



## Hope Springs

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<b>To:</b>	DHSR Construction Survey	<b>From:</b>	Maria Hinson, Executive Director
<b>Fax:</b>	919-733-6592	<b>Pages:</b>	11 ( including cover sheet)
<b>Phone:</b>		<b>Date:</b>	8/16/19

**Re:** Hope Springs Assisted Living POC **cc:**

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL078095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/23/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOPE SPRINGS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>104 HOPE LANE RED SPRINGS, NC 28377</b>
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C 000	Initial Comments  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 000		
C 101	Existing Licensed Fac- No less than '71 Rules  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	C 101		

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

*[Handwritten Signature]*

TITLE

*Executive Director*

(X6) DATE

*8/16/19*

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C 101	Continued From page 1  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.  Findings on July 23, 2019: a. There is a concrete stoop approximately 8' x 6' outside the double doors across from the dining room. There is an 8" drop off around the perimeter of the stoop that is not protected by handrails. b. There is a concrete stoop approximately 6' w x 4' d at the exit across from the Beauty Salon. There is an 8" drop off at the edge of the stoop that is not protected by handrails.	C 101	Maintenace will install handrails.	9/6/19
C 160	Outside Premises-Clean, Safe  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;  This Rule is not met as evidenced by: 1. Observations revealed that the outside grounds were not maintained in a clean and safe condition.	C 160		

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C 160	Continued From page 2 Findings on July 23, 2019: a. Smoking Courtyard - the latch was jammed on the courtyard gate making it impossible to open the gate from the inside. The gate is part of the exit path and must be able to open. b. 200 Hall exit - the exterior light fixture at the corner is falling out of the soffit leaving a hole for pests to enter the facility. c. 200 Hall exit - a section of siding has popped loose at the gable outside of the Day Room. d. A section of the sidewalk has buckled and popped up outside of Room 213 creating a trip hazard.	C 160	Maintenance will adjust the latch on gate.  Maintenance will reattach light fixture to soffit.  Maintenance will reattach the siding.  Maintenance will add concrete to remove trip hazard.	9/6/19
C 164	Housekeeping and Furnishings-Clean, Repaired  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	C 164	Maintenance will glue vinyl flooring back to bathroom floor in rooms 117 and 119.	

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C 164	Continued From page 3 pulling away from the wall to the left of the toilet.	C 164		9/6/19
C 166	Housekeeping-Maintained Free of Hazards  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.  Findings on July 23, 2019: a. Oxygen Storage - there were four oxygen bottles laying or sitting unsecured on metal shelving. One oxygen bottle in a rolling cart was sitting on top of a metal oxygen storage rack which was sitting on its side. At least one bottle was on the floor unsecured.  2. Observations revealed that the facility was not maintained free of hazards. Broken or damaged metal hardware or accessories leave hard sharp exposed edges which could cause injury.  Findings on July 23, 2019: a. Exit by Room 101 - the end cap on the door push bar had broken off leaving the metal edges exposed.	C 166	Oxygen bottles will be secured in metal shelving crates.  Maintenance will order and replace end cap.	

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C 166	Continued From page 4  3. Observations revealed that the facility was not maintained free of hazards. Loose handrails or grab bars could cause a fall resulting in injury.  Findings on July 23, 2019: a. 100 Hall Men's Spa - the grab bar at the toilet is loose.	C 166	Maintenace will reattach and anchor the grab bar.	9/6/19
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 facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage.  Findings on July 23, 2019: a. The emergency light by the reception area did not illuminate on test.  2. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings or walls allow fire and smoke to spread beyond the area of	C 189	Maintenance will refasten light cover.	

