AND DIAN OF CORRECTION INTERCATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL078095	B. WING	·	01/3	0/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		104 HOPE				
HOPE SI	PRINGS	RED SPR	INGS, NC 28	8377		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
		ensure Section conducted an anuary 24, 29, and 30, 2018.				
D 113	10A NCAC 13F .03	11(d) Other Requirements	D 113			
	(d) The hot water s provide an adequat kitchen, bathrooms closets and soil utili temperature at all fi be maintained at a (38 degrees C) and	11 Other Requirements system shall be of such size to e supply of hot water to the laundry, housekeeping ty room. The hot water stures used by residents shall minimum of 100 degrees F shall not exceed 116 degrees This rule applies to new and				
	This Rule is not me TYPE B VIOLATION					
	reviews, the facility temperatures betwee Fahrenheit (F) for 1 rooms #101-104, # for resident rooms #	ons, interviews and record failed to maintain hot water een 100 - 116 degrees 8 of 21 fixtures in resident 117, #119, shared bathrooms #110/112, #107/109, the lee 100 hall Spa Bath, and the				
	The findings are:					
		water temperature at the sink 2 on 1/24/18 at 11:12 a.m. ture of 126 degrees				
	Interview with the reat 11:12 a.m. revea	esident in room 102 on 1/24/18 led:				

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

(X6) DATE TITLE

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	
HAL078095 B. WING 01/30.)/2018
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
HOPE SPRINGS 104 HOPE LANE RED SPRINGS, NC 28377	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 113 Continued From page 1 -The water was too hot to put her hands underYou had to put the handle in the middle so it was not so hotIt had been hot since the pipes burst at the last cold snap. Observation of the water temperature at the sink in resident room 101 on 1/24/18 at 11:19 a.m. revealed a temperature of 125 degrees F. Observation of the water temperature at the sink in resident room 103 on 1/24/18 at 11:30 a.m. revealed a temperature of 123 degrees F. Observation of the water temperature at the sink in resident room 104 on 1/24/18 at 11:32 a.m. revealed a temperature of 123 degrees F. Interview with a resident in room 104 on 1/24/18 at 11:35 a.m. revealed at emperature of 123 degrees F. Interview with a resident in room 104 on 1/24/18 at 11:35 a.m. revealed: -The water was "real hot." -You had to turn the spigot to the cold sideIt had been like this "here lately." (She could not recall how long.) Interview with a resident in room 104 on 1/24/18 at 11:40 a.m. revealed: -The water was "hot a plenty." -You have to "not turn it all the way hot." Observation of the water temperature at the sink in shower room #2 on 1/24/18 at 11:45 a.m. revealed at emperature of 122 degrees F. Observation of the water temperature in the shared bathroom for resident rooms #110 and #112 on 1/24/18 at 11:15 a.m. revealed the water temperature at the sink was 122 degrees F.	

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RM WFTR11 If continuation sheet 2 of 11

A. BUILDING: COMPLETE HAL078095 B. WING 01/30/2	/0040
HAL078095 B. WING 01/30/2	10040
	/2018
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
HOPE SPRINGS 104 HOPE LANE RED SPRINGS, NC 28377	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 113 Continued From page 2 shared bathroom for resident rooms #107 and #109 on 1/24/18 at 11:25 a.m. revealed the water temperature at the sink was 120 degrees F. Observation of the water temperature in the 100 hall Community Bath on 1/24/18 at 11:28 a.m. revealed the water temperature at the sink was 122 degrees F., and at the shower, the water temperature was 86 degrees F. Observation of the water temperature in resident room #119 on 1/24/18 at 11:35 a.m. revealed the water temperature at the sink was 120 degrees F., and at the shower, the water temperature was 120 degrees F., and at the shower, the water temperature was 120 degrees F. Observation of the water temperature in resident room #117 on 1/24/18 at 11:40 a.m. revealed the water temperature was 120 degrees F. Observation of the water temperature in resident room #18 on 1/24/18 at 11:47 a.m. revealed the water temperature at the sink was 122 degrees F. Observation of the water temperature in the 200 hall Spa Bath on 1/24/18 at 11:48 a.m. revealed the water temperature at the sink was 70 degrees F., and at the tub, the water temperature was 106 degrees F. Observation of the water temperature in the 100 hall Spa Bath on 1/24/18 at 11:45 a.m. revealed the water temperature at the sink was 121 degrees F., and at the tub, was 120 degrees F. Interview with the Administrator on 1/24/18 at 12:02 p.m. revealed: -She was not aware the hot water temperatures were above 116 degrees F.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
HAL 079005		B. WING		04/00/0040		
NAME OF PROMP		HAL078095		TATE 7/10 0005	01/3	0/2018
NAME OF PROVID		104 HOPE		STATE, ZIP CODE		
HOPE SPRING	S		NGS, NC 28	3377		
	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
but it -Res of 12 -The water would temper -The -She fauce Atter the Mass Rechards F. Rechards F.	28 degrees F. of Maintenance I of Maintenance I of temps when I determined the know peratures that we last log she has a would post "doets having too I of the water of the wa	d. 19 had a recorded temperature on 1/17/18 at 9:00 a.m. Director (MD) checked the he was in the building and if there were any were above 120. ad on hand was 1/17/18. o not use" signs over the hot water. o on 1/24/18 at 12:15 p.m. with rector was unsuccessful; he try and unavailable. er temperature at the sink in on 1/24/18 at 5:31 p.m. temperature was 102 degrees er temperature at the sink in on 1/24/18 at 5:33 p.m. temperature was 104 degrees er temperature at the sink in on 1/24/18 at 5:35 p.m. temperature was 104 degrees er temperature at the sink in on 1/24/18 at 5:37 p.m. temperature was 104 degrees er temperature at the sink in on 1/24/18 at 5:37 p.m. temperature was 102 degrees er temperature at the sink in 1/24/18 at 5:37 p.m. temperature was 102 degrees er temperature at the sink in 1/24/18 at 5:42 p.m. revealed ure at the sink was 102 water temperature at the tub	D 113			

