STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	hal026065	A. BUILDING: **01** B. WING _____	**02/06/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT HOPE MILLS	**7051 ROCKFISH ROAD** **FAYETTEVILLE, NC 28306**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on February 6, 2025. This facility was first licensed on February 1, 2019. The facility is currently licensed for 100 beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 2012 Edition of the North Carolina Building Code(s), Institutional Occupancy. Deficiencies were cited that require a Plan of Corrections.	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 does	C 101		

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C 101	Continued From page 1 not meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Electromagnetic locks shall have an on/off emergency release switch capable of interrupting power to all electromagnetically locked doors in the facility. Release switches shall be located and properly identified at each nurses station serving the locked unit. An additional on/off emergency release switch shall be provided for each locked door and located within 3 feet of the door. Findings on February 6, 2025: a. SCU - the emergency release switches at the exit doors and out of the courtyard were momentary switches that re-engaged after about three seconds. b. SCU - the doors entering the courtyard were equipped with electromagnetic locks and the emergency switches entering the courtyard were disabled.	C 101	The emergency release switch at each locked door in the Secured Assisted Living will be replaced with a key release switch, that will disable the locks until re-engaged with the key.	03/23/2025
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the walls, ceilings	C 164	The Maintenance Director or designee will test the emergency switches weekly. Any repairs needed will be completed when identified.	3/23/2025

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C 164	Continued From page 2 and floors were not kept clean and in good repair. Findings on February 6, 2025: a. There is a pattern of resident room bathrooms with gray stains around the toilet. b. The wall paint is bubbled outside of Room 129 from a previous air handler leak. c. SCU Serving Kitchen - there is a heavy accumulation of dust on the exhaust fan grille. 2. Observations revealed that the furnishings were not kept in good repair. Findings on February 6, 2025: a. SCU Storage Room - the keypad lockset is not secure to the door and the door was difficult to unlock.	C 164	Flooring in resident's bathroom with gray stains will be replaced. The paint outside room 129 has been repaired. The exhaust fan grille in the Secured Assisted living kitchen has been cleaned. The Dining service director or designee will monitor the exhaust grille weekly for cleanliness. The keypad lockset has been repaired and secured.	03/20/2025 02/20/2025 02/20/2025 03/11/2025 02/20/2025
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Review of records revealed that the fire rehearsal logs did not provide all of the	C 185	The Maintenance Director or designee will monitor the walls, ceilings, and floors monthly. Any necessary repairs will be completed when identified. The Executive Director and Maintenance Director or designee will meet weekly to review repairs needed and completed.	03/11/2025 03/23/2025

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C 185	Continued From page 3 information required. Findings on February 6, 2025: a. There was not a short description of what the rehearsal involved included in the fire drill records.	C 185	A short description of the fire drill will be included on the fire drill records. The Executive Director will monitor fire drill reports upon completion to ensure a short description is included.	03/11/2025 03/11/2025
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: 1. Based on observation and interview there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be affected if the equipment failed to alert the occupants in case of a fire. Findings on February 6, 2025: a. The fire alarm panel has burned out a component on the circuit board and has been inoperable since December 14, 2024. The current status is that they can correct the problem by replacing a part. They are scheduled to complete the repairs on February 19, 2025. 2. Based on observation the facility did not maintain electrical emergency/safety lighting	C 189	The fire alarm panel has been repaired. The Maintenance Director or designee will continue to monitor the fire panel daily. Any repairs necessary will be completed as identified.	02/19/2025 ongoing

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C 189	Continued From page 4 equipment in safe operating condition. This could affect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on February 6, 2025: a. The exterior emergency light to the left of the front door did not illuminate on test. b. There was a pattern of exterior emergency lights not illuminating on test. c. Entry vestibule - the emergency light did not illuminate on test. d. Beauty Salon - the emergency light did not illuminate on test. e. SCU - emergency light #5 by H109 did not illuminate on test. 3. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be affected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on February 6, 2025: a. The exit sign outside of Room 109 did not illuminate on test. b. SCU Courtyard - the exit sign over the exterior door is faded, damaged and does not appear to be illuminated. 4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on February 6, 2025: a. Women's Guest Bathroom - the door is	C 189	Emergency lights that did not illuminate have been replaced. Exit signs that did not illuminate have been replaced. The Maintenance Director or Designee will test exit signs and emergency lights weekly. Any signs or lights not illuminating will be replaced when identified.	03/11/2025 03/11/2025 03/11/2025

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C 189	Continued From page 5 rubbing on the floor requiring excessive force to close and latch. b. C Hall Laundry - the latch plate has been stuffed with paper and there is tape on the latch preventing the door from latching when closed. 5. Based on observation there is a failure to maintain the building'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 occupants in the facility could be affected 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 February 6, 2025: a. C Hall Residential Laundry - the door was held open with a wedged device preventing it from automatically closing. 6. 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 origin. Findings on February 6, 2025: a. The sprinkler head in the corridor outside of the staff offices is missing its escutcheon ring. b. Room 143 - the escutcheon on the sprinkler head over the door has dropped leaving a gap in the fire resistant rated ceiling. c. Employee Lounge Bathroom - the cover for the exhaust fan is loose leaving a gap in the fire resistant rated ceiling. 7. Observations revealed that the plumbing equipment has not been maintained in a safe and operating condition.	C 189	The women's bathroom door will be planed to correct rubbing and allow the door to close. Latches have been freed of paper and tape to prevent door from latching. Staff and residents will be educated not to insert things into the door latches. The wedge device has been removed from the laundry door. The Maintenance Director or Designee will test doors for proper latching weekly. Both escutcheon rings will be replaced. The cover for the exhaust fan has been repaired. The Maintenance Director will monitor escutcheon rings monthly. Any necessary repairs will be completed when identified.	03/23/2025 03/11/2025 03/28/2025 3/11/2025 03/11/2025 03/23/2025 03/11/2025 03/11/2025

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C 189	Continued From page 6 Findings on February 6, 2025: a. Water Heater Room - the first water heater has an alert listing an issue with the blower speed sensor.	C 189	The water heater has been repaired. The Maintenance Director or designee will monitor the water heaters weekly. Any repairs needed will be completed as identified.	03/11/2025 03/11/2025
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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 facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on February 6, 2025: a. Room 142 Bath - the fan is not working. b. A Hall - there is a pattern of fans on this hall not working. c. Employee Lounge - the exhaust fan is not working.	C 199	The exhaust fans will be repaired. The Maintenance Director or designee will test the exhaust weekly. Any repairs needed will be completed as identified.	03/23/2025 03/23/2025

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C 199	Continued From page 7 d. SCU - there is a pattern of exhaust fans not working in this unit.	C 199		