Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
HAL026058		IDENTIFICATION NOMBER.		A. BUILDING: 01		COMPLETED	
		B. WING		04/28/2016			
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE			
THE ARC	OF HOPE MILLS		CAN DRIVE ILLS, NC 2834	48			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLET DATE	
C 000	Initial Comments		C 000				
	Report of Biennial (Strickland on 04/28	Construction Survey by Frank /2016:					
	a Home for the Age this facility was lice the N.C. State Build Standards and Reg Aged and applicabl for the Licensing of	at this facility was licensed as ed on 07/01/1971. Therefore, nsed under the 1967 Edition of ding Code, the 1971 Minimum julations for Homes for the e portions of the 2005 Rules Adult Care Homes. 9 SPECIAL CARE BEDS.	F				
	Deficiencies were of Correction.	ited that will require a Plan of					
C 166	Housekeeping-Main	ntained Free of Hazards	C 166				
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards;	06 HOUSEKEEPING AND					
	maintain the exterio	ations, the facility has failed to or wood trim and finishes. This ts and staff if the wood trim					
		2016: d fascia board is rotten that is adjacent to Rooms 1 & 2.					
	2-Based on observe maintain the dryer version	ations, the facility has failed to venting system.					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOMBER.	A. BUILDING: 01		COM	COMPLETED
		HAL026058	B. WING		04/	28/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
THE ARC	OF HOPE MILLS		AN DRIVE LLS, NC 2834	8		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLETE DATE
C 166	Continued From pa	ge 1	C 166			
	Findings on 03/28/2 There are not any b the dryers located i	back-draft dampers in place for				
C 188	Electrical Outlets in Wet Locations		C 188			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.					
	maintained the elec	ations, the facility has not been trical devices outside the anner. This could affect all				
		2016: ated adjacent to the front entry ground fault interrupter				
C 189	Building Equipment	Maintained Safe, Operating	C 189			
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER Id all fire safety, electrical, umbing equipment in an adult maintained in a safe and				

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AND PLAN OF CORRECTION IDENTIFICATION NUM		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: ((X3) DATE SURVEY COMPLETED	
		HAL026058	B. WING		04/28/2016		
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
THE ARC	OF HOPE MILLS		CAN DRIVE ILLS, NC 2834	18			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 189	Continued From page 2		C 189				
	illumination has not manner. This woul visitings guests by paths of egress in t Findings on 05/02/2 The emergency ligh when tested on the located between Ro 2-Based on observery exit signage has not manner. This woul visitings guests by paths of egress in t Findings on 05/02/2 The emergency exit	ations, the facility emergency been maintained in a safe d affect all residents, staff and not providing illumination in the he event of an emergency. 2016: nting packs did not illuminate emergency mode that are boms 4 & 6. ations, the facility emergency t been maintained in a safe d affect all residents, staff and not providing illumination in the he event of an emergency. 2016 t signage is not illuminated ncy conditions that is located	3				
C 199	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (g) The spaces list provided with exhan two cubic feet per r requirement does r	11 OTHER ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed with natural ventilation in ces: rage; toilet rooms;	C 199				

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN OF CORRECTION		DENTITION NOMBER.	A. BUILDING: 01		GOWFLETED	
		HAL026058	B. WING		04/	28/2016
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
HE ARC	OF HOPE MILLS		CAN DRIVE	18		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 199	Continued From page 3		C 199			
	 (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: 1-Based on observation, the facility has not maintained and serviced the mechanical ventilation in rooms and/or closets. 					
	Findings on 04/28/2016: The mechanical ventilation is not functional that is located in Room 8 Bathroom.		s			

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