Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(3) DATE SURVEY COMPLETED		
			D. MINO					
	HAL080020		B. WING		02/03/2016			
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE				
CHINA G	CHINA GROVE RETIREMENT CENTER 1114 SOUTH MAIN STREET CHINA GROVE, NC 28023							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y 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	C 000 Initial Comments		C 000					
	Harrell on 2-3-2016							
	1-1-1975, for 26 resincrease to 28 in 19 we are requiring the Edition of the North Code-Section 407, the 1971 Minimum a Regulations for Holi	his facility was first licensed on sidents, with a capacity 1998. Based on this information, a facility to meet the 1967 of Carolina State Building 19-2 Institutional Occupancy, and Desired Standards and 19-2 for the Aged, and the 19-3 for More Beds.						
C 189 Building Equipment Maintained Safe, Operating		C 189						
	mechanical, and pl care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER and all fire safety, electrical, umbing equipment in an adult maintained in a safe and						
	1. Based on obser fire rated walls and in locations. Holes with materials apprrated construction price that begins in o to other areas of the Findings include: a. The one-hour rate	et as evidenced by: vation, the required one-hour /or ceilings were compromised and cracks that are not sealed oved for use in one-hour fire present the possibility that a ne space can quickly spread the facility. ted ceiling tiles were not fitting tom, the kitchen and the men's						

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

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	RUCTION (X3) DATE SUR COMPLETI	
		HAI 090020	B. WING		02/0	2/2046
HAL080020					1 02/0	3/2016
NAME OF I	PROVIDER OR SUPPLIER		TH MAIN ST	STATE, ZIP CODE		
CHINA G	ROVE RETIREMENT	CENTER	ROVE, NC 2			
(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 APPROPERTION OF T	D BE	(X5) COMPLETE DATE
C 189	Continued From page 1		C 189			
	 d. Plastic plumbing storage room behine. Crack in corner f. Damaged wall in 2. Based on obserfrom the light fixture causing the space fenergized wires and 3. Based on obserfrom obserfrom the light fixture causing the space fenergized wires and 	n storage room behind shower. g access panel in wall in nd shower. of wall in chemical room. B Hall corridor. vation, parts were missing e in the women's bathroom to be dark and exposing d parts. vation, the door to bedroom				
	passage of fire and do not fit properly p that begins in one s	pening at the top to resist the smoke. Corridor doors that resent the possibility that a fire space can quickly spread to e remainder of the facility.				
	from the panic hard The missing parts of	vation, parts were missing dware latch on the front door. exposed sharp edges and from being able to be locked d entry.				
	hopper had been allow n	vation, the waste trap for the llowed to become dry. Dry oxious, combustible odors and acteria to enter the facility.				
	maintained in a saf- handling portable m could affect all resid cylinders fall, break cylinder and turning Findings include: Several portable me	vation, the building was not e manner by not properly nedical oxygen cylinders. This dents, staff and visitors if ling their valves, propelling the g it into a dangerous projectile. edical oxygen cylinders were d box in the oxygen storage				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIDENTIFICATION NO			(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED			
		HAL08	0020	B. WING		02/0	03/2016		
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
CHINA GROVE RETIREMENT CENTER 1114 SOUTH MAIN STREET CHINA GROVE, NC 28023									
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	(X5) COMPLETE DATE			
C 189	Continued From page 2			C 189					
	area.								
C 191	Unvented & Portable Elec. Heaters Prohibited			C 191					

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Division of Health Service Regulation STATE FORM