	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
	HAL078095		B. WING		01/1	R 2/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
HOPE SF	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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{C 000}	Initial Comments		{C 000}			
	Report of a Follow-Up Construction Survey by Ed Miller on January 12, 2016.					
	The following deficiencies have not been satisfactorily corrected and will require a new Plan of Correction.					
{C 111}	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.		{C 111}			
	interview, all of the	et as evidenced by: on, record review and sanitation and fire and building ports were not available for				
	Findings from 1/12/	2016:				
		cated that they would request ection to be completed.				
{C 133}	Bathrooms-Hand G	rips	{C 133}			
	rooms are: (6) Hand grips sha	nts for bathrooms and toilet If be installed at all and showers used by or				

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
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{C 133}	Continued From page 1		{C 133}				
	provide grab bars a toilets. This could re inadequate protection. Findings from 1/12/2 a- There is no grab 101	ations, the facility has failed to tall the tubs, showers, and esult in a person falling due to on. 2016: bar at the shower in Room bar at the tub in the Shared					
{C 164}	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 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.		{C 164}				
	This Rule is not me 1- Based on observ maintain the facility	ations, the facility has failed to					
	Findings from 1/12/	2016:					
	b- In the shared bathroom between Rooms 207 and 209, there are the following issues, to include but not limited to: 2- There are rust stains and dried grout on the wall beside and under the sink						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
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NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
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HOPE SI	PRINGS	RED SPR	INGS, NC 2	8377			
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				DEFICIENCY)			
{C 164}	Continued From pa	ne 2	{C 164}				
(0.10.)	•		(5 15 1)				
		are the following issues, to					
	include but not limit						
		d grout and caulk					
		ide the sink and					
	toilet.						
	2- The ceramic						
	toilet is chipped						
		residue on the					
	ceramic tile floor where the pedestal sink was removed. d- The handrail outside Room 211 has been repaired with a plumbing strap, is loose and has						
	rough/ sharp edges	i.					
{C 189}	Building Equipment	Maintained Safe, Operating	{C 189}				
	CECTION 0200 F	DUVELCAL DI ANT					
	SECTION .0300 - F						
	10A NCAC 13F .03 REQUIREMENTS	11 OTHER					
		ed all fire actory alcotrical					
		d all fire safety, electrical, umbing equipment in an adult					
		maintained in a safe and					
	operating condition						
	(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e)						
		ly to existing facilities.					
	Willow Gridin Hot app	ry to existing racinates.					
	This Rule is not me	et as evidenced bv:					
	1- Based on observation, the design and maintenance of the HVAC systems in the original building is not in a safe condition. This can effect the residents in this portion of the building if the HVAC systems do not shut down during a smoke event but instead force smoke into the exit						
	corridor.						
	Findings from 1/12/	' 2016:					
		g has a capacity of 15					
	residents and was designed with HVAC Supply						

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
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{C 189}	Continued From pa		{C 189}			
	Air Ducts to each room and centrally located Return Air Ducts. When a smoke detector in the corridor activated the fire alarm system, the circulating fans in the two HVAC systems coninued to move air.					
	3- Based on observations, the facility failed to ensure that the building is safe by not maintaining the fire resistance of building components. This deficiency directly affect all residents, personnel, and visitors by allowing the possible spread of smoke beyond the compartment of origin.					
	Findings from 1/12/2016:					
	fire-rated ceiling ass Mechanical Room b c- There are unseal damage in the Data d- There is a large g in the Shower/ Tub e- In the attic of the damage to the one- Locations to include 1- Above the ele- between Room	led penetrations and ceiling a Room. gap around the heat detector Room in the 100 Hall. front building, there is hour tunnel assembly. be but not limited to: ectrical panel				
		rations, the facility has failed to g electrical system safe and				
	Findings from 1/12/	2016:				
	c- There is a duplex that is missing a co	c receptacle in the Data Closet ver.				
	5- Based on observations, the facility has not maintained the plumbing system safe and					

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T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			(X3) DATE SURVEY COMPLETED	
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(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETE DATE	
Continued From page	ge 4	{C 189}				
operating.						
Findings from 1/12/2	2016:					
a- There are no back-flow preventers in the following locations, to include but not limited to: 1- Sink in the Janitor's Closet 2- Patio faucets						
Exhaust Ventilation		{C 199}				
Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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 observations and testing, the facility has failed to provide mechanical exhaust systems where required. This may affect all persons in the building as it prevents the exhausting of odors and possible bacteria or germs that may cause illness.						
	SUMMARY STAY (EACH DEFICIENCY REGULATORY OR LS) Continued From pay operating. Findings from 1/12/2 a- There are no back following locations, 1- Sink in the Jay 2- Patio faucets Exhaust Ventilation SECTION .0300 - PHOA NCAC 13F .037 REQUIREMENTS (g) The spaces lister provided with exhaut two cubic feet per many requirement does not before April 1, 1984 these specified spay (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping of (5) laundry area. (b) This Rule shall facilities with the exhaust the exhaust ventile shall facilities with the	PROVIDER OR SUPPLIER PRINGS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 operating. 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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 (X3) DA CC		(X3) DATE COMP	DATE SURVEY COMPLETED	
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a b b tt	eathroom between log In the attic, there	ge 5 ust (or window) in the shared Rooms 207 and 209. are multiple exhaust ducts nections and are exhausting	{C 199}				

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