Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063022	A. BUILDING: 01 B. WING _____	04/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOX HOLLOW SENIOR LIVING COMMUNITY	190 FOX HOLLOW PINEHURST, NC 28374

(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	Initial Comments Construction Section Biennial Survey report by Frank Strickland and Billy Bryant on 04/18/2017: This facility was licensed for licensure on 11/17/1997 as a Home for the Aged with Eighty-Five (85) beds, including Sixteen (16) Special Care beds. Based on the above information, we are requiring that this facility to meet the 1996 Rules for the Licensing of Adult Care Homes (Homes for the Aged and Family Care Homes); the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and, the 1996 North Carolina State Building Code - Section 409 Institutional Occupancy (Group I). 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 Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;	C 101		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063022	A. BUILDING: 01 B. WING	04/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOX HOLLOW SENIOR LIVING COMMUNITY	190 FOX HOLLOW PINEHURST, NC 28374

(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 101	Continued From page 1 This Rule is not met as evidenced by: 1-Based on observations, this facility did not meet the NC State Building Code at the time of construction or renovation to the Special Locking arrangements. The Building Code requires, "If any required emergency release switch is of the locking type, all staff must carry emergency release switch keys." Findings on 04/18/2017: The required emergency release switch located at each magnetically locked exit door was of the locking type with keyed switching. The med tech was the only staff member carrying a release switch key and the other staff that were interviewed carried no release switch keys. All staff who are responsible for the evacuation of the occupants must carry an emergency release key at all times when on duty.	C 101	Based on the observations the MT was the only team member that had an emergency key on their person. In-service was held with team members about the keys and each team member is responsible for having a key during their shift. **Completion Date: 04/20/2017** ED or designee will make daily rounds to ensure compliance.	
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, this facility has failed to maintain the building and fire safety systems in a	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063022	A. BUILDING: 01 B. WING _____	04/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOX HOLLOW SENIOR LIVING COMMUNITY	190 FOX HOLLOW PINEHURST, NC 28374

(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 2 safe condition. Findings on 02/18/2017: The sprayed on fire-proofing has been removed at the following locations located in the First Floor Main Electrical & Maintance Rooms: (a) Ceiling steel beam where electrical metallic conduits have been installed. (b) The top surfaces of the diagonal structural steel tube bracing in the wall planes. 2-Based on observation, this facility has failed to maintained in a safe and operating condition the emergency lighting. This could affect all residents, staff and visitors if the egress pathways were not illuminated during a power outage. Findings on 04/18/2017: The emergency wall light that are located at the following locations did not illuminate when tested in the emergency mode: (a) Main Hall above the mail boxes. (b) Dining Hall next to Terrace door. 3-Based on observation, this facility has failed to maintained in a safe and operating condition the emergency exit lighting. This could affect all residents, staff and visitors if the egress pathways were not illuminated during a power outage. Findings on 01/25/2017: The exit sign was not illuminated located in the Living Room on the First Floor. 4-Based on observation, the facility has not maintained in a safe and operating condition because the noted interior doors do not latch preventing the containment of fire and/or smoke from the room of origin. This could affect all residents and staff in the event of a fire.	C 189	Based on observations in the Electrical room and Maintenance room additional fire proofing is needed. Community is working on securing a vendor to assist with this matter. As of today the vendor has not secured a time to complete this project but the goal is to have it **completed by 6/30/2017**. ED or designee will follow up to ensure that this task is completed. Based on the observations the emergency lights in the following area were not illuminated: 1. Main Hall near mail boxes 2. Dining room by terrace doors. Lights were replaced on **04/21/2017**. ED or designee will conduct monthly checks to ensure lights are working appropriately. Based on the observations the exit sign in the living room did not illuminate. Sign light was replaced on **04/24/2017**. ED or designee will conduct monthly checks to ensure lights are working appropriately.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063022	A. BUILDING: 01 B. WING	04/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOX HOLLOW SENIOR LIVING COMMUNITY	190 FOX HOLLOW PINEHURST, NC 28374

(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 3 Findings on 08/12/2015: The doors at the following locations do not latch and are out of adjustment: (a) The Dining Room (b) Second Floor Resident Laundry 5-Based on observation, this facility has failed to maintain the securement of plumbing fixtures. Findings on 04/18/2017: The toilet is not secured to the floor and is leaking located in the SCU Therapy Room.	C 189	Based on the observation the following doors: Dining Room and second floor laundry room door did not latch properly. Corrections to both doors were made on **4/24/2017.** ED or designee will ensure during monthly checks that the doors are latching properly. Based on the observation of the toilet in the SCU bathroom not being secure and leaking the community has corrected this issues on **04/20/2017**. ED or designee will make daily rounds to ensure that the toilet is not leaking.	