Hampton Manor Assisted Living
320 Broughton Street
Gaston, NC 27832 252-533-0007 ext 1

Services Provided:

~ Assisted Living All Inclusive Pricing

- ✓ Medication Management
- ✓ 24 Hr. Care Staff
- ✓ In House Doctor
- ✓ Assessments
- ✓ Laundry Service
- ✓ Nutritious Meals & Snacks
- ✓ Transportation
- ✓ Cable TV
- ✓ Engaging Activities
- ✓ Wii-Fi

~ Memory Care All Inclusive Pricing

- ✓ Secured Community
- ✓ Medication Management
- ✓ 24 Hr. Care Staff
- ✓ In House Doctor
- ✓ Assessments
- ✓ Laundry Service
- ✓ Nutritious Meals & Snacks
- ✓ Transportation
- ✓ Cable TV
- ✓ Engaging Activities

FAX TRANSMISSION FORM:

Date: 4/23/19

To: 919-733-6592

Fax Number: 252-533-0452

Number of pages (including coversheet):

From: POC

Re: Jeanette

Hampton Manor.

Because Everyone Deserves A Great Life!

PRINTED: 04/08/2019
FORM APPROVED

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
	HAL066012	A. BUILDING: 01 B. WING _____	R 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMPTON MANOR	320 BROUGHTON STREET GASTON, NC 27832

(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 March 28, 2019. There are deficiencies cited in the Biennial Construction Survey that remain to be corrected.	{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; This Rule is not met as evidenced by: 1. Observations revealed that the facility conducted renovations of the shared toilet rooms which do not meet all applicable volumes of the North Carolina State Building Code. Findings on March 28, 2019: Direct observation revealed shower heads were installed over the toilets in each of the shared	{C 101}		

PRINTED: 04/08/2019
FORM APPROVED

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
	HAL066012	A. BUILDING: 01 B. WING _____	R 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMPTON MANOR	320 BROUGHTON STREET GASTON, NC 27832

(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 toilet rooms. Twenty-four inch wide FRP panels were placed over the sheetrock behind the toilet. Plastic plumbing access panels were installed in the corridor walls. [Note: At the time of survey, all of these shower heads were turned off at valves located behind the plastic plumbing access panels.] The wall areas do not meet the requirement for non-absorbant waterproof materials. The walls are regular sheetrock and the doors are untreated wood. [2012 NC Plumbing Code 417.4.1] The bathrooms have floor drains. No evidence that the drain meets requirements for shower drain. It was unknown if a trap primer was provided or if the drain meets an approved exception. [2012 NC Plumbing Code 417.3] There is no evidence that the bathroom floor (shower floor) were provided with a liner and made water tight, the liner turned up not less than 2 inches on all sides and sloped toward the drain. The floor is flat and the thresholds at the doors provide only 1/4 inch or less curb to keep water in the room. [2012 NC Plumbing Code 417.5.2] [See Cross Reference at Tag C 116] Interview with staff revealed that the corporate office is reviewing the issue.	{C 101}		
{C 116}	Plans Submittals and Approvals SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS	{C 116}		

PRINTED: 04/08/2019
FORM APPROVED

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
	HAL066012	A. BUILDING: 01 B. WING _____	R 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMPTON MANOR	320 BROUGHTON STREET GASTON, NC 27832

(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 116}	Continued From page 2 (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents. (b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained. (c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division. (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder. (f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion.	{C 116}		

PRINTED: 04/08/2019
FORM APPROVED

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
	HAL066012	A. BUILDING: 01 B. WING _____	R 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMPTON MANOR	320 BROUGHTON STREET GASTON, NC 27832

(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 116}	Continued From page 3 This Rule is not met as evidenced by: 1. Observations revealed remodeling occurred and construction documents were not submitted, approval was not obtained from the Division and all licensing requirements were not maintained. Findings on March 28, 2019: a. Shower heads were installed in the wall over the toilets in each shared resident 1/2 bath. There is no evidence that copies of the plans and specifications were submitted to DHSR/Construction Section for review and approval. [See Cross Reference at Tag C 101]	{C 116}	Please see the attached letter requesting and extention of 60 days to address all issues pertaining to the shower heads. Affinity is consulting with an Engineer to address all issues. Estimated completion date: 6-8-19	
{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: 2. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of	{C 189}		

PRINTED: 04/08/2019
FORM APPROVED

Division of Health Service Regulation

PRINTED: 04/08/2019
FORM APPROVED

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
	HAL066012	A. BUILDING: 01 B. WING _____	R 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMPTON MANOR	320 BROUGHTON STREET GASTON, NC 27832

(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 4 origin. Findings March 28, 2019: a. Bath across from Room 107 - there is a hole at the sprinkler head in the small linen closet. The hole has not been patched. 3. Observations revealed that the fire safety equipment was not maintained in a safe and operating condition. Sprinkler heads that have not been installed, removed or in poor condition do not provide full coverage to all areas during a fire. Findings on March 28, 2019: a. Bath across from Room 107 - the sprinkler head is missing in the linen closet. This has not been corrected. 7. Based on observation and testing there is failure to maintain the facility's emergency fire safety devices and equipment in a safe operating condition. Findings on March 28, 2019: b. The magnetic locking system control panel was not properly repaired. One of the fuses had been wrapped in foil and reinserted into the panel. The fuse was still wrapped in foil. This was corrected at the time of survey. 8. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be effected if doors do not completely close to help limit the spread of smoke or fire to the area of origin. Findings on March 28, 2019: a. One of the smoke doors in the North Hall did	{C 189}	The hole at the sprinkler head will be caulked with UL rated fire caulk. Estimated completion: 6-8-19 The sprinkler head will be replaced. Estimated completion: 6-8-19	

PRINTED: 04/08/2019
FORM APPROVED

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
	HAL066012	A. BUILDING: 01 B. WING _____	R 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMPTON MANOR	320 BROUGHTON STREET GASTON, NC 27832

(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 5 not completely close when the fire alarm was activated. The door did not close completely at the follow up survey. Further observation revealed that the door is warped.	{C 189}	We have contracted with First Fire Protection Systems to resolve the closing of the fire doors. Estimated completion date: 6-8-19.	
{C 195}	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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 hot water temperature at all fixtures used byresidents was not maintained between 100 and 116 degrees Fahrenheit. Findings on March 28, 2019: a. Beauty Salon - the water temperature at the hair washing sink was 120 degrees Fahrenheit. A mixing valve had been added. The valve was adjusted at the time of survey. The water temperature was tested a second time and a reading of 110 degrees was found.	{C 195}	We have contracted with Standard Plumbing to resolve all issues with water. Work has started and is ongoing. Estimated completion date is 6-8-19	