STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026067	A. BUILDING: _____ B. WING _____	R-C 04/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARC OF HOPE MILLS	4124 PECAN DRIVE HOPE MILLS, NC 28348

(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
D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow up survey and complaint investigation on March 31, 2022 - April 01, 2022.	D 000		
D 077	10A NCAC 13F .0306(a)(4) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (4) have a North Carolina Division of Environmental Health approved sanitation classification at all times in facilities with 12 beds or less and North Carolina Division of Environmental Health sanitation scores of 85 or above at all times in facilities with 13 beds or more; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to maintain a North Carolina Division of Environmental Health sanitation score of 85 or above. The findings are: Review of the facility's current NC Division of Environmental Health inspection report dated 11/02/21 revealed: -There was a score of 82.5. -There was documentation of cracked floors/tile around the women's community toilet, dirty, stained floors in residents' room, laundry room and community rest rooms. -There were documentation walls were soiled throughout the facility, paint was chipping and	D 077		

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peeling.
-The return vents and filters in both hallways were observed soiled.
-There was microbial growth in residents' showers, on a wooden beam in the facility and on food placed in a plastic storage container.
-There was a soiled bed pan not labeled or dated in a resident's room.
-The water temperature in a resident's room was below 100 degrees Fahrenheit.
-There were spider webs and live spiders and spider eggs observed in window seals, window screens and exit doors.
-There were residents' personal items, blankets, socks and adult diapers stored on the floor.
-The medication pill crusher was observed soiled with medication residue.
-There were pillows, sheets and mattresses which were stained with bodily fluids and or food debris.
-There was soiled linen stored directly on the floor.
-There were residents' beverages stored directly on the floor.

Interview with the Executive Director (ED) on 04/01/22 at 3:15pm and 4:10pm revealed:
-The facility had completed the repairs and cleaned the areas mentioned in the health inspection (not sure of date).
-The facility had changed from one pest control company to another pest control company because they felt they were not seeing any improvements when the company treated (not sure of date).
-He was not aware of the sanitation score requirement for the NC Division of Health Service Regulation.

Interview with the Regional Director (RD) on

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D 077	Continued From page 2 04/01/22 at 11:11am and 4:10pm revealed: -He was aware of the facility's sanitation score of 82.5. -He was aware the facility needed to be cleaned and needed some repairs when the health inspection was completed in November therefore, he did not defend the low sanitation score. -The facility had completed the repairs and cleaned the areas mentioned in the health inspection from 11/02/21. -The environmental health specialist had not been back to the facility for a reinspection. -He was not aware of the sanitation score requirement for the NC Division of Health Service Regulation. Attempted telephone interview with the local health department's environmental health inspector on 04/01/22 at 1:27pm was unsuccessful.	D 077		
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; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the facility was free of hazards as evidenced by sanitizing products, a cigarette lighter, lighter fluid, charcoal briquettes, a spray paint can, and a powdered	D 079		

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D 079	Continued From page 3	D 079		

eye mask which was accessible to the residents residing in the free standing special care unit (SCU).

The findings are:

1. Observation of the facility on 03/31/22 from 9:26am to 9:29am revealed:
-At 9:26am, there were four residents in the dining room and seven residents in the living room without staff present.
-On the medication cart located on the right side of the dining room was a cigarette lighter, a container of sanitizing wipes, and a bottle of hand sanitizer.
-The residents located in the dining room were approximately five feet from the medication cart.
-At 9:28am, the Executive Director (ED) walked to and from the medication cart to the left of the dining room.
-On the second medication cart located on the left side of the dining room was a collagen eye mask.
-At 9:29am, the ED was prompted to the cigarette lighter, container of sanitizing wipes, hand sanitizer, and collagen eye mask.
-The ED removed the cigarette lighter, sanitizing wipes, hand sanitizer, and collagen eye mask.

Interview with the ED on 03/31/22 at 9:31am revealed:
-The cigarette lighter, sanitizing wipes, hand sanitizer, and collagen powdered eye mask should not be stored unsecured on the medication cart because the residents could access them and harm themselves.
-He expected those items to be locked out of resident reach.
-He did not know what the collagen eye mask was or who it belonged to.

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-He expected the medication aide (MA) to walk through the facility every shift to ensure there were no unsecured chemicals.

Request for the facility's hazards and/or chemical storage policy on 03/31/22 at 11:48am and on 04/01/22 at 3:45pm was not provided by survey exit on 04/01/22.

Refer to interview with a personal care aide (PCA) on 04/01/22 at 3:16pm.

Refer to interview with the ED on 03/31/22 at 9:31am.

Refer to interview with the Regional Director (RD) on 04/01/22 at 3:45pm.