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C 189	Continued From page 5 origin.  Findings on July 23, 2019: a. There are gaps in the ceiling around the attic access hatch outside the Nurses' Station. b. Data Closet across from Nurses' Station - there are two data cable sleeves that have not been sealed. c. Kitchen - there is a gap around the A/C unit switch mounted in the ceiling. d. Kitchen Toilet - there is a gap around the fan cover leaving holes in the ceiling. e. Kitchen Pantry - there is a 1" diameter hole in the ceiling from a leak. The area around the hole is black with mildew stains. f. Corridor to Dry Storage - the ceiling is sagging and dips in the middle. The ceiling is cracking along the bottom of the dip. g. Exit across from the Beauty Salon - there is an unsealed cable penetration over the door. h. Beauty Salon - there are holes in the ceiling where a light fixture was replaced. The holes have been caulked with an orange foam product which does not meet the 1 hour assembly requirements. i. Room 203 - there is an unsealed cable penetration in the ceiling. j. Storage by Room 207 - there is one unsealed cable penetration in the ceiling. k. Exit by Room 213 - the fire caulk around the base of the exit light/sign is falling out, leaving a hole in the rated ceiling assembly. l. 100 Hall Men's Spa - the fan is loose and has left a gap in the ceiling. m. 100 Hall Maintenance Storage - there is one unsealed cable penetration. n. Room 117 Bath - there are holes in the corridor wall where a towel bar was replaced and the holes have not been patched.	C 189	Maintenance will add plaster to fill void. Maintenance will apply fire caulk. Maintenance will apply plaster to fill void. Maintenance will apply plaster to fill void. Maintenance will apply plaster and kiltz. Maintenance will apply plaster. Maintenance will apply fire caulk. Maintenance will remove foam and apply plaster. Maintenance will apply fire caulk. Maintenance will apply fire caulk. Maintenance will apply fire caulk. Maintenance will reattach fan and add plaster. Maintenance will apply fire caulk. Maintenance will apply plaster.	9/6/19

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C 189	<p>Continued From page 6</p> <p>3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be effected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin.</p> <p>Findings on July 23, 2019:</p> <p>a. The right leaf did not latch on the fire doors by Room 114 when the fire alarm was activated.</p> <p>4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.</p> <p>Findings on July 23, 2019:</p> <p>a. Room 109 - the door does not latch when closed,</p> <p>b. Living Room - the corridor door across from the Reception Office drags heavily on the carpet and is very difficult to close.</p> <p>c. Kitchen - the door to the dry storage corridor hits the frame at the bottom and does not close.</p> <p>d. Room 211 - the door sticks on the frame and does not close and latch.</p> <p>5. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect occupants of the facility if the equipment did not activate in a fire or other emergency.</p> <p>Findings on July 23, 2019:</p> <p>a. Water Heater Room - the heat detector cap</p>	C 189	<p>Maintenance will adjust closure speed.</p> <p>Maintenance will oil and exercise the mechanism of the door.</p> <p>Maintenance will adjust the door to latch.</p> <p>Maintenance will adjust the door to latch.</p> <p>Maintenance will adjust the door frame.</p> <p>First Fire will replace heat detector cap.</p>	9/6/19

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C 189	<p>Continued From page 7</p> <p>was bent to a 45 degree angle which may prevent it from activating during a fire.</p> <p>b. 200 Hall Closet by Spa - the heat detector cap was bent to a 90 degree angle which may prevent it from activating during a fire.</p> <p>c. Data Closet across from Room 209 - the heat detector cap was bent to a 90 degree angle which may prevent it from activating during a fire.</p> <p>6. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Loose or unsecured fixtures could cause injury resulting from a fall or slip.</p> <p>Findings on July 23, 2019:</p> <p>a. Shower Room by the Data Closet - the sink is not secure to the wall.</p> <p>7. Observations revealed that the electrical equipment was not maintained in a safe and operating condition.</p> <p>Findings on July 23, 2019:</p> <p>a. Exit by Room 101 - one of the weather proof covers on the exterior GFCI outlet at the stoop was broken off.</p> <p>b. Staff Restroom - there is no power to the GFCI outlet.</p> <p>B. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin.</p> <p>Findings on July 23, 2019:</p> <p>a. Living Room - a wet floor sign was propped up</p>	C 189	<p>First Fire will replace heat detector cap.</p> <p>First Fire will replace heat detector cap.</p> <p>Maintenance will secure sink to wall.</p> <p>Maintenance will order and install new covers.</p> <p>Maintenance will replace the GFCI outlet.</p> <p>ED will inservice housekeeping</p>	9/6/19



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C 199	Continued From page 9  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 (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Observations revealed that the facility did not provide working exhaust ventilation in required spaces.  Findings on July 23, 2019: a. Kitchen Toilet - the exhaust fan was not working. b. Housekeeping Closet by the Living Room - the exhaust fan was not working. c. 200 Hall Janitor's Closet - the exhaust fan was not working. d. Staff Restroom - the exhaust fan was not working.	C 199	Maintenance will order and replace fan motors for kitchen toilet, housekeeping closet by living room, 200 hall janitor's closet, and staff restroom.	9/6/19