

PRINTED: 06/28/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL678086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/17/2016
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NAME OF PROVIDER OR SUPPLIER
HOPE SPRINGS

STREET ADDRESS, CITY, STATE, ZIP CODE
**104 HOPE LANE
RED SPRINGS, NC 28377**

(K4) 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)	(K5) COMPLETE DATE
(C 000)	Initial Comments This report is of a Follow-Up Survey done by Bob Getchall on June 17, 2016. The followup survey revealed that all deficiencies have not been corrected, therefore a new Plan of Correction is required.	(C 000)		
(C 180)	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (s) 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 (s) 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 because the HVAC systems do not shut down during a smoke event but instead will force smoke into the exit corridor. Followup Findings on June 17, 2016 include: When a smoke detector in the corridor was activated, the fire alarm system was permitted to be in alarm for several minutes and the circulating fans in the two HVAC systems continued to move air.	(C 180)	We have contracted All Season HVAC to correct this issue. Estimated completion date: 7/13/2016	
(C 189)	Exhaust Ventilation	(C 189)		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Deanna Smith / ED

TITLE

Deanna Smith

(X4) DATE

7/13/2016

PRINTED: 06/28/2016
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078096	(X2) MULTIPLE CONSTRUCTION A. BUILDING #1 B. WING _____	(X3) DATE SURVEY COMPLETED R 06/17/2016
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 189)	Continued From page 1 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 those 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. Followup Findings on June 17, 2016 include: a- There is no exhaust (or window) in the shared bathroom between Rooms 207 and 209. Interview with facility staff revealed a Contractor is scheduled to install an exhaust fan by June 24, 2016.	(C 189)	The exhaust fan for room 207 and 209 has been installed.	6/24/2016