2. Observation of the Special Care Unit (SCU) courtyard on 03/31/22 at 9:30am revealed:
-The SCU courtyard was freely accessible by the residents through the dining room door that was unlocked.
-On the patio, there was a bottle of hand sanitizer located on the patio table.
-From the patio, there was an attached building with an open door which led to the laundry room and storage room.
-In the hallway located in a window ledge was a box of tablet toilet bowl cleaner with bleach and fragrance.
-Across from the window was a storage room without a door.
-In the storage room was a bottle of spray disinfectant and sanitizer, a bottle of degreaser, boxes, and an industrial floor cleaner machine.
-Behind the attached building, on the ground, was a bag of charcoal briquette, bottle of lighter fluid, and can of spray paint.
-To the left of those items was a door that was

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closed but unlocked which led to the same hallway.

Interview with the housekeeper on 03/31/22 at 9:45am revealed:
-Residents had access to the courtyard where the attached building with opened and unlocked doors was located.
-She tried to keep the doors to the attached building which lead to the laundry room and storage room closed and locked.
-She did not know why the doors to the attached building were unlocked.

Interview with the Executive Director (ED) on 03/31/22 at 9:31am revealed:
-Both doors to the attached building that led to the laundry room and storage room should always be locked to assure residents did not have access.
-There was laundry detergent and bleach stored in the laundry room.
-He did not know there were chemicals stored in the storage room.
-He did not know why the charcoal briquettes, lighter fluid, and spray paint can were not secured where resident's in the courtyard could not access them.
-It was the responsibility of the medication aide (MA) to ensure the doors to the attached building were locked.
-He expected staff who did laundry to be certain the doors to the attached building were closed and locked every time they did laundry.
-He expected the personal care aides (PCAs) to make sure they closed and locked the doors every time they opened them.
-The facility did not perform random checks to be certain doors to the attached building were closed and locked.

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D 079	Continued From page 6 Request for the facility's hazards and/or chemical storage policy on 03/31/22 at 11:48am and on 04/01/22 at 3:45pm was not provided by survey exit on 04/01/22. Refer to interview with a PCA on 04/01/22 at 3:16pm. Refer to interview with the ED on 03/31/22 at 9:31am. Refer to interview with the Regional Director (RD) on 04/01/22 at 3:45pm. _____ Interview with a personal care aide (PCA) on 04/01/22 at 3:16pm revealed: -All chemicals should always be secured and locked up to protect the residents. -The residents at the facility could have been harmed if chemicals were left out and accessible to residents. Interview with the Executive Director (ED) on 03/31/22 at 9:31am revealed he expected the medication aide (MA) to walk through the facility every shift to ensure there were no unsecured chemicals. Interview with the Regional Director (RD) on 04/01/22 at 3:45pm revealed all chemicals at the facility should never be left unsupervised by staff in areas accessible to residents in order to protect the residents from any potential physical harm.	D 079		
D 461	10A NCAC 13F .1304 Special Care Unit Building Requirements 10A NCAC 13F .1304 Special Care Unit Building Requirements	D 461		

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D 461	Continued From page 7 In addition to meeting all applicable building codes and licensure regulations for adult care homes, the special care unit shall meet the following building requirements: (1) Plans for new or renovated construction or conversion of existing building areas shall be submitted to the Construction Section of the Division of Facility Services for review and approval. (2) If the special care unit is a portion of a facility, it shall be separated from the rest of the building by closed doors. (3) Unit exit doors may be locked only if the locking devices meet the requirements outlined in the N.C. State Building Code for special locking devices. (4) Where exit doors are not locked, a system of security monitoring shall be provided. (5) The unit shall be located so that other residents, staff and visitors do not have to routinely pass through the unit to reach other areas of the building. (6) At a minimum the following service and storage areas shall be provided within the special care unit: staff work area, nourishment station for the preparation and provision of snacks, lockable space for medication storage, and storage area for the residents' records. (7) Living and dining space shall be provided within the unit at a total rate of 30 square feet per resident and may be used as an activity area. (8) Direct access from the facility to a secured outside area shall be provided. (9) A toilet and hand lavatory shall be provided within the unit for every five residents. (10) A tub and shower for bathing of residents shall be provided within the unit. (11) Use of potentially distracting mechanical	D 461		

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noises such as loud ice machines, window air conditioners, intercoms and alarm systems shall be minimized or avoided.

This Rule is not met as evidenced by:
TYPE B VIOLATION

Based on observations and interviews, the facility failed to ensure the gate of a freestanding Special Care Unit courtyard remained locked at all times when not monitored.

The findings are:

Review of the facility's current license effective 01/01/22 revealed the facility was licensed for a Special Care Unit (SCU) with a census capacity for 29 residents.

The facility's current census on 03/31/22 was 28 residents.

Review of the facility's SCU Disclosure Statement revealed:
-The purpose of the facility was to provide a safe, secure, familiar and consistent environment for the cognitively impaired resident that promoted mobility while using the least restrictive measures to prompted independence.
-It included a security system that prevented inappropriate or unsupervised movement into or out of the facility.

