through the fire-resistance-rated ceiling assembly,	C 189	(a) THE PENETRATIONS IN THE OFFICE CEILING HAVE BEEN FILLED WITH APPROVED FIRE-PROOF CAULK. (b) THE HOLE IN THE RISER ROOM OUTSIDE HAS BEEN FILLED WITH APPROVED FIRE-PROOF CAULK TO AVOID ANY UN-PROTECTED PENETRATIONS	
C 200	Facilities for 7-12 Res.-Call System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (h) In facilities licensed for 7-12 residents, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed. (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 electrically operated call system could be silenced at the staff station. This could affect all residents and visitors if a call is silenced and staff gets	C 200		

PRINTED: 04/21/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/07/2016
NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - BROCK BUILDING		STREET ADDRESS, CITY, STATE, ZIP CODE 1032 C N MEBANE STREET BURLINGTON, NC 27217		
(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 200	Continued From page 3 distracted and fails to respond. Findings on April 7, 2016: a. Bedrooms and Baths - when the resident call system activator was activated staff was able to deactivate the sound at the staff station,	C 200	I HAVE CONTACTED THE ALARM COMPANY TO COME OUT AND MAKE THE NECESSARY CHANGES TO GET OUR SYSTEM BACK OPERATING AS IT WAS WHEN ORIGINALLY INSTALLED. THE REPAIR IS EXPECTED TO BE COMPLETED ON OR BEFORE 5/31/16.	

Division of Health Service Regulation
STATE FORM

4620

XZQG21

If continuation sheet 4 of 4

