

PRINTED: 01/20/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HA1078095	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/12/2016
NAME OF PROVIDER OR SUPPLIER HOPE SPRINGS		STREET ADDRESS, CITY, STATE, ZIP CODE 104 HOPE LANE RED SPRINGS, NC 28377		
(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 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 000}		
{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. This Rule is not met as evidenced by: Based on observation, record review and interview, all of the sanitation and fire and building safety inspection reports were not available for review. Findings from 1/12/2016: 2. Facility staff indicated that they would request an Annual Fire Inspection to be completed.	{C 111}		
{C 133}	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;	{C 133}	Please find attached requested inspection reports	2/4/2016

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

Daura Parker

TITLE
Administrator

(X6) DATE
2/4/2016

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/12/2016
NAME OF PROVIDER OR SUPPLIER HOPE SPRINGS		STREET ADDRESS, CITY, STATE, ZIP CODE 104 HOPE LANE RED SPRINGS, NC 28377		
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(C 184)	Continued From page 2 c- In the Spa, there are the following issues, to include but not limited to: 1- There is dried grout and caulk on the wall beside the sink and toilet. 2- The ceramic tile beside the toilet is chipped. 3- There is dirty 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.	(C 184)	The dried grout and caulk on the wall behind the sink and toilet will be cleaned 2/5/16 Ceramic tile will be repaired 2/5/2016 The dirty residue on the ceramic tile floor where the pedestal sink was removed will be cleaned 2/5/2016 The handrail outside room 211 will be repair 2/5/2016	
(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 (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 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: The original building has a capacity of 15 residents and was designed with HVAC Supply	(C 189)		

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NAME OF PROVIDER OR SUPPLIER HOPE SPRINGS		STREET ADDRESS, CITY, STATE, ZIP CODE 104 HOPE LANE RED SPRINGS, NC 28377		
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(C 189)	Continued From page 3 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 continued 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: b- There are unsealed penetrations in the fire-rated ceiling assembly in the outside Mechanical Room beside the Laundry c- There are unsealed penetrations and ceiling damage in the Data Room. d- There is a large gap around the heat detector in the Shower/ Tub Room in the 100 Hall. e- In the attic of the front building, there is damage to the one-hour tunnel assembly. Locations to include but not limited to: 1- Above the electrical panel between Rooms 105 and 107 2- Between Rooms 113 and 115 4- Based on observations, the facility has failed to maintain the building electrical system safe and operating. Findings from 1/12/2016: c- There is a duplex receptacle in the Data Closet that is missing a cover. 5- Based on observations, the facility has not maintained the plumbing system safe and	(C 189)	When a smoke detector in the corridor activates the fire alarm system the circulating fans do out off... Unsealed penetrations in the fire-rated ceiling assembly in the mechanical room has been seal with UL Rated Fire Caulk Penetrations and ceiling damage has been repaired The large gap around the heat detector in the shower room in 100 hall has been repaired The one hour tunnel assembly will be repaired. 2/5/2016 The duplex receptacle has a cover	1/14/2016 1/14/2016 1/14/2016 1/14/2016 1/14/2016

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(C 189)	Continued From page 4 operating. Findings from 1/12/2016: g- 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	(C 189)	Backflow preventers will be installed by 2/12/2016	
(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 (c) 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. Findings from 1/12/2016:	(C 199)		

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{C 100}	Continued From page 5 a- There is no exhaust (or window) in the shared bathroom between Rooms 207 and 209. b- In the attic, there are multiple exhaust ducts that have loose connections and are exhausting into the attic.	{C 100}	An exhaust fan will be installed in bathroom that serves room 207 and 209. Estimated completion date: 2/5/2016 The exhaust ducts with loose connectins will be repaired. Estimated completion: 2/12/2016	

