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
	HAL026070	A. BUILDING: _____ B. WING _____	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE MILLS RETIREMENT CENTER	4217 ELK ROAD HOPE MILLS, NC 28348

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D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on January 21-22, 2026.	D 000		
D 079	10A NCAC 13F .0306 (a)(5) Housekeeping and Furnishings 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; 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: Based on observations and interviews, the facility failed to maintain an environment free of hazards including oxygen (O2) canisters that were not properly stored. The findings are: Review of the facility's policy and procedure for medical oxygen tank safety and management date 01/01/26 and a revision date of 01/21/26 revealed: -It is the policy of this facility that all medical oxygen, including portable tanks and stationary systems, is handled, stored, and utilized according to manufacture instructions, safety	D 079	Administrator contacted medical supplier to deliver addtional racks for proper storage. Administrator provided inservice to staff on proper oxygen tank storage in the facility. Administrator or designee will follow up Monday - Friday mornings during a building walk through to ensure proper oxygen tank sto	2-09-2026

The POC has been reviewed and acknowledged on 02/27/26 by Joyce Johnston

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D 079	Continued From page 1	D 079		

regulations, and physician orders.
-Securing: all cylinders must be stored upright and secured (e.g., chained, in a rack, or on a dolly) to prevent falling.

Review of the facility's census report on 01/21/26 revealed there were 42 residents living in the facility.

Review of The North Carolina Division of Health Service Regulation Construction Section Survey dated 12/17/25 revealed:
-The facility was cited for O2 canisters not properly stored.
-The Administrator's office there was one oxygen canister, unsecured on the floor of the office.
-The storage by Room 31 there was one oxygen canister, unsecured on the floor of the room.

Observation of a resident's room on 01/21/26 at 8:19am revealed:
-There was an unsecured oxygen (O2) canister with a nasal cannula attached sitting in a resident's room beside a dresser next to the window.
-The room was also shared with another resident.

Interview with a personal care aide (PCA) on 01/21/26 at 11:00am revealed:
-PCA's only helped residents put on and take off their O2 tubing.
-The medication aides (MA) were responsible for changing the O2 canisters.

Interview with an MA on 01/21/26 at 11:05am revealed:
-The MAs were responsible for changing the O2 canisters.
-The O2 canisters were stored in the resident's closet.

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D 079	Continued From page 2 -The O2 canisters were supposed to be stored in a crate. -She did not know why the O2 canister was sitting on the floor, it was usually on his wheelchair. -The O2 canisters were combustible and should be stored in a crate. Interview with the Resident Care Coordinator (RCC) on 01/21/26 at 11:08am revealed: -The O2 canisters should be stored in a crate in the resident's room. -She or the MAs were responsible for changing out the O2 canisters. -She made daily rounds in the residents' rooms. -She had not made rounds today, 01/21/26. -She was not sure why the O2 canister was sitting on the floor. -If the O2 canister was knocked over it could explode. -The O2 canister should stay secured on the resident's wheelchair. -She was not sure why the O2 canister was sitting on the floor. Interview with the Administrator on 01/21/26 at 11:36am revealed: -The MAs, RCC, and he were responsible for the O2 canisters. -The PCAs were not allowed to change out the residents' O2 canisters. -He did not know why the O2 canister was sitting on the floor. -He made daily rounds to the resident's rooms. -He had not made rounds today, 01/21/26. -He made sure that an O2 crate was delivered with the O2 canisters when a resident used O2. -The O2 canister could explode if knocked over. -He was ultimately responsible for ensuring the residents' O2 canisters were stored in a crate.	D 079		

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D 296	Continued From page 3	D 296		
D 296	10A NCAC 13F .0904(c)(7) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (7) The facility shall have a matching therapeutic diet menu for any resident's physician-ordered therapeutic diet for guidance of food service staff. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to have matching therapeutic menus for resident's physician-ordered therapeutic diets available for guidance of food service staff. The findings are: Review of the facility's diet list on 01/21/26 revealed there were 14 diets for the 43 residents listed: no added salt (NAS), no concentrated sweets (NCS), puree, and chopped meats diet. Observation of the kitchen on 01/21/26 at 9:30am revealed there was no corresponding menu posted for residents on a therapeutic diet. Review of Resident #2's current FL-2 dated 05/27/25 revealed diagnoses included type 2 diabetes mellitus, schizoaffective disorder bipolar type, and hypertension.	D 296	Administrator printed new therapeutic diet handbook for staff. Administrator gave inservice to the dietary manger on how to print specific therapeutic diet options from the menu sytem that the facility uses. Administrator or designee will check weekly menus to ensure therapeutic diet portion is included along with observing dietary staff preparation is appropriate prior to serving meals.	2-9-2026

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Review of Resident #2's Resident Register revealed an admission date of 10/28/24.

Review of Resident #2's physician order dated 05/27/25 revealed a diet order for NCS.

Review of Resident #3's current FL-2 dated 07/03/25 revealed diagnoses included type 2 diabetes mellitus, metabolic encephalopathy, and dementia.

Review of Resident #3's Resident Register revealed an admission date of 08/04/17.

Review of Resident #3's physician order dated 07/03/25 revealed a diet order for NCS, NAS, and chopped meats.

Review of Resident #4's current FL-2 dated 06/04/25 revealed diagnoses included type 2 diabetes mellitus, stage 4 chronic kidney disease, major depressive disorder, and hyperlipidemia.

Review of Resident #4's Resident Register revealed an admission date of 06/04/25.

Review of Resident #4's physician order dated 06/04/25 revealed a diet order for NCS.

Review of Resident #5's current FL-2 dated 06/16/25 revealed diagnoses included dementia, osteoarthritis, gait instability and congestive heart failure.

Review of Resident #5's Resident Register revealed an admission date of 07/02/25.

Review of Resident #5's physician order dated 09/10/25 revealed a diet order for puree.

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D 296	Continued From page 5 Interview with kitchen staff on 01/21/26 at 10:30am revealed: -She worked in the facility kitchen approximately two years. -She had never seen a therapeutic diet posted in the kitchen. -She believed that the dietary manager taught the cooks how to make therapeutic meals for residents with therapeutic diets. Interview with the cook on 01/21/26 at 10:40am revealed: -He worked in the facility kitchen for approximately 3 years. -The kitchen staff did not have a therapeutic diet menu for guidance on how to prepare therapeutic diets. -He was told to replace items that could not be pureed, such as salad, with another vegetable that could be pureed. Interview with the Dietary Manager on 01/21/26 at 1:45pm revealed: -She worked in the facility kitchen approximately 3 years. -The kitchen never had a therapeutic diet menu for kitchen staff to use for guidance on how to prepare therapeutic diets. -She had to explain and teach new kitchen staff on how to prepare therapeutic diets. -A therapeutic diet menu would be helpful for the kitchen staff to ensure therapeutic diets ware being prepared properly. Interview with the Resident Care Coordinator (RCC) on 01/21/26 at 2:45pm revealed: -The facility had therapeutic diet menus available on the website that the facility used to print out the weekly menus. -She did not know why the Dietary Manager did	D 296		

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D 296	Continued From page 6 not know where to find the therapeutic diet menus. -It was important for the kitchen staff to have therapeutic diet menus to ensure that residents with therapeutic diets were getting their meals prepared properly. -The Administrator was responsible for ensuring the kitchen staff had therapeutic diet menus. Interview with the Administrator on 01/21/26 at 3:00pm revealed: -He was aware that the facility needed matching therapeutic menus for kitchen staff to use for guidance on preparing therapeutic diets. -He was not aware that therapeutic diet menus were not available for kitchen staff. -He thought there was a folder in the kitchen with therapeutic diet menus available for kitchen staff. -He was responsible for making sure that kitchen staff had therapeutic menus available. -He was concerned that a mistake could be made by the kitchen staff when preparing therapeutic diets if they did not have guidance of a therapeutic diet menu.	D 296		