

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078083	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED R 12/19/2018
NAME OF PROVIDER OR SUPPLIER RED SPRINGS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 E. FOURTH AVENUE RED SPRINGS, NC 28377			
(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 December 19, 2018. There are deficiencies cited in the Biennial Construction Survey that remain to be corrected.	{C 000}			
{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 furnishings are not kept in good repair. Interview with staff revealed that some items were delayed in shipment. Findings on December 19, 2018: a. Room B-11 - the door to the bathroom is damaged. There are two door block patches on the door but the door is heavily damaged with rough edges around the patches. c. Activity Office - one of the windows is full of dirty green water and there are black mildew stains in the water. The window is scheduled to come in January 4, 2019. 2. Observations revealed that the walls and floors are not kept clean and in good repair.	{C 164}			
		A	Door was replaced	12/19/18	
		C	glass company broke the glass and had to order another glass TBD 1/16/19 and will try to install by the end of the week	1/18/19	

Division of Health Service Regulation

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

TITLE

(X6) DATE

Mitchell Moran

Maintenance Director

1/11/19

STATE FORM

6099

7WMI22

If continuation sheet 1 of 5

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078083	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/19/2018
NAME OF PROVIDER OR SUPPLIER RED SPRINGS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 E. FOURTH AVENUE RED SPRINGS, NC 28377		
(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 164}	Continued From page 1 Findings on December 19, 2018: a. C Hall Living Room - the carpet is worn, stained and buckling which creates a tripping hazard. The flooring has been approved by the corporate office and they are waiting to get the new carpet after January 1, 2019.	{C 164} A	Flooring has been order and waiting for schedule date	
{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 December 19, 2018: a. Observation at the time of survey revealed the facility was not equipped with the typical battery backed up emergency lighting. Staff indicated that the emergency lighting is tied into a generator. However, according to staff, the generator has been down for about a year. The facility has purchased a new generator. The electricians were on site completing the installation. The new generator must meet the	{C 189} A	Generator was installed on 12/19/18 but the automatic starting module was bad from the factory and a new one has been ordered. I have had a training with Administrative Staff and SIC on all 3 shifts on how to start generator manually and to shut generator off. transfer switch works properly when generator is started Manually. See attached Training sign-in-sheet	1/7/19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078083	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED R 12/19/2018
NAME OF PROVIDER OR SUPPLIER RED SPRINGS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 E. FOURTH AVENUE RED SPRINGS, NC 28377			
(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 requirements for an emergency generator or supply battery backed up emergency lighting. Note: Review of DHSR Construction Records indicated that there is no evidence the generator meets the requirements for an emergency generator therefore battery units are required. 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 December 19, 2018: a. Observation at the time of survey revealed the facility does not have battery backed up emergency exit lighting. Staff indicated the facility's exit signs/lights (with one exception) receive emergency power from the building generator. However, according to staff, the generator has been down for about a year. The facility has purchased a new generator. The electricians were on site completing the installation. The new generator must meet the requirements for an emergency generator or supply battery backed up exit lighting. Note: Review of DHSR Construction Records indicated that there is no evidence the generator meets the requirements for an emergency generator, therefore battery units are required. 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.	{C 189}	A Staff has to start Generator Manually and emergency lights come on. i have had a training with Administrative Staff and SIC on all 3 shifts on how to start generator manually and to shut generator off. See attached Training sign-in-sheet		1/7/19

If continuation sheet 4 of 5

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078083	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED R 12/19/2018
NAME OF PROVIDER OR SUPPLIER RED SPRINGS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 E. FOURTH AVENUE RED SPRINGS, NC 28377			
(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 199}	Continued From page 4 to repair the fan and have ordered a new one to be installed. b. D Hall Community Bath - the exhaust fan is not working. Interview with staff revealed that they were unable to repair the fan and have ordered a new one to be installed. c. D-20 - the exhaust fan is not working. Interview with staff revealed that they were unable to repair the fan and have ordered a new one to be installed.	{C 199}			
		B	new fan has been installed		12/19/18
		C	new fan has been installed		1/3/19



Red Springs
ASSISTED LIVING
A Victorian Senior Care Community

Date of Training/Meeting: 1/7/19

Time: 1:15pm

Instructor/Supervisor: Mitchell Moran

Comments: Instructions & tutelage on how to work the generator

Staff Name and Signature:

1. Rayshonna Love
2. Beverly Quina-Baker
3. Shaketae Smith
4. Carolyn McCallum
5. Brady Leeder
6. Amy Peria
7. Yvonne Fernald
8. Denise Tameka Campbell
9. Althea Althea Vandine
10. Jakestra Jilchrist
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____