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	OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	COMPLETED	
		HAL078095	B. WING		01/3	30/2018
	NAME OF PROVIDER OR SUPPLIER HOPE SPRINGS STREET ADD 104 HOPE RED SPRI			STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 113	Continued From pa	ge 4	D 113			
	the shared bathrood #112 on 1/24/18 at temperature at the street the shared bathrood #109 on 1/24/18 at temperature at the street the shared bathrood #109 on 1/24/18 at temperature at the street the	er temperature at the sink in m for resident rooms #110 and 5:24 p.m. revealed the water sink was 104 degrees F. er temperature at the sink in m for resident rooms #107 and 5:20 p.m.revealed the water sink was 108 degrees F. er temperature at the sink in unity Bath on 1/24/18 at 5:25 vater temperature at the sink ., and at the shower, the water 0 degrees F. er temperature in resident 18 at 5:32 p.m.revealed the at the sink was 100 degrees F.				
	resident room #117	er temperature at the sink in on 1/24/18 at 5:30 p.m. temperature was 102 degrees				
	the Spa Bath on 1/2 the water temperate	er temperature at the sink in 24/18 at 5:26 p.m. revealed ure was 101 degrees F., and r temperature was 102				
	resident room #118	er temperature at the sink in on 1/24/18 at 5:35 p.m. temperature was 100 degrees				
	5:31 p.m. and 5:42	100 hall on 1/24/18 between p.m. of the 100 Hall revealed use" signs taped to the walls				

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AND DUAN OF CODDECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL078095	B. WING		01/3	0/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
		104 HOPE	, ,	····· =, =:		
HOPE SI	PRINGS	RED SPR	INGS, NC 28	3377		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 113	Continued From pa	ge 5	D 113			
- 112	above the hot water fixtures in the Community Bath, the Shower Room #2, adjoining rooms #107/109, #110/112, #117/119.					
	between 109 and 1: -The water heater of on 1/17/18 due to fleHe had observed hemperatures during repairThe plumber was of facility at the beginn diagnose the waterThe plumber had of heater repairThe plumber had reflected heater sepairThe plumber had reflected heater sepair.	on the 200 Hall was repaired uctuating water temperatures. For the 2 weeks prior to 1/17/18 contacted and came to the hing of January 2018 to temperature issues. Fordered new parts for the epaired the water heater on the temperature to its highest				

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STATE FORM 6899 WFTR11 If continuation sheet 6 of 11

