

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL081047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/29/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HOPE CARE CENTER # 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5023 US HIGHWAY 64 UNION MILLS, NC 28167</b>
---	--

(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 by Paul Dixon</p> <p>DHSR Construction Section conducted a Biennial Survey on March 29, 2017 from 10:15 AM to 11:30 AM at the above referenced facility. DHSR records indicate the home was first licensed on April 6, 1994 as a Family Care Home for six (6) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1992 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, the 1991 (94 Rev) North Carolina State Building Code - Section 514.1, Exception 1) - Residential Care Facilities.</p> <p>At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:</p>	C 000		
C 117	<p>Have Current San. And Fire Safety Approvals</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: During record review at the time of the survey, copies of the Fire and Sanitation Inspections were not available. Provide copies of the most recent Fire and Sanitation Inspection Reports to DHSR along with your signed Plan of Correction.</p>	C 117		

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL081047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/29/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HOPE CARE CENTER # 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5023 US HIGHWAY 64 UNION MILLS, NC 28167</b>
---	--

(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 149	<p>Outside Entrances/Exits-Handrails At Porches</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (f) All steps, porches, stoops and ramps shall be provided with handrails and guardrails.</p> <p>This Rule is not met as evidenced by: Observations during the survey showed that the back porch off of the dining room does not have a guard rail. The height of the patio is approximately 9" above grade. Provide a guard rail at the rear patio. Provide copies of all photographs and any other supporting documentation concerning this repair.</p>	C 149		
C 153	<p>Houskeeping And Furnishings-Clean, Repaired</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes.</p> <p>This Rule is not met as evidenced by: 1. Observations during the survey showed that the ceiling fan in the 2nd bedroom on the left is heavily coated with dust and lint. Have the fan and blades cleaned. Provide copies of all photographs and any other supporting documentation concerning this repair.</p> <p>2. Observations during the survey showed that in the kitchen, the drawers to the left of the stove</p>	C 153		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL081047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/29/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HOPE CARE CENTER # 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5023 US HIGHWAY 64 UNION MILLS, NC 28167</b>
---	--

(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 153	Continued From page 2  and left of the sink are damaged. Have the drawers repaired or replaced. Provide copies of all photographs and any other supporting documentation concerning this repair.	C 153		
C 174	Building Equipment Maintained Safe, Operating  SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes.  This Rule is not met as evidenced by: 1. Observations during the survey showed that the micro/range hood grease filter was missing. Obtain and install a new grease filter in the hood. Provide copies of all receipts, photographs and any other supporting documentation concerning this repair.  2. Observations during the survey showed that there is clothing and lint behind the clothes washer and dryer. Remove all clothing and clean from behind the washer and dryer to prevent a fire hazard. Provide copies of all photographs and any other supporting documentation concerning this repair.  3. Observations during the survey showed that the exhaust fan in the Staff/visitor rest room is not working. Have a qualified technician investigate and repair or replace the exhaust fan. Provide copies of all invoices and any other supporting documentation concerning this repair.	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL081047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/29/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HOPE CARE CENTER # 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5023 US HIGHWAY 64 UNION MILLS, NC 28167</b>
---	--

(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 174	Continued From page 3  4. Observations during the survey showed that the weather-proof cover for the outlet on the front porch was missing. Have a qualified technician obtain and install a new weather-proof cover on the outlet. Provide copies of all invoices, photographs and any other supporting documentation concerning this repair.  5. Observations during the survey showed that in the rear bedroom bathroom, the exhaust fan cover is missing. Have the cover replaced or have a qualified technician install a new exhaust fan. Provide copies of all invoices, photographs and any other supporting documentation concerning this repair.	C 174		
C 183	Outside Premises-Clean, Safe  SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition.  This Rule is not met as evidenced by: 1. Observations during the survey showed that the exterior sill of the living room window and the trim board under the left side attic window are in need of paint. Have the sill and trim board painted. Provide copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.  2. Observations during the survey showed that there is a build-up of mildew on the siding on the right side of the home. Have the siding cleaned to remove the mildew. Provide copies of all invoices, photographs and any other supporting	C 183		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL081047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/29/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HOPE CARE CENTER # 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5023 US HIGHWAY 64 UNION MILLS, NC 28167</b>
---	--

(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 183	<p>Continued From page 4</p> <p>documentation concerning this repair.</p> <p>3. Observations during the survey showed that on the left side rear and outside the dining room patio, the fascia and soffits are damaged and missing. Have the fascia and soffits replaced. Provide copies of all invoices, photographs and any other supporting documentation concerning this repair.</p> <p>4. Observations during the survey showed that a short section of gutter over the door next to the garage is clogged, Have the gutter cleaned out to avoid roof damage. Provide copies of all photographs and any other supporting documentation concerning this repair.</p>	C 183		