(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL078095 07/23/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **104 HOPE LANE HOPE SPRINGS RED SPRINGS, NC 28377** 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 Construction Section Biennial Survey by Suzanna Fay and Ed Miller on July 23, 2019. The facility was first licensed on February 1, 1973 with an addition approved on February 20, 1990. This facility is licensed for Sixty-Three (63) residents. Based on this information, we are requiring that this facility to meet the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm and the 1967 North Carolina State Building Code-Institutional Occupancy: the addition is being required to meet the 1987 Minimum Standards and Regulations for Homes for the Aged and Disabled and the 1978 North Carolina State Building Code; and the entire facility is required to meet the applicable portions of the 2005 Rules for Adult care Home of Seven or More Beds. Deficiencies have been cited and a Plan of Correction is required. C 101 Existing Licensed Fac- No less than '71 Rules C 101 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction. change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING: 01		(X3) DATE COMP	SURVEY LETED
	HAL078095		B. WING		07/2	3/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	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 Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 101	Continued From pa	ge 1	C 101			
	Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;					
	This Rule is not met as evidenced by: 1. Observations revealed that the facility is not in compliance with the licensure requirements in effect at the time of construction, addition or renovation. Licensure rules require that all steps and porches to be protected by handrails.					
	outside the double or room. There is an a perimeter of the sto handrails. b. There is a concrud'd at the exit across	ete stoop approximately 8' x 6' doors across from the dining 8" drop off around the op that is not protected by ete stoop approximately 6' w x ss from the Beauty Salon. off at the edge of the stoop				
C 160	(1) The outside gro	PHYSICAL PLANT	C 160			
		et as evidenced by: vealed that the outside naintained in a clean and safe				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
	HAL078095		B. WING		07/23/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HOPE SF	PRINGS	104 HOPE	LANE			
1101 2 01		RED SPRI	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPERTION OF THE APPROPERTIES OF THE A	D BE	(X5) COMPLETE DATE
C 160	Continued From pa	ge 2	C 160			
	the courtyard gate r the gate from the in exit path and must b. 200 Hall exit - th corner is falling out pests to enter the fa c. 200 Hall exit - a loose at the gable of d. A section of the	ard - the latch was jammed on making it impossible to open side. The gate is part of the be able to open. e exterior light fixture at the of the soffit leaving a hole for				
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	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. This Rule is not met as evidenced by: 1. Observations revealed that the floors were not kept clean and in good repair. Findings on July 23, 2019: a. Room 117 - the bathroom floor is splitting to the right of the toilet creating a trip hazard. The floor to the left of the toilet is loose and curling away from the wall and there is a strong, unpleasant odor of urine. b. Room 119 - the bathroom floor is curling and					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE COMP	SURVEY LETED
	HAL078095		B. WING		07/2	3/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HOPE SPRINGS 104 HOPE RED SPR			ELANE INGS, 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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 164	Continued From pa	ge 3	C 164			
	pulling away from the	ne wall to the left of the toilet.				
C 166	Housekeeping-Mail	ntained Free of Hazards	C 166			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.					
	This Rule is not met as evidenced by: 1. Based on observation the facility was not maintained free from hazards. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility.					
	bottles laying or sitt shelving. One oxyg sitting on top of a m	e - there were four oxygen ing unsecured on metal gen bottle in a rolling cart was netal oxygen storage rack in its side. At least one bottle				
	maintained free of I metal hardware or a	realed that the facility was not nazards. Broken or damaged accessories leave hard sharp ch could cause injury.				
		, 2019: 01 - the end cap on the door on off leaving the metal edges				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			SURVEY LETED
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NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HOPE SE	PRINGS	104 HOPE				
1101 2 01	Tantoo	RED SPRI	NGS, NC 28			
(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 SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 166	Continued From pa	ge 4	C 166			
	maintained free of h grab bars could cau Findings on July 23	vealed that the facility was not nazards. Loose handrails or use a fall resulting in injury. 7, 2019: Spa - the grab bar at the toilet				
C 189	Building Equipment Maintained Safe, Operating		C 189			
	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.					
	maintain electrical e equipment in safe of effect occupants of	et as evidenced by: vation the facility did not emergency/safety lighting operating condition. This could the facility if egress paths and inated during a power outage.				
	Findings on July 23 a. The emergency not illuminate on tes	light by the reception area did				
	maintain the buildin safe condition. Hole through fire resistar	vation there is a failure to g's fire safety systems in a es or gaps at penetrations at rated ceilings or walls allow pread beyond the area of				

