| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: |   | (X2) MULTIPL<br>A. BUILDING:  | E CONSTRUCTION<br>01 | (X3) DATE SURVEY<br>COMPLETED  |      |                          |
|---|---|---|----------------------|--|------|--------------------------|
|   |   | FCL081047   | B. WING              |  | 09/1 | 2/2019                   |
| NAME OF F   | PROVIDER OR SUPPLIER  | STREET ADI  | DRESS, CITY, S       | STATE, ZIP CODE  |      |                          |
|   |   |   | IIGHWAY 64           |  |      |                          |
| HOPE CA   | ARE CENTER # 1  | UNION MI  | LLS, NC 28           | 167  |      |                          |
| (X4) ID<br>PREFIX<br>TAG  | REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL   |   | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | D BE | (X5)<br>COMPLETE<br>DATE |
| C 000   | Initial Comments  |   | C 000                |  |      |                          |
|   | Report by David Hid   | ckman   |                      |  |      |                          |
|   | Survey on Septemb<br>11:00 am at the aborecords indicate the<br>April 6, 1994 as a F<br>ambulatory Resider<br>evacuate without ar<br>assistance during a<br>Based on this inforr<br>home to maintain of<br>the 1992 "Rules for<br>and Desired Standa<br>applicable portions<br>13G for Family Caro<br>Revision) North Car | a Section conducted a Biennial per 12, 2019 from 9:30 am to ove referenced facility. DHSR is home was first licensed on amily Care Home for six (6) and the physical or verbal fire or other emergency). In attornian we are requiring the compliance with the following: Family Care Homes Minimum ands and Regulation," the of the 2005 Rules 10A NCAC is Homes and the 1991 (1994 rolina State Building Code - eption 1 - Residential Care |                      |  |      |                          |
|   | that require an acce  | visit, we cited deficiencies eptable plan of correction. All iscussed with on-site staff view.  |                      |  |      |                          |
|   | once completed pro  | orrect all listed deficiencies,<br>ovide verification in the form of<br>voices, etc. for all work   |                      |  |      |                          |
|   | The cited deficienci  | es are as follows:  |                      |  |      |                          |
| C 151   | Laundry Room  |   | C 151                |  |      |                          |
|   | The laundry equipm  | THE BUILDING  13 LAUNDRY ROOM  nent in a family care home  of the living, dining, and   |                      |  |      |                          |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

|                          | IT OF DEFICIENCIES<br>OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | (X2) MULTIPL<br>A. BUILDING: | E CONSTRUCTION<br><b>01</b>  | (X3) DATE SURVEY<br>COMPLETED |                          |
|--------------------------|--|---|------------------------------|--|-------------------------------|--------------------------|
|                          |  | FCL081047   | B. WING                      |  | 09/1                          | 2/2019                   |
| NAME OF I                | PROVIDER OR SUPPLIER   | STREET AD   | DRESS, CITY, S               | STATE, ZIP CODE  |                               |                          |
| HOPE C                   | ARE CENTER # 1   |   | HIGHWAY 64<br>ILLS, NC 28    |  |                               |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>/ MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG          | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | _D BE                         | (X5)<br>COMPLETE<br>DATE |
| C 151                    | Continued From pa  | ge 1  | C 151                        |  |                               |                          |
|                          | the laundry room w residents. This is no   | e survey it was observed that as not accesible to the ot compliant with the rule.   |                              |  |                               |                          |
| C 156                    | Housekeeping-Ade   | quate Supplies  | C 156                        |  |                               |                          |
|                          | FURNISHINGS  (a) Each family ca  (6) have supply of washcloths, sheets additional coverings hand at all times; | 315 HOUSEKEEPING AND  |                              |  |                               |                          |
|                          | the door to the kitch place. This is not co  | et as evidenced by: e survey it was observed that nen had a deadbolt lock in ompliant with the rule. Take s to remove or disable the                                    |                              |  |                               |                          |
| C 171                    | Fