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 06/26/2019

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 June 26, 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: 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 June 26, 2019: a. Bath across from Room 107 - the sprinkler head is missing in the linen closet. The opening was patched and the required sprinkler head has not been installed. 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	{C 189}	The sprinkler head will be replaced. Estimated completion: 8-9-2019 Our maintience company Agemark has requested quotes for the replacement of the firedoors. Estimated completion date: 8-9-2019	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Scott Toney Administrator 7-16-19

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{C 189}	Continued From page 1 not completely close to help limit the spread of smoke or fire to the area of origin. Findings on June 26, 2019: a. One of the smoke doors in the North Hall did not completely close when the fire alarm was activated. The door is damaged and cannot be repaired so that is closes. Interview with staff revealed that another door has been ordered.	{C 189}		