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 _____	R 07/12/2017

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 Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on July 12, 2017. There are deficiencies from the Biennial Follow Up Construction Survey that remain to be corrected.	{C 000}		
{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 safe condition. Findings on 07/12/2017: The sprayed on fire-proofing has been removed at the following locations located in the First Floor Main Electrical & Maintenance 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. Interview with Staff revealed that a contractor has been selected, but has not been to the site to complete the repairs.	{C 189}	Community is awaiting to hear from vendor on a specific date they can come and complete the fire proofing. Completion date to be on or by 9-15-17	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Michelle M. Brooks — TITLE: Executive Director — (X6) DATE: 8-16-17

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