

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL026058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ARC OF HOPE MILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 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
C 000	<p>Initial Comments</p> <p>Report of Biennial Construction Survey by Suzanna Fay on April 3, 2018.</p> <p>Records indicate that this facility was licensed as a Home for the Aged on July 1, 1971. Therefore, this facility was licensed under the 1967 Edition of the N.C. State Building Code, the 1971 Minimum Standards and Regulations for Homes for the Aged and applicable portions of the 2005 Rules for the Licensing of Adult Care Homes. This facility is licensed for twenty-nine special care beds.</p> <p>Deficiencies were cited that will require a Plan of Correction.</p>	C 000		
C 160	<p>Outside Premises-Clean, Safe</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition.</p> <p>Findings on April 3, 2018: a. Right elevation outside of Room #4 - the gable vent is falling inward leaving a large gap for pests to enter the attic space. b. Exterior mechanical/water heater room - a section of the exterior fascia trim over the storage room door is heavily rotted.</p>	C 160		

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: HAL026058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ARC OF HOPE MILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 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
C 160	Continued From page 1 c. Exterior mechanical/water heater room - the door to the storage room has heavy water damage along the bottom of the door.	C 160		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes 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 facilities. This Rule is not met as evidenced by: 1. Observations revealed that the floors were not kept in good repair. Findings on April 3, 2018: a. Several vinyl tiles were broken and missing at the front entry threshold creating a trip hazard. b. Room 1 - a section of vinyl tiles were missing at the right side of the door frame. 2. Observations revealed that the furnishings were not maintained in good repair. Findings on April 3, 2018: a. Women's bath - the toilet paper dispenser was broken leaving a hard, sharp metal bracket piece. b. Men's bath - one of the towel bars by the shower was broken leaving a hard, sharp metal bracket piece. 3. Observations revealed that the walls were not maintained in good repair.	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL026058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ARC OF HOPE MILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 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
C 164	Continued From page 2 Findings on April 3, 2018: a. Men's bath - the wall finish was damaged and the base was pulling loose at the wing wall for the shower. b. Room 11 - the bathroom door frame was kicked out and detached from the wall.	C 164		
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 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: 1. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on April 3, 2018: a. Room 3 - there is a small hole in the ceiling at the corridor wall where the ceiling patch did not meet the wall. b. Room 6 - there is an unsealed plumbing pipe penetrating the ceiling of the right closet. c. Linen Closet - the fire caulk material has fallen off at the data cable penetration. d. Linen Closet - there are two unsealed	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL026058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ARC OF HOPE MILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 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
C 189	<p>Continued From page 3</p> <p>plumbing pipe penetrations along the left wall.</p> <p>e. Room 12 - there is a small unsealed cable penetration in the closet.</p> <p>f. Nurses' station - there is an 8" diameter patch in the middle of the ceiling that does not appear to be constructed of materials necessary to maintain the 1 hour rated ceiling assembly.</p> <p>2. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect occupants of the facility if the equipment did not function during a fire or other emergency.</p> <p>Findings on April 3, 2018:</p> <p>a. Room 6 - the cap on the heat detector in the left closet was bent at a 90 degree angle.</p> <p>3. Observations revealed that the plumbing equipment was not maintained in good repair.</p> <p>Findings on April 3, 2018:</p> <p>a. At the time of survey, the water was turned off to the sinks in the Men's bath. Interview with staff revealed that the water was turned off while repairs were being conducted. Repairs would be completed by the end of the day.</p> <p>4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.</p> <p>Findings on April 3, 2018:</p> <p>a. Room 8 - the latch plate was missing from the door frame.</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL026058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ARC OF HOPE MILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 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
C 189	<p>Continued From page 4</p> <p>b. Room 12 - the latch plate was missing from the door frame.</p> <p>5. Observations revealed that the mechanical exhaust equipment was not maintained in a safe and operating condition.</p> <p>Findings on April 3, 2018:</p> <p>a. Laundry room - the dryer duct for the residential dryer was disconnected from the back of the dryer. This item was corrected at the time of survey.</p> <p>6. Based on observation the facility is not maintained free from hazards. If the code required clearance of 36" in front of electrical breaker panels is not maintained it could delay timely operation of the breakers in an emergency situation.</p> <p>Findings on April 3, 2018:</p> <p>a. Linen closet - there was a metal shelving unit for linens in front of the electrical panel.</p>	C 189		
C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:</p> <p>(1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and</p>	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL026058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ARC OF HOPE MILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 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
C 199	<p>Continued From page 5</p> <p>(5) laundry area.</p> <p>(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:</p> <p>1. Observations revealed that the facility did not provide ventilation as required for bathrooms.</p> <p>Findings on April 3, 2018:</p> <p>a. Men's bath - the light/exhaust fan unit was not working.</p>	C 199		