

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/11/2024
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NAME OF PROVIDER OR SUPPLIER ANGELS AT HEART ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1114 SOUTH MAIN STREET CHINA GROVE, NC 28023
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(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	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Suzanna Fay conducted on January 11, 2024.</p> <p>Records indicate this facility was first licensed on January 1, 1975 for 26 residents, with a capacity increase to 28 in 1998. Based on this information, we are requiring the facility to meet the 1967 Edition of the North Carolina State Building Code-Section 407, D-2 Institutional Occupancy, the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds.</p> <p>Deficiencies were cited that require a Plan of Correction. A Follow Up Construction Survey was conducted at the same time. One remaining deficiency is included in this report.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>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 Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;</p>	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, counting and interview with Administrator, the facility does not meet the 1971 minimum standard to provide half baths other than those used by residents and staff to accommodate visitors. Findings on January 11, 2024: a. The facility has no half baths for visitors other than those used by residents and staff.	C 101		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Review of records revealed that the facility is not conducting the quarterly fire rehearsals on each shift. Findings on January 11, 2024: a. There was not a fire rehearsal conducted on the second or third shift in the third quarter of	C 185		

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C 185	Continued From page 2 2023. b. There was not a fire rehearsal conducted on the first shift of the fourth quarter of 2023.	C 185		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could affect occupants of the facility if egress paths and exits were not illuminated during a power outage.</p> <p>Findings on January 11, 2024:</p> <p>a. Back deck - the center emergency light did not illuminate on test. This was corrected at the time of survey.</p> <p>2. 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 January 11, 2024:</p>	C 189		

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C 189	<p>Continued From page 3</p> <p>a. Room 109 - the corridor door is rubbing at the bottom of the frame and requires excessive force to close and latch.</p> <p>b. Dining - both of the corridor doors facing Rooms 101 through 104 appear warped and do not close and latch.</p> <p>c. Dining - the B Hall door hits the frame and does not close and latch.</p> <p>3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have gaps between the door and the door frame stops.</p> <p>Findings on January 11, 2024:</p> <p>a. Room 103 - there is a 1/2" gap at the top of the door between the door and the door frame stops.</p>	C 189		