AND DI AN OF CORRECTION . IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
HAL078095		B. WING		01/30/2018		
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 01/0	0/2010
HOPE SI	PRINGS	104 HOPE RED SPR	E LANE INGS, NC 28	3377		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 113	-The facility tested building weeklyAfter the plumber I assumed the water range and would reprotocol. Review of the plum 1/04/18 revealed: -There was a diagn heaterThe water heater rand pilot assembly. Review of the plum 1/17/18 revealed the module and pilot assembly. Review of the Resid dated 1/17/18 revealed the module and pilot assembly. Review of the Resid dated 1/17/18 revealed the module and pilot assembly. The temperatures -Rooms #207 and # of 117.1 degreesThe Men's Spa on temperature of 117 -Rooms #104 and # of 123.5 degreesRooms #115 and # of 125.1 degreesRoom #111 had a degrees.	the water temperatures in the mad left the facility, we temperatures were within check in one week per bing repair receipt dated ostic performed on the water equired a new "control module" bing repair receipt dated at the water heater's "control seembly" were repaired. dent Water Temperature Log aled: were taken at 9:00 a.m. #209 had a water temperature the 200 Hall had a	D 113			
	temperatures at sin rooms, spas, and c maintained between	to ensure the hot water ks, tubs, showers in resident ommon bathrooms were n 100 and 116 degrees rimental to the health and				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL078095	B. WING		01/3	0/2018
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE	01/3	0/2010
HOPE SI		104 HOPE	LANE	,		
(VA) ID	SHIMMADV STA	TEMENT OF DEFICIENCIES	NGS, NC 28	PROVIDER'S PLAN OF CORRECTION	ON	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 113	Continued From pa	ge 7	D 113			
	safety of the residents by placing residents at risk for burns. This non-compliance constitutes a Type B Violation.					
		N DATE FOR THE TYPE B . NOT EXCEED MARCH 16,				
D 282	10A NCAC 13F .09 Service	04(a)(1) Nutrition and Food	D 282			
	(a) Food ProcuremHomes:(1) The kitchen, din	04 Nutrition and Food Service ent and Safety in Adult Care ing and food storage areas erly and protected from				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL078095	B. WING		01/3	0/2018
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HOPE SI	PRINGS	104 HOPE RED SPRI	ELANE INGS, NC 28	3377		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 282	Continued From pa	ge 8	D 282			
	failed to keep food walk-in cooler clear	et as evidenced by: ons and interviews, the facility storage areas, including the n and free of contamination.				
		floor in the walk-in cooler on				
	1/24/18 at 12:29 p.m. revealed: -The floor was wet from the door back about 4 feet long and to the left wall of the cooler about 3 feet wide. -The entire floor was scattered with large rusted spots. -There were 3 sets of metal wire shelves holding various food items that had rusted areas, grime buildup and a white wet substance on the bars of					
	2 foot area that was substance coating t -The ceiling of the o	shelves, there was a 4 foot by s rusted with a dry white the area. cooler had an area that was t by 2 foot) covered with a				
	dried dust that fell o					
	1:04 p.m. revealed: -The floor of the wa like that because th the floor wet.					
	-The last time it was -She did not know v	s cleaned was in December. what was on the ceiling of the had not noticed the buildup.				
	at 5:01 p.m. revealed	cleaning schedule on 1/24/18 ed the walk-in cooler was I had not been checked off for 3.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY		
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		HAL078095	B. WING		01/3	0/2018
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HOPE S	PRINGS	104 HOPE				
			NGS, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 282	Continued From pa	ge 9	D 282			
	p.m. revealed: -When they cleaned everything outShe was not sure voutIf they spilled anyth that timeThey swept out the two days." -They mopped it ye. "It seemed like the the more the colorismore rust." Observation of the 1/29/18 revealed the floors were rusted. Interview with the Don 1/29/18 revealed the floors were rusted. Interview with the A 4:38 p.m. revealed: -She made roundsShe looked at all a coolerShe was aware the cleaned, including the deep cleaned, hower floor.	more you mopped the cooler ng came off the floor showing walk-in cooler at 10:05 a.m. on e borders of the walk-in cooler dietary Manager at 10:05 a.m. dishe was aware that the nicooler floor was rusted. In the kitchen daily, reas including the walk-in e walk-in cooler needed to be				

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1/30/18 revealed:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL078095	B. WING		01/3	0/2018
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HOPE SI	PRINGS	104 HOPE RED SPRI	LANE NGS, NC 28	3377		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 282	-She was unaware rusted and had a "d	that the freezer floor was	D 282			
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.		D912			
	This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure the residents received care and services that were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to having hot water temperatures. The findings are: Based on observations, interviews, and record reviews, the facility failed to maintain hot water temperatures between 100 - 116 degrees Fahrenheit (F) for 18 of 21 fixtures in resident rooms #101-104, #117, #119, shared bathrooms for resident rooms #110/112, #107/109, the Community Bath, the 100 hall Spa Bath, and the 200 hall Spa Bath. [Tag 0113, 10A NCAC .0311(d) Other Requirements (Type B Violation)].					

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