



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 29, 2019
Tokesga Gilchrist (via e-mail only)
Po Box 392
Red Springs, NC 28377

RE: HA Follow-Up Biennial Construction Survey
FID #960772 Hal078083
Red Springs Assisted Living
1301 E. Fourth Avenue
Red Springs Robeson County

Dear Ms. Gilchrist:

On **May 23, 2019**, a Biennial Follow-Up Construction Survey was conducted at your facility by the Construction Section of the Division of Health Service Regulation to determine if your facility was in compliance. As a result of this survey, your facility is not in substantial compliance due to uncorrected deficiencies. Failure to correct the outstanding deficiencies may jeopardize the status of your license. Corrections are required and a **Signed Plan of Correction** must be submitted.

Plan of Correction (PoC)

A PoC for the deficiencies must be submitted June 13, 2019

Your PoC for the deficiencies must contain the following:

- o What corrective action(s) will be accomplished by the facility to correct the deficient practice;
- o How you will identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken;
- o What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- o How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

CONSTRUCTION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3893 • FAX: 919-733-6592

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- o Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State. Any completion date greater than **15** days from date of survey requires a written waiver from DHSR-Construction Section.
- Corrective action must begin immediately

Your **Signed Plan of Correction** can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

If you have any questions concerning the instructions contained in this letter, please contact me.

Sincerely,

Suzanna Fay

Suzanna Fay
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
County Building Inspection Department - with attachment-(via e-mail only)
Robeson County DSS - with attachment-(via e-mail only)

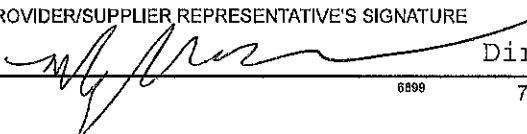
Division of Health Service Regulation

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 05/23/2019
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 May 23, 2019. There are deficiencies cited in the Biennial 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: 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 May 23, 2019: 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. At the time of this survey, the generator is not capable of supplying emergency power to the exit signs. The new generator must meet the requirements for an emergency	{C 189}	Battery powered exit light installed On-site Maintenance Technician/ Designee will check to ensure exit lighting is in working order monthly. Corporate Maintenance Supervisor/Designee will conduct random inspections to ensure proper emergency/ safety lighting equipment is in working order. Any issues found will be repaired immediately.	6/13/19 6/13/19 & ongoing 6/13/19 & ongoing

Division of Health Service Regulation

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

Mirchell Moran



TITLE

Director of Maintenance

(X6) DATE

6/13/19

Division of Health Service Regulation

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{C 189}	Continued From page 1 generator or if it only meets the requirements for standby generator, 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.	{C 189}			