

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL001029</b>              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>07/13/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SPRINGVIEW - STEWART BUILDING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>611 W WHITSETT STREET<br/>GRAHAM, NC 27253</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ID<br>PREFIX<br>TAG                                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| D 000                                                                    | Initial Comments<br><br>The Adult Care Licensure Section conducted an annual survey on July 13, 2023.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | D 000                                                                                      |                                                                                                                          |                                                        |
| D 079                                                                    | 10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings<br><br>10A NCAC 13F .0306 Housekeeping and Furnishings<br>(a) Adult care homes shall<br>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;<br>This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>Based on observations and interviews, the facility failed to maintain an uncluttered, clean, and orderly environment, free of obstructions and hazards related to an unsecured oxygen (O2) tank in Room #3.<br><br>The findings are:<br><br>Observation of a resident room #3 on 07/13/23 at 8:45 am during the initial tour revealed:<br>-There was a 3-foot tall unsecured O2 tank sitting upright on the floor next to the unoccupied bed in the resident's room.<br>-There was no rack or crate to stabilize the O2 tank.<br>-The O2 tank had a sticker with the name of a medical equipment (ME) supplier on it.<br><br>Interview with the resident residing in the room #3 on 07/13/23 on 8:50 am revealed:<br>-The O2 tank in the room was brought "a while | D 079                                                                                      |                                                                                                                          |                                                        |

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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| D 079                                                                    | <p>Continued From page 1</p> <p>ago".</p> <ul style="list-style-type: none"> <li>-She used O2 continuously and used an O2 concentrator.</li> <li>-The O2 tank was brought to her as a backup in the event of a power outage.</li> <li>-She thought the O2 tank was very heavy and never tried to move it herself because she was afraid, she would hurt herself.</li> <li>-The staff moved the O2 tank from where it was located next to her nightstand during a storm a few days ago and did not say anything about the O2 tank not being in a stand or rack.</li> <li>-She had never used the O2 tank.</li> </ul> <p>Interview with the Resident Care Director (RCD) on 07/13/23 at 9:35 am revealed:</p> <ul style="list-style-type: none"> <li>-The O2 tank was brought to the facility when the resident was admitted.</li> <li>-The O2 tank was to be used as a backup in case the power went out.</li> <li>-The O2 tank did not have a stand.</li> <li>-She was not aware the O2 tank in the resident's Room #3 did not have a rack or stand and did not know the bigger tanks had to have a stand.</li> <li>-The facility never received a stand for the O2 tank.</li> <li>-The resident had never used the O2 tank.</li> <li>-She knew the O2 tank was heavy and did not want the resident to get hurt.</li> <li>-She was responsible for the safety of the residents.</li> <li>-She would call the O2 supplier and get a stand or rack delivered today if possible.</li> </ul> <p>Interview with the ME's office Center Manager on 07/13/23 at 9:53 am revealed:</p> <ul style="list-style-type: none"> <li>-The O2 tank the resident had in her room was an M60 back up tank in case of a no power emergency and contained 76 (seventy-six) hours of continuous oxygen.</li> </ul> | D 079                                                                                      |                                                                                                                          |                                                        |

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| D 079                                                                    | <p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-The O2 tank was sent to the facility on 03/27/23.</li> <li>-The M60 O2 tank should have been delivered with a stand, a stand would not have to be ordered separately.</li> <li>-She did not know how much the M60 O2 tank weighed.</li> <li>-The driver that delivered the M60 O2 tank would bring the stand today.</li> <li>-The facility did not request a stand for the M60 O2 tank until today.</li> </ul> <p>Second interview with the RCD on 07/13/23 at 10:55 am revealed, "if the ME supplier brought the stand, where is it?"</p> <p>Second interview with the ME's office Center Manger on 07/13/23 at 2:50 pm revealed:</p> <ul style="list-style-type: none"> <li>-She did not have information regarding the weight of the tank.</li> <li>-The delivery driver that delivered the tank in March 2023 would be bringing the stand today but would be unable to call the surveyor.</li> </ul> <p>Interview with the Operations Manager at the ME's office on 07/13/23 at 2:55 pm revealed:</p> <ul style="list-style-type: none"> <li>-The weight of the M60 O2 tank is 27 pounds and 8 ounces when full.</li> <li>-The M60 O2 tanks should be in a stand or rack to secure them.</li> <li>-If the M60 O2 tank was not secured and fell on the resident, it could cause significant injury.</li> </ul> <p>Interview with a Medication Aide on 7/13/23 at 3:00 pm revealed:</p> <ul style="list-style-type: none"> <li>-She was unaware there was an unsecured O2 tank in the resident's room.</li> <li>-She knew the portable O2 tanks were supposed to be in a stand.</li> <li>-If she knew the O2 tank in the resident's room did not have a base, she would have let the RCD</li> </ul> | D 079                                                                                      |                                                                                                                          |                                                        |

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| D 079                                                                    | Continued From page 3<br><br>know.<br><br>Interviewed with the ME's delivery driver on<br>07/13/23 at 3:05 pm revealed:<br>-The protocol was O2 tanks were delivered with<br>stands.<br>-He was not the driver that delivered the M60 O2<br>tank to the resident in March 2023.<br><br>Telephone interview with the Administrator on<br>07/13/23 AT 5:00 pm revealed:<br>-She was unaware there was an unsecured O2<br>tank in the resident's room.<br>-She understood O2 tanks needed to be secured<br>for resident safety. | D 079                                                                                      |                                                                                                                          |                                                        |