Observation of the facility on 03/31/22 from 9:26am to 9:30am revealed:
-At 9:26am, there were four residents sitting in the dining room and seven residents in the living

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room without staff present.
-At 9:28am, the Executive Director (ED) walked through to the dining room.
-At 9:30am, the exit door from the dining room to the SCU courtyard was unlocked and not alarmed.
-From the exit door there was a covered patio with a screen door to the left that allowed entrance to the outside.
-The outside courtyard was surrounded by a wooden privacy fence with a gate door.
-The gate door was cracked open, there was a padlock latch on the door that was pushed to the left of the door.
-On the privacy fence to the right of the door was a hook device for a padlock and the padlock.
-The gate door opened fully, freely, and easily with one push.
-The gate door lead to a back-parking lot with a storage building to the right and a large propane gas tank to the left.
-The parking lot lead to the facility drive which lead to a main highway.
-The facility was located approximately 100 feet from a curve on the main highway.

Interview with the ED on 03/31/22 at 9:31am revealed:
-The courtyard gate should always be locked unless staff were entering or exiting the gate.
-It was the responsibility of all staff using the courtyard gate to be certain the gate was closed and locked when entering back into the courtyard.
-The facility did not perform random checks to be certain the courtyard gate was closed and locked.

Observation of the ED on 03/31/22 at 9:33am revealed he closed and locked the SCU courtyard gate.

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D 461	Continued From page 10 Observation in the facility on 03/31/22 at 9:40am revealed -The housekeeper was in the middle section of the hallway and in the common resident bathroom located on the right side of the facility. -The SCU courtyard was not visible from the middle section of the hallway or from the common resident bathroom located on the right side of the facility. Observation in the courtyard of the facility on 03/31/22 at 9:42am - 9:45am revealed: -The pad lock on the fence gate was unlocked. -The pad lock could be removed from the latch and the gate could be opened. -There were no staff or residents in the courtyard. Interview with the housekeeper on 03/31/22 at 9:45am revealed: -The dining room door leading to the courtyard was always unlocked. -She never saw residents in the courtyard unsupervised. -One resident would walk to the dining room exit door to the courtyard and look out the door window but never tried to go out the door. -She and the personal care aides (PCAs) watched the dining room exit door to the courtyard to be certain residents did not go out unsupervised. -The SCU courtyard gate was locked when she arrived for work today, 03/31/22, about 9:00am. -Around 9:40am, she unlocked the courtyard gate and put boxes in the garbage. -After she unlocked the courtyard gate, she replaced the padlock back into the latch and positioned the padlock to "look like" it was locked, then she returned into the facility to find and question a staff if all of the cardboard boxes needed to be disposed of.	D 461		

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-She did not lock the gate when she went back into the facility because she thought she would be going back out.
-While in the facility, she was stopped by the other housekeeper which delayed her from returning to the courtyard.
-Outside the courtyard gate were dumpsters, a supply building, and a path which leads the facility driveway which leads to the main curved road.
-The facility was located on the curve in the main road.
-She had never found the courtyard gate unlocked when she used the courtyard gate to exit to the dumpster.
-It was important for all exit doors to remain locked because a resident could get hurt if the resident went out of the facility without staff.

Interview with a medication aide (MA) on 03/31/22 at 10:00am revealed:
-The SCU courtyard gate should always be locked to prevent residents from leaving the courtyard.
-Sometimes residents would enter the SCU courtyard alone.
-There was one resident who was recently admitted to the facility who wandered down the hallways.
-She had never seen residents try to leave the facility.

Interview with a PCA on 04/01/22 at 8:45am revealed:
-There were two named residents who resided in the SCU who liked to sit outside in the facility's courtyard.
-Staff were responsible to keep "an eye" on residents when they were outside in the courtyard through the window.
-It was important for the courtyard gate to remain

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locked at all times to ensure a resident did not exit the gate without supervision.
-The residents at the facility had dementia and they would not be safe alone outside of the gated area of the facility without supervision.
-If a resident exited the facility without staff, there would be a risk the resident could walk away from the facility or walk out in front of an oncoming car in the highway.
-The exit doors to the facility were locked at all times to ensure the residents were safe.

Interview with the ED on 04/01/22 at 3:45pm revealed:
-He was not sure if the facility had a written policy for the exit doors, however, all staff were aware through ongoing verbal communication that all exits to the facility were to be locked at all times.
-There was no system in place for staff to ensure the facility's exit doors were locked prior to 03/31/22.
-It was important to ensure the facility's exit doors remained locked at all times to keep the residents safe.

Request for the facility's door policy on 03/31/22 at 11:48am and on 04/01/22 at 3:45pm was not provided by survey exit on 04/01/22.

_____

The facility failed to ensure the Special Care Unit courtyard gate remained locked at all times when not monitored to prevent residents who had dementia, was confused, or wandered from exiting the courtyard. The facility's failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation.

_____

The facility provided a Plan of Protection in accordance with G.S. 131D-34 on 03/31/22

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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
D 461	Continued From page 13 THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MAY 16, 2022	D 461		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations as related to special care unit building requirements. The findings are: Based on observations and interviews, the facility failed to ensure the gate of a freestanding Special Care Unit courtyard remained locked at all times when not monitored. [Refer to Tag 461, 10A NCAC 10A NCAC 13F .1304(4) Special Care Unit Building Requirements (Type B Violation)].	D912		