FIRE AND BUILDING SAFETY INSPECTION REPORT

NORTH CAROLINA DIVISION OF SOCIAL SERVICES

INSTITUTIONAL BUILDING

FOR: CHILD CARING INSTITUTION MATERNITY HOME HOME FOR THE AGED

NAME OF FACILITY: Meridian Senior Living ADMINISTRATOR: Charisse Smith

STREET ADDRESS: 104 Hope Lane

CITY: Red Springs STATE: NC ZIP: 28377 PHONE: _____

TYPE OF POPULATION ADMITTED: Elderly & Disabled AGE RANGE OF POPULATION: 25 & up

TYPE OF CONSTRUCTION: V-B NUMBER OF STORIES: 1

TYPE OF HEATING SYSTEM: Gas Heat Pump LOCATION: Attic

NUMBER OF UL APPROVED FIRE EXTINGUISHERS: 10 PROPERLY LOCATED: YES NO PROPERLY MAINTAINED: YES NO

PROPER TYPE FIRE EXTINGUISHERS: YES NO PERSONNEL FAMILIAR WITH USE: YES NO

SMOKE DETECTION SYSTEM: YES NO UL APPROVED: YES NO MAINTENANCE CONTRACT: YES NO

MANUAL FIRE ALARM: YES NO TYPE: Pull Station IN WORKING ORDER: YES NO

EVACUATION PLAN POSTED: YES NO FIRE DRILLS: YES NO HOW OFTEN: Quarterly per shift

NUMBER OF APPROVED TYPE FIRE ESCAPES: 8 PROPERLY LIGHTED: YES NO SPRINKLER SYSTEM: YES NO

FIRE RATING OF WALLS AND PARTITIONS: 1hr CEILINGS: 1hr FURNACE ROOM WALLS AND CEILINGS: 2hr

INTERIOR STAIRWELLS ENCLOSED: YES NO EXIT DOORS SWING OUT: YES NO

DOORS UNLOCKED AND READILY OPENABLE FROM INSIDE: YES NO UL EMERGENCY LIGHTING IN CORRIDORS: YES NO

TYPE OF EQUIPMENT PROVIDED FOR EMERGENCY POWER: n/a CONDITION: n/a

CONDITION OF BASEMENT: n/a USE: n/a

CONDITION OF ATTIC: ok USE: equipment

CONDITION OF BUILDING: SATISFACTORY UNSATISFACTORY

TYPES OF HAZARDS (please check those which apply)

- | | | | |
|--|---|--|---|
| HEATING
<input type="checkbox"/> Defective Furnace
<input type="checkbox"/> Defective Flue
<input type="checkbox"/> Defective Smoke Pipe
<input type="checkbox"/> Unsatisfactory Storage of Ashes
<input type="checkbox"/> Portable Heaters Used | ELECTRICAL
<input type="checkbox"/> Defective Fixtures
<input type="checkbox"/> Defective Wiring
<input type="checkbox"/> Defective Fuses
<input type="checkbox"/> Defective Lighting in Stairways and Halls | EXITS
<input type="checkbox"/> Halls Blocked
<input type="checkbox"/> Exits Blocked
<input type="checkbox"/> Unsatisfactory Fire Exits
<input type="checkbox"/> Storage on Escapes
<input type="checkbox"/> Inadequate Exit Lighting | MISCELLANEOUS
<input type="checkbox"/> Rubbish and Trash
<input type="checkbox"/> Unsatisfactory Fire Extinguishers
<input type="checkbox"/> Improper Storage and Use of Flammable Materials
<input type="checkbox"/> Defective Water Heater
<input type="checkbox"/> Storage of Mower and Garden Tractor
<input type="checkbox"/> Unsupervised Smoking of Residents |
|--|---|--|---|

LOCATION OF HAZARDS FOUND: _____

REQUIREMENTS TO CORRECT ABOVE AND PROVIDE ADEQUATE SAFETY: _____

INSPECTOR: [Signature] TITLE: Fire Inspector III

ADDRESS: 217 S. Main St, Red Springs NC 28377 DATE OF INSPECTION: 10/28/2015

THIS FIRE INSPECTION IS VALID UNTIL (DATE): 10/30/2016