Hope Springs Assisted Living
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AFFINITY Living Group

Fax

TO: DHSR Construction Section FROM: Amber Dove, Hope Springs

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PHONE: 919-855-3893 DATE: 8/6/2025

ATTN: CC:

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Comments:

Hope Springs POC Construction Survey

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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
	HAL078100	A. BUILDING: 01 B. WING _____	07/16/2025

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay on July 16, 2025. The facility was first licensed on February 1, 1973 with an addition approved on February 20, 1990. This facility is licensed for Sixty-Three (63) residents. Based on this information, we are requiring that this facility to meet the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm and the 1967 North Carolina State Building Code- Institutional Occupancy; the addition is being required to meet the 1987 Minimum Standards and Regulations for Homes for the Aged and Disabled and the 1978 North Carolina State Building Code; and the entire facility is required to meet the applicable portions of the 2005 Rules for Adult care Home of Seven or More Beds. Deficiencies have been cited and a Plan of Correction is required.	C 000	Response to the cited deficiencies does not constitute an admission or agreement or conclusion set forth in Statement of Deficiencies or Corrective Action Reportable; the Plan of Correction is prepared solely as a matter of compliance with state law.	
C 024	10A NCAC 13F .0301(2) Physical Plant-Existing meet Rules in effect 10A NCAC 13F .0301 Application Of Physical Plant Requirements Adult Care Homes shall apply the following physical plant requirements: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet the licensure and code requirements in effect at the time of licensure, construction, change in service or bed count, addition, modification, renovation, or alteration. This Rule is not met as evidenced by: 1. Observations revealed that the facility does not	C 024		

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C 024	Continued From page 1 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 July 16, 2025: a. Kitchen - the magnet on the exterior door is loose and does not release the door every time the emergency release is initiated.	C 024	.0301(2) a. Repairs on the exterior door magnet will be complete.	8/29/25
C 033	10A NCAC 13F .0302 (e) Current Sanitation and Fire Safety Inspection 10A NCAC 13F .0302 Design And Construction (e) The facility shall maintain in the facility and have available for review current sanitation and fire safety inspection reports. This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not have current fire and building safety inspection reports maintained in the home and available for review. Findings on July 16, 2025: a. The most recent Fire Alarm Inspection report	C 033	.0302 Fire Alarm inspection has been scheduled and will be completed.	8/29/25

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C 033	Continued From page 2 was dated April 30, 2024.	C 033		
C 060	10A NCAC 13F .0305(e)(5) Physical Env-bathrooms, provide privacy 10A NCAC 13F .0305 Physical Environment (e) The requirements for bathrooms, toilet rooms, bathtubs, showers, a manufactured walk-in tub, or a similar manufactured bathtub, and central bathing rooms are: (5) bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more toilets shall have privacy partitions or curtains for each toilet. Each bathtub, shower, a manufactured walk-in tub, or a similar manufactured bathtub shall have privacy partitions or curtains. Notwithstanding the requirements of Rule .0301 of this Section, the requirements of this Paragraph shall apply to new and existing facilities; This Rule is not met as evidenced by: 1. Observations revealed that not all of the bathrooms were designed to provide privacy. Findings on July 16, 2025: a. Room 102 Shared Bath - the bathroom door was swollen and did not close to provide privacy for the residents.	C 060	.0305(e)(5) a. Estimates are in process to replace door of shared bathroom for room 102	~~8/29/25~~ AD 8/29/25
C 074	10A NCAC 13F .0305(g)(2) Physical Env-Corridors handrails 10A NCAC 13F .0305 Physical Environment (g) The requirements for corridors are: (2) handrails shall be provided on both sides of corridors at 36 inches above the floor and be	C 074		

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C 074	Continued From page 3 capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: 1. Observations revealed that the corridor handrails were not maintained in a manner that supports a 250 pound concentrated load. Findings on July 16, 2025: a. 200 Hall - a screw is missing at the handrail bracket outside of the middle Day Room creating a loose rail.	C 074	.0305(g)(2) a. 200 Hall handrail screw was replaced and tighten	7/29/25
C 085	10A NCAC 13F .0306(m)(1) Physical Env-Outside Premises, Clean, Safe 10A NCAC 13F .0305 Physical Environment (m) The requirements for outside premises are: (1) the outside grounds of new and existing facilities shall be maintained in a clean and safe condition. For the purpose of this Rule, "clean and safe condition" means free from debris, trash, uneven surfaces, and similar conditions as not to attract rodents and vermin and provide for safe movement throughout facility grounds. Creeks, ravines, ponds, pools, and other similar areas shall have safety protection. For the purpose of this Rule, "safety protection" means preventive measures, such as barriers, to block access to such areas; This Rule is not met as evidenced by: 1. Observations revealed that the outside grounds were not maintained in a clean and safe condition. Loose railing can prevent safe exiting if it does not support the weight of residents or staff.	C 085		

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C 085	Continued From page 4 Findings on July 16, 2025: a. Covered Porch at 200 Hall - the ramp handrails on both ends of the porch are loose. b. The handrails outside of Activity are loose.	C 085	.0305(m)(1) a. Maintenance Tech replaced screws and tighten handrails on the covered porch on 200 hall. b. Maintenance Tech replaced screws and tighten the handrails outside of the activity area.	7/30/25 7/30/25
C 088	10A NCAC 13F .0306(a)(1) Housekeeping-Clean and repaired 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings that are clean, safe, and functional; (e) Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the walls and ceilings were not maintained in a clean manner. Findings on July 16, 2025: a. 100 Hall Resident Bathrooms - there was a pattern of bathroom walls around the toilet that were bubbled and flaking. b. Dining - there is a large yellow water stain over the television and the ceiling finish at the stain is flaking and peeling. c. The ceiling is chipped and flaking around the attic access panel outside of the Dining Room door. d. 200 Hall Storage Room near 210 - there are small black spots of microbial growth on the ceiling, walls and door frame of the closet. e. 200 Hall Middle Day Room - there is a large yellow water stain with ceiling damage around the HVAC vent.	C 088	.0306(a)(1) a. Items ordered and repairs will be complete. b. Dining room ceiling repairs are complete. c. Ceiling repairs complete outside the dining room. d. Maintenance Tech used mildew remover to clean the area in question. e. Ceiling repairs complete for 200 Hall middle day room.	8/29/25 7/29/25 7/29/25 7/29/25 7/29/25

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C 090	10A NCAC 13F .0306 (a)(3) Housekeeping-Furniture 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (3) have furniture that is clean, safe, and functional; (e) Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the furniture was not maintained in a clean, safe and functional manner. Findings on July 16, 2025: a. There was a pattern of dresser tops with scuff marks and damaged veneer on the 100 Hall.	C 090	.0306(a)(3) a. Estimates are in place to replace furniture.	~~9/29/29~~ AD 8/29/25
C 092	10A NCAC 13F .0306(a)(5) Housekeeping-Free of Hazards 10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities. This Rule is not met as evidenced by:	C 092		

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C 092	Continued From page 6 1. Based on observation, the facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on July 16, 2025: a. 100 Hall Oxygen Storage - there are three tall oxygen bottles stored in a shallow rack on a shelf without any means of restraint to prevent them from falling over. b. Room 107 - there was one unsecured oxygen bottle on the floor of the room. This was moved to a rack at the time of survey.	C 092	.0306(a)(5) a. Shallow racks replaced with metal racks. b. unsecured oxygen tanks removed and secured.	7/17/25 7/17/25
	2. Based on observation, the facility was not maintained free from hazards. Missing or broken hardware components leave the interior mechanisms exposed which could pinch or cut if handled. Findings on July 16, 2025: a. The top cover on the push hardware latching device is broken off at the cross corridor doors by the Beauty Shop leaving the inner mechanics exposed.		2(a). Hardware has been ordered and will be replaced upon arrival.	8/29/25
C 112	10A NCAC 13F .0309(b)(c) Fire Safety Rehearsals on each Shift 10A NCAC 13F .0309 Fire Safety and Emergency Preparedness Plans (b) There shall be unannounced fire drills of the fire plan conducted quarterly on each shift in accordance with the requirement of the local fire prevention code enforcement official and the 2018 North Carolina Building Code: Fire	C 112	b. All fire drills are in compliance with state and local codes.	7/30/25

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C 112	Continued From page 7 Prevention Code, which is hereby incorporated by reference and includes all subsequent editions, available at https://codes.iccsafe.org/content/NCFC2018. (c) Documentation of fire drills shall be maintained by the administrator or their designee in the facility and be made available upon request to the Division of Health Service Regulation, county department of social services, and local officials. The records shall include the date and time of the drills, the shift, staff members present, and a short description of the drill. Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Review of records revealed that the facility was not conducting fire drills on quarterly on each shift. Findings on July 16, 2025: a. There was not a fire drill conducted on the second shift of the third quarter of 2024. b. There was not a fire drill conducted on the first shift of the second quarter of 2025.	C 112	c. All fire drills are accounted for and are in compliance with state and local codes. Executive Director and Maintenance Tech in-serviced all staff on the importance of conducting fire drills and proper documentation.	7/29/25 8/29/25
C 121	10A NCAC 13F .0311(a) Building equipment maintained safe, operating 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. This Rule is not met as evidenced by: 1. Based on observation fire safety equipment	C 121		

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C 121	Continued From page 8 has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be affected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on July 16, 2025: a. The fire extinguishers are past due for their annual inspection. The tags are dated April of 2024. b. Kitchen - the hood suppression system is past due for its semi-annual inspection. 2. 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 July 16, 2025: a. Room 104 - the door does not latch when closed. 3. Based on observation the facility did not maintain electrical emergency/safety lighting 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 July 16, 2025: a. Med Room - the emergency light in the Med Room did not illuminate on test. 4. 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	C 121	.0311(a) a. Annual fire extinguishers inspection has been scheduled. b. Semi-Annual hood suppression system has been scheduled. a. Maintenance Tech completed repairs to the door in room 104. a. Med room emergency light replacement has been ordered and will be mounted upon arrival.	8/29/25 8/29/25 7/30/25 8/29/25

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C 121	Continued From page 9 fire and smoke to spread beyond the area of origin. Findings on July 16, 2025: a. There is a small hole at the base of the exit sign by Room 101. b. There is a small hole at the base of the exit sign outside of the Kitchen door. 5. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have holes or gaps through the surface of the door. Findings on July 16, 2025: a. Room 212 - there are two 1/4" diameter holes through the door above and below the door hardware.	C 121	a and b. Maintenance Tech repaired the small hole at the base of the exit sign by room 101 and outside the kitchen door. a. Room 212 door hardware has ben ordered to replace the previous one. Once the handle arrives it will be installed.	7/31/25 8/29/25
C 128	10A NCAC 13F .0311(d) Other- Hot Water between 100-116 10A NCAC 13F .0311 Other Requirements (d) The hot water system shall supply hot water to the kitchen, bathrooms, laundry, housekeeping closets, and soiled utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F and shall not exceed 116 degrees F. Notwithstanding the requirements of Rule .0301 of this Section, the requirements of this Paragraph shall apply to new and existing facilities. This Rule is not met as evidenced by:	C 128		

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C 128	Continued From page 10 1. Based on testing, the hot water temperatures at all fixtures used by residents was not maintained between 100 degrees F and 116 degrees F. Findings on July 16, 2025: a. Beauty Salon - the water temperature at the hair washing sink was 120 degrees F.	C 128	.0311(d) a. Valve regulator has been ordered. once it has arrived it will be installed to regulate beauty salon sink.	8/29/25
C 131	10A NCC 13F .0311(g)(1-5) Other-Exhaust ventilation 10A NCAC 13F .0311 Other Requirements (g) The spaces listed in this Paragraph shall have an exhaust system per the North Carolina State Building Code. Exhaust vents shall be vented directly to the outdoors: (1) soiled linen storage; (2) soiled utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. 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 of humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on July 16, 2025: a. 200 Hall Janitor's Closet by the Day Room - the exhaust fan was not working to dissipate odors and humidity.	C 131	.0311(g)(1-5) a. Estimates in process to replace exhaust fan.	AD ~~9/29/25~~ 8/29/25

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C 133	Continued From page 11	C 133		
C 133	10A NCAC 13F .0311(i) Other- Call System (New and Renovated) 10A NCAC 13F .0311 Other Requirements (i) In licensed facilities without live-in staff, there shall be an electrically operated call system meeting the following requirements: (1) the call system shall connect residents' bedrooms and bathrooms to a location accessible to staff; (2) residents' bedrooms shall have a resident call system activator at the resident's bed; (3) the resident call system activator shall be within reach of a resident lying on the bed; (4) the resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff at point of origin; and (5) when activated, the call system shall activate an audible and visual signal in a location accessible to staff. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not have a working electrically operated call system. Findings on July 16, 2025: a. The existing call system is not working. A new call system has been purchased but has not been installed.	C 133	.0311(i) a. Estimates are in place install call system.	~~9/29/25~~ AD 8/29/25