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AND DLAN OF CORRECTION TO IDENTIFICATION NUMBERS		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		HAL078095	B. WING			3/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HOPE SPRINGS 104 HOPE		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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From parorigin. Findings on July 23 a. There are gaps access hatch outside b. Data Closet acrothere are two data of been sealed. c. Kitchen - there is switch mounted in the d. Kitchen Toilet - the cover leaving holes e. Kitchen Pantry - the ceiling from a lead is black with mildew f. Corridor to Dry Sand dips in the middle along the bottom of g. Exit across from unsealed cable penh. Beauty Salon - the where a light fixture have been caulked which does not mear requirements. i. Room 203 - there penetration in the c. j. Storage by Room cable penetration in the c. j. Storage by Room cable penetration in the c. j. Storage by Room 21 base of the exit lighthole in the rated ce	ge 5 , 2019: in the ceiling around the attic de the Nurses' Station. cas from Nurses' Station - cable sleeves that have not a gap around the A/C unit the ceiling. there is a gap around the fan in the ceiling. there is a 1" diameter hole in the ceiling. there is a 1" diameter hole in the ceiling is sagging die. The area around the hole of stains. torage - the ceiling is sagging die. The ceiling is cracking the dip. The Beauty Salon - there is an eletration over the door. There are holes in the ceiling was replaced. The holes with an orange foam product the 1 hour assembly e is an unsealed cable eiling. The ceiling. The ceiling. The ceiling out, leaving a iling assembly. The fire caulk around the trough a sembly. The fan is loose and has	TAG C 189		PRIATE	DATE
	m. 100 Hall Mainte unsealed cable pen n. Room 117 Bath	nance Storage - there is one letration there are holes in the a towel bar was replaced and				

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED		
HAL078095		B. WING		07/2	3/2019		
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	DINO.	104 HOPE	LANE				
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C 189	Continued From pa	ge 6	C 189				
	maintain the facility safe operating cond smoke compartmer resistant rated door latch to help limit th to the area of origin Findings on July 23 a. The right leaf did Room 114 when the 4. Based on observation and the facility safe operating cond compartment could doors do not complete the safe operating conditions are safe operating conditions.						
	closed. b. Living Room - the the Reception Office and is very difficult to c. Kitchen - the dochits the frame at the d. Room 211 - the does not close and some equipment is not make a condition. Failure to equipment in operation occupants of the far activate in a fire or expending on July 23	door does not latch when the corridor door across from the drags heavily on the carpet to close. The to the dry storage corridor the bottom and does not close, door sticks on the frame and latch. The vation the facility's fire safety aintained in operating to maintain fire safety ting condition could effect cility if the equipment did not other emergency.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(Y2) MI II TIPI	E CONSTRUCTION	(X3) DATE	SLIBVEV	
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
			20.25.110.			
	HAL078095		B. WING		07/23/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
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HOPE SI	RINGS	RED SPRI	NGS, NC 28	3377		
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C 189	Continued From pa	ge 7	C 189			
	was bent to a 45 de it from activating du b. 200 Hall Closet I was bent to a 90 de it from activating du c. Data Closet acro detector cap was be may prevent it from 6. Observations reequipment was not operating condition could cause injury r. Findings on July 23 a. Shower Room b not secure to the was	egree angle which may prevent uring a fire. by Spa - the heat detector cap egree angle which may prevent uring a fire. best from Room 209 - the heat ent to a 90 degree angle which activating during a fire. Evealed that the plumbing maintained in a safe and a Loose or unsecured fixtures resulting from a fall or slip. 1, 2019: 1, 2019: 2019: 3 the Data Closet - the sink is all.				
	7. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Findings on July 23, 2019: a. Exit by Room 101 - one of the weather proof covers on the exterior GFCI outlet at the stoop was broken off. b. Staff Restroom - there is no power to the					
	8. Based on observation and safe operating condevice used to keep impediment to quick occupants in the faction and be closed as spread of smoke ar Findings on July 23	vation there is a failure to gs's fire safety components in ndition. Any unapproved a door open is an kly closing the door. The cility could be effected if doors a required so as to limit the nd/or fire to the area of origin.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVE COMPLETED	
	HAL078095		B. WING		07/23/2019	
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	0112	0/2013
HOPE SI	HOPE SPRINGS 104 HOP					
			NGS, NC 28		011	
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C 189	Continued From pa	ge 8	C 189			
	in the doorway preventing the door from closing. b. Room 119 - the hospital bed sticks out beyond the doorway preventing the door from closing.					
	install and maintain configuration. Failu plumbing piping wit	vation there is a failure to plumbing piping in a safe re to maintain or install h a minimum 2" air gap could of the facility if the domestic ne contaminated.				
	Findings on July 23, 2019: a. Kitchen - the ice machine drain line is resting directly on the drain.					
	10. Based on observation there is a failure to install and maintain required plumbing safety devices or equipment. Failure to maintain or install plumbing safety devices or equipment could effect all occupants of the facility if the absence of the plumbing safety devices or equipment caused the domestic water supply to become contaminated.					
	reaches down into the shower has a 4" cu	ne cord for the shower wand the floor of the shower. The rb which will allow water to if the shower. There is not a				
C 199	Exhaust Ventilation		C 199			
	provided with exhau					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 (X3) DATI		SURVEY LETED
HAL078095		B. WING		07/23/2019		
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HOPE SI	PRINGS	104 HOPE				
0/4) ID	CHMMADV CTA	TEMENT OF DEFICIENCIES	NGS, NC 28	PROVIDER'S PLAN OF CORRECTION	ON.	(V5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 199	Continued From pa	ge 9	C 199			
	requirement does in before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the ex which shall not app This Rule is not me 1. Observations reprovide working extra spaces. Findings on July 23 a. Kitchen Toilet - tworking. b. Housekeeping Cexhaust fan was not c. 200 Hall Janitor not working.	not apply to facilities licensed with natural ventilation in ces: rage; toilet rooms; closets; and apply to new and existing ception of Paragraph (e) ly to existing facilities. Let as evidenced by: exelled that the facility did not chaust ventilation in required to the exhaust fan was not closet by the Living Room - the				

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