

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL063025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/23/2019
NAME OF PROVIDER OR SUPPLIER ELMCROFT OF SOUTHERN PINES		STREET ADDRESS, CITY, STATE, ZIP CODE 101 BRUCEWOOD ROAD SOUTHERN PINES, NC 28387			
(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 Biennial Follow Up Construction Survey by Dennis Harrell on 4-23-2019. Some deficiencies were not corrected. Further action is required.	{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: 2. 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 the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Finding on 4-23-2019: a. The smoke doors by the Guest Bath near the 100 Hall did not close completely when the fire alarm was activated. 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	{C 189}	Doors adjusted to close properly when fire alarm activates. Will evaluate for proper functioning and closing during monthly fire drills.	4/23/19	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

** Mike Robertson*

TITLE

Executive Director 5/15/19

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL063025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/23/2019
NAME OF PROVIDER OR SUPPLIER ELMCROFT OF SOUTHERN PINES		STREET ADDRESS, CITY, STATE, ZIP CODE 101 BRUCEWOOD ROAD SOUTHERN PINES, NC 28387		
(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 1 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. Findings on 4-23-2019: a. Based on observation, all the bedroom doors are equipped with spring hinges to make them self closing. Wedges were found at bedroom doors throughout the facility, not just on the 100 Hall. Doors to the corridor must not be wedged or propped open. Note: This single story facility was built under the 1996 NC State Building Code, Institutional (U) Occupancy which did not require any door to the corridor to be self closing except to those spaces listed in the Incidental Use table.	{C 189}	Self-closing hinges removed from doors of residents who wanted them removed so they can leave the doors open without use of doorstops. RDO communicated with Southern Pines Fire Marshal re: assisted living facilities not being required to have self-closing devices on resident room doors. Copy of codes referenced below sent to Fire Marshall with notification self-closing devices Were being removed per residents rights. Fire Marshal had previously required self-closing devices be installed on all corridor doors. (The 1994 code book section 705.1.3.2.2, related to self-closing devices required for doors, "Exception – For Group I Unrestrained, corridor doors shall be in accordance with 409.1.4" The 2006 NC State Building Code Fire Code page 20, that specifically lists assisted living facilities as being defined under Group I. The NC Building Code 1995 revision page 58, specifies that doors to resident sleeping areas do not need self-closing devices.) 5/15/19	