

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL063022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 07/02/2019
NAME OF PROVIDER OR SUPPLIER FOX HOLLOW SENIOR LIVING COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 190 FOX HOLLOW PINEHURST, NC 28374		
(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 7-2-2019. Some deficiencies were not corrected. Further action is required.	{C 000}		
{C 153}	Exit Door Locks-Single Hand Motion SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and This Rule is not met as evidenced by: Based on observation, exit doors were not maintained easily operable. Exits that do not open easily could delay or prevent an evacuation in an emergency. Finding on 7-2-2019: b. One of the exits from the main dining room was very hard to open.	{C 153}		
{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	{C 189}		

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

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER FOX HOLLOW SENIOR LIVING COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 190 FOX HOLLOW PINEHURST, NC 28374		
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{C 189}	Continued From page 1 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, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings on 7-2-2019; f. One of the double 1 hour fire rated doors from the kitchen to the dining room would not latch when closed. g. There was a 5/16 inch gap between the double 1 hour fire rated doors from the kitchen to the dining room. j. The door to room 207 would not latch when closed. o. The door to the Public rest room in Special Care dragged and was hard to close and open. 2. Based on observation, the required one-hour fire rated walls and/or ceilings were compromised in locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings on 7-2-2019: d. Unsealed 3 inch conduits sleeves (3) in Janitorial on the 1st floor. 3. Based on observation the required one-hour fire rated ceilings were compromised in locations by improperly fitting or missing sprinkler escutcheons. Improperly fitted sprinkler escutcheons present the possibility that a fire that	{C 189}		

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{C 189}	Continued From page 2 begins in one space can quickly spread to the attic and could delay activation of the sprinkler system. Finding on 7-2-2019: b. Missing sprinkler escutcheon in the closet in room 216.	{C 189}			