

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL026008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/09/2016
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NAME OF PROVIDER OR SUPPLIER HOPE MILLS RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4217 ELK ROAD HOPE MILLS, NC 28348
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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	<p>Initial Comments</p> <p>Report of a Biennial Construction Survey by Frank Strickland:</p> <p>Based on the information obtained from the DHSR database this Facility was licensed for licensure on 12/20/1988 for Sixty-four (64) Resident Beds. The facility is required to meet the 1987 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1978 North Carolina State Building Code (Revision 9) Section 409.1 Group I Unrestrained Occupancy.</p> <p>Deficiencies were cited and a Plan of Correction is required.</p>	C 000		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1-Based on observations, this facility does not have fire detection/coverage in all habitable rooms and/or spaces. This would effect all residents by not detecting smoke or fire by not activating the fire alarm system for emergency evacuation.</p>	C 189		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 189	<p>Continued From page 1</p> <p>Findings on 03/09/2016: The is not heat detection in the Linen Closet located in the North Wing.</p> <p>2-Based on observations, the facility emergency illumination has not been maintained in a safe manner. This would affect all residents, staff and visitings guests by not providing illumination in the paths of egress in the event of an emergency.</p> <p>Findings on 03/09/2016: The following locations do not provide emergency illumination: (a) TV Room North Wing (b) TV Room South Wing (c) Hall outside Room 33</p>	C 189		