

PRINTED: 03/30/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL026061	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/13/2015
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NAME OF PROVIDER OR SUPPLIER HERITAGE SUITES	STREET ADDRESS, CITY, STATE, ZIP CODE 240 ANN STREET FAYETTEVILLE, NC 28301
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(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 This Report is of a Followup Survey done by Bob Getchell and Ed Miller on March 13, 2015. The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.	(C 000)	CONSTRUCTION SECTION APR 14 2015 RECEIVED	
(C 166)	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 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) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 2- Based on observations the facility failed to ensure that all oxygen bottles are stored and secured properly to prevent them from falling over or rolling around. Followup Findings on 3-13-15 include: a- In Room 2225, there was a loose bottle of oxygen. c- In Room 1121, there were sixteen loose bottle of oxygen.	(C 166)	An audit will be conducted by the Resident Care Manager and Executive Director on all residents with oxygen to ensure proper storage. Oxygen providers will be contacted by the Resident Care Manager to obtain proper storage crates and to pick up extra tanks. The Resident Care Manager will ensure all new residents have the proper storage container for oxygen prior to moving in. Daily audits will be conducted by the Resident Care Manager and Executive Director to ensure proper storage of O2 bottles for one month, then by Resident Care Manager weekly thereafter. In-service all nursing staff on appropriate storage of O2 tanks.	4/13/2015 4/13/2015 ongoing thereafter 4/13/2015 ongoing thereafter 4/13/2015 ongoing thereafter 4/23/2013
(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	(C 189)		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Sharon Shuff

Executive Director

4/14/15

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(C 189)	Continued From page 1 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- Based on observations the facility failed to ensure that the one-hour rating of the ceiling was maintained. These deficiencies could directly affect all residents, personnel, and visitors to the facility by possibly permitting the spread of fire or smoke. Followup Findings on 3-13-15 include: a- At the cross corridor doors near Room 2214, there is an unsealed conduit above the ceiling which penetrates the smoke wall. d- In the 2nd Floor Dining Room, there are unsealed ceiling penetrations around the flex conduit. f- In the Activities Room, there are unprotected penetrations around the CATV cables. g- In the Water Heater Room access from the exterior, there are unprotected penetrations in the ceiling. i- The ceiling has a large hole above the (a)-in ceiling near Room 1132 where a plumbing repair was made but the ceiling was repaired with an unrated foam sealant. l- The sprinkler escutcheon is missing in the corridor outside the 2nd Floor Dining Room	(C 189)	The community will apply approved fire rated sealant around unsealed/unprotective penetrations noted in findings a, d, f, and g. The community will repair the ceiling in findings l with approved rated foam sealant. The community will replace the missing sprinkler escutcheons listed in findings l.	4/17/15 4/17/15 4/17/15

Heritage Place

In historic Fayetteville

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Fayetteville, NC 28301
Telephone: 910-323-4925
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CONSTRUCTION SECTION

APR 14 2015

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FAX

To	Bob Getchell
From	Sharon Thrift
Fax #	919 733 6592
Date	4/14/15
Subject	DHSR POC
# Pages	3 with cover

Comments

Mr. Getchell,

Please let me know if you have
any questions.

Thanks in advance,

Sharon Thrift