

PRINTED: 02/14/2016
FORM APPROVED

Division of Health Service Regulation

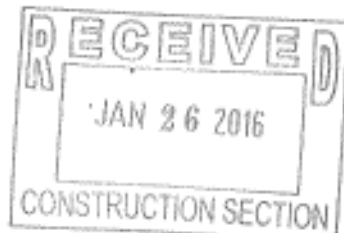
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/08/2015
---	--	---	--

NAME OF PROVIDER OR SUPPLIER

SPRINGVIEW - STEWART BUILDING

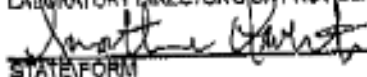
STREET ADDRESS, CITY, STATE, ZIP CODE

611 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 000)	Initial Comments This report is of a Followup Survey done by Bob Gatchell on September 8, 2015. The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.	(C 000)		
(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 facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 2. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. Followup Findings on 9-8-16 include: b) The back left exterior storage room has unprotected penetrations in the ceiling by wires c) The sprinkler riser / mechanical room has 1) unprotected wall penetrations and 2) a heat detector coming loose from the ceiling.	(C 189)	 ⑤ THE STORAGE ROOM PENETRATIONS HAVE BEEN FILLED WITH THE APPROVED FIRE PROOF CAULK. ⑥ THE SPRINKLER RISER/MECHANICAL ROOM PENETRATION HAS BEEN FILLED WITH THE APPROVED FIRE PROOF CAULK. THE HEAT DETECTOR HAS BEEN RE-ATTACHED AND SECURED.	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE



(X6) DATE

1-15-16

STATE FORM

000

HZUW22

If continuation sheet 1 of 1