Hope Mills Retirement Center, Inc.
4217 Elk Rd Hope Mills, NC 28348
Phone (910-425-6303 Fax (910)425-6799

Fax

To: Suzanna Fay **From:** Donna Sandy

Fax: 919-733-6592 **Date:** 3-15-18

Phone: **Pages:** 5 to follow

Re: Construction survey **CC:**

•Comments:

Following is our Plan of Correction.

Please note my response on the last item.
I understand that you have a job to do, but I do as well. We try so very hard in all aspects to provide the best care & best facility that we can. I feel strongly that our hard work shows the minute you walk in our facility. It is so frustrating that something like cleaning supplies will cost us time away from our residents. I honestly think this is an unfair item to list such as a light bulb being out & it being replaced 10 min after you found it.

I'm not asking for any consideration regarding these items but I feel that I must stand up for what we do in our facility because I know we do an outstanding job. I just wish any surveyor or inspection depart would appreciate what we do ~~for~~ every day.

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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
	HAL026008	A. BUILDING: 01 B. WING _____	02/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE MILLS RETIREMENT CENTER	4217 ELK ROAD HOPE MILLS, NC 28348

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C 000	Initial Comments Report of a Biennial Construction Survey by Suzanna Fay conducted on February 28, 2018. Based on the information obtained from the DHSR database this Facility was licensed on December 20, 1988 for Sixty-four (64) Resident Beds. The facility is required to meet the 1987 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirmed; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1978 North Carolina State Building Code (Revision 9) Section 409.1 Group I, Unrestrained Occupancy. Deficiencies were cited and a Plan of Correction is required.	C 000		
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 premises were not maintained in a safe condition. Exits that are not well lit do not allow for the safe exiting of residents, staff and visitors in the case of an emergency. Findings on February 28, 2018; a. South hall exit - the exterior light was out. This was corrected on site.	C 160	The light bulb was changed! We will check lights on a monthly basis to insure residents, staff & visitors can safely exit in the event of an emergency.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Donna Sisty administrator 3-14-18

STATE FORM 6899 F85C21 If continuation sheet of 5

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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. Observations revealed that the facility was not maintained free of all hazards. Findings on February 28, 2018: a. Room 8 - there were six small oxygen cylinders and seven large oxygen cylinders improperly stored in cardboard carriers. b. The facility has an inoperable call system in each resident room. Equipment that is no longer in operation my create a false sense of security for the residents.	C 166	The oxygen tanks are now in a metal holder that was provided by the supplier. This was corrected by March 5, 2018. We will inform supplier this is the standard holder we need in the future. The inoperable call system has been that way for 15 years. We have an alternative means of notification ever since that time. Our residents (new & old) have not used these since they know it does not work. We will "cut the cords" as requested so that [redacted] a false sense of security will not remain. We will also attach a sign that says "Does Not Work" to each plate on the wall. This will all be completed by April 1st, 2018.	
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.	C 185	Under the Findings paragraph on page 3, 1a it states "nor do they provide audible alarm for the day shift. Interview [redacted] with Administrator revealed that the evacuations drill are conducted using verbal procedures." This is incorrect! For every drill that we have (monthly on each shift) we physically pull the the alarm. The siren sounds & lights flash along with the	

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C 185	Continued From page 2 (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Review of records and Interview revealed that the fire rehearsals were not being conducted according to the prescriptive requirements of the North Carolina Fire Prevention Code. Findings on February 28, 2018: a. The facility operates on 2 shifts. They do not evacuate residents on either shift nor do they provide an audible alarm for the day shift. Interview with the administrator revealed that the evacuations drills are conducted using verbal procedures. 2. Review of records revealed that the fire rehearsals were not being documented in accordance with this Rule. b. The fire drill logs did not provide a short description of what the rehearsal involved.	C 185	Fire doors closing automatically The surveyor totally mis understood when asked about our procedure Under the Findings paragraph 2 a it lists Fire drill logs did not provide a short description of what the rehearsal involved. The previous records include the date & time of rehearsals, the shift staff members present & a description of what the rehearsal involved as required by the law referenced on page 2. We have copies of these drills For each shift for each month. We will practice evacuations on a quarterly basis to include this on the rehearsal report.	
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. Observations revealed that the building was	C 189	The window in room 18 was adjusted so that is would stay open when pushed up. We routinely check all the windows in the building. We will continue to do so but have a log to indicate the date each window was checked and by which employee. We will check the windows at each season change.	

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C 189	Continued From page 3 not maintained in a safe and operating condition. Windows that do not stay open may cause injury when falling shut. Findings on February 28, 2018: a. Room 18 - the window was shifted in the frame and would not stay open. 2. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be effected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on February 28, 2018: a. South Hall living room - the exit sign over the exterior door did not illuminate on battery back up. b. The exit light/sign at the fire doors, north hall side, did not illuminate on battery back up. 3. Based on observation electrical equipment has not been maintained in a safe manner. Failure to maintain electrical equipment is a safe manner could effect the safety of person exposed to the unsafe condition. Findings on February 28, 2018: a. South Hall bath - the GFCI outlet at the sink is not secure to the wall. 4. 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.	C 189	March 5 The exit signs as mentioned will be replaced by April 14, 2018. We will add the exit lights to our routine when we check the emergency lights through out the building. These are checked each month. The outlet was secured to the wall on Feb. 28, 2018. We will ask each aide that uses these outlets while drying the resident hair to inform our manager if they see any outlets that are not secure to the wall. This will be told immediately. Our maintenance person will also check these outlets monthly	

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C 189	Continued From page 4 Findings on February 28, 2018: a. The laundry room door was propped open with a trash can.	C 189	The laundry room door had a quick release stop installed Feb 28, 2018. We have informed each employee to never prop a door open. We will review the building for any doors that might need a quick release stop installed.	
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This 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 exhaust ventilation at the rate of two cubic feet per minute per square foot in required areas. Findings on February 28, 2018: a. South Hall - the storage room on the left is being utilized to store housekeeping items including cleaning agents. The left storage room does not have ventilation.	C 199	The closet referred to is not our housekeeping closet. It stores our paper products - office supplies - kitchen supplies (extra dishes) which occupy 90% of the closet space. We do have a few bottles of disinfectant and floor cleaner as our overstock in this closet. These will be moved as requested but please note that items like this is what takes time and money away from taking care of our residents. This in no way harmful to our residents.	