

PRINTED: 07/13/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 06/27/2017
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 Report of Construction Section Biennial Survey by Ed Miller on June 27, 2017. Records indicate this facility was first licensed as a Home for the Aged serving 12 ambulatory residents on 08/18/1998. Therefore the facility must meet the 1998 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 North Carolina State Building Code - Section 419.5 for Large Residential Care Facility- Group R. Deficiencies were cited that require a Plan of Correction.	C 000			
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to prevent chronic unpleasant odors. This would affect residents, staff, and visitors by exposing them to an unpleasant environment. Findings on June 27, 2017: a. Bathroom near Bedroom 6 - there was a strong urine odor that persisted during the Construction Survey. 2. Based on Observation, the Building was not	C 164	The bathroom was cleaned and is free of the unpleasant odor.		

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

TITLE

(X6) DATE

STATE FORM

6000

000221

If continuation sheet 1 of 6

PRINTED: 07/13/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 06/27/2017
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 104	Continued From page 1 maintained free of hazards, because general maintenance was not being done or had not been completed. This could affect all residents, staff, and visitors if items are broken or partially removed and left where they could injure all. Findings on June 27, 2017: a. Bedroom 1 Corridor Closet - the towel bar was missing and its mounting bracket hardware remained, exposing sharp and rough edges.	C 104	The towel bar was replaced the same day as the survey.		
C 105	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: 1. Based on Observation, the facility failed to maintain the building in an uncluttered, clean, and orderly manner. Findings on June 27, 2017: a. Dining - the HVAC return grille with its radiation damper has an excessive accumulation of dust/lint. 2. Based on Observation, the Building was not maintained free of hazards, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on June 27, 2017:	C 105		The vent and damper have been cleaned and are free of dust and lint.	

PRINTED: 07/13/2017
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 06/27/2017
NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - STEWART BUILDING		STREET ADDRESS, CITY, STATE, ZIP CODE 811 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 185	Continued From page 3 Include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director/Administrator/Maintenance Director/Manager the facility failed to document all aspects of the fire plan rehearsals. This deficiency affects all by not finding weakness or opportunities for improving evacuation responses. Findings on June 27, 2017: a. The fire plan rehearsal records included date, time, shift, and staff members present but little to no description of what the rehearsal involved.	C 185	1 (senior manager) have spoken with all RCCs and explained the importance of more detail on fire drills log and they will do so going forward.		
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 (a) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff, and visitors if they could not promptly find their way to an exit during an emergency.	C 189			

PRINTED: 07/13/2017
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 06/27/2017
NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - STEWART BUILDING		STREET ADDRESS, CITY, STATE, ZIP CODE 611 W WHITSETT STREET GRAHAM, NC 27263		
(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) COMPLTIN DATE
C 189	Continued From page 4 Findings on June 27, 2017: a. Corridor near Beauty Shop - the wall-mounted self-contained emergency light had a dim light output and made a buzzing sound when the test button was pushed. 2. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on June 27, 2017: a. Front Porch - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. b. Kitchen - a fire sprinkler head were debris-loaded with lint. 3. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room or compartment of origin. Findings on June 27, 2017: a. Shower across from Bedroom 3 - the ventilation system cover did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. 4. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on June 27, 2017: a. Exterior Storage - a box is stored in front of the electrical panel, limiting the required 36-inches minimum clear working space. This prevents quick access in any emergency. 5. Based on observation, the interior doors were not maintained in a safe and operating condition.	C 189	The battery has been replaced and the emergency light is working properly. 2 A.) The escutcheon cap has been pushed back up. B.) The sprinkler head has been cleaned and is unloaded. 3 A.) The vent cover was pulled down, the ceiling repaired and the vent cover was put back. The storage room was cleaned out and now allows unblocked access to the panel.	

PRINTED: 07/13/2017
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 06/27/2017
NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - STEWART BUILDING		STREET ADDRESS, CITY, STATE, ZIP CODE 611 W WHITSETT STREET GRAHAM, NC 27263			
(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 180	Continued From page 5 Findings on June 27, 2017: a. Beauty Shop - the corridor door hits the floor preventing it from closing and latching. b. Bulk Laundry - the corridor door had a lid wedged under door to hold it open, preventing the rapid release of the door with a light push or pull of the door, to close and latch.	C 180	A) The beauty shop door has been adjusted to allow proper closing and latching. B) All staff know this is not allowed or acceptable and it has been addressed once again.		