Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING _ HAL080020 05/04/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1114 SOUTH MAIN STREET **CHINA GROVE RETIREMENT CENTER** CHINA GROVE, NC 28023 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 000} Initial Comments {C 000} Report of a Follow-Up Construction Survey by Ed Miller on May 4, 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 C 111 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: New Citation on May 04, 2016 1. Based on interview and record review, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discovered with annual inspections. Findings on May 4, 2016: NFPA 72 "National Fire Alarm and Signaling Code " requires annual Inspection, Testing, and Maintenance of your Fire Alarm Systems. The last annual inspection was performed in March 2015. {C 189} Building Equipment Maintained Safe, Operating {C 189} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS

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		(X3) DATE SURVEY COMPLETED						
				A. BUILDING.	VI	.	D						
HAL080020		B. WING			R 05/04/2016								
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 CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE						
{C 189}	Continued From page 1			{C 189}									
	(a) The building ar mechanical, and pl care home shall be operating condition (k) This Rule shall facilities with the exwhich shall not app	umbing equipn maintained in apply to new a sception of Par	nent in an adult a safe and and existing agraph (e)										
	This Rule is not met as evidenced by: 1. Based on observation, the required one-hour fire rated walls and/or ceilings were compromised in locations. Holes and cracks that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings on May 4, 2016: a. The one-hour rated ceiling tiles were not fitting well in the dining room, the kitchen and the men's bathroom. c. Damaged wall in storage room behind shower. f. Damaged wall in B Hall corridor. Gypsum patch needs sanding and finishing.												
	2. Based on obser from the light fixture causing the space energized wires an	e in the womer to be dark and	n's bathroom										
	3. Based on obsert 104 did not fit the opassage of fire and do not fit properly put that begins in one sthe corridor and the 4. Based on obsert	pening at the tool smoke. Corrivesent the posspace can quice remainder of	top to resist the dor doors that sibility that a fire kly spread to the facility.										
	from the panic hard The missing parts of	lware latch on	the front door.										

Division of Health Service Regulation

STATE FORM 6899 41E722 If continuation sheet 2 of 3

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	(X3) DATE COMF	(X3) DATE SURVEY COMPLETED						
HAL080020			B. WING			R 05/04/2016							
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 STA (EACH DEFICIENCY REGULATORY OR LS	MUST BE PRE	CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	(X5) COMPLETE DATE							
1	Continued From pa prevented the door to stop unauthorized	from being	able to be locked	{C 189}									

Division of Health Service Regulation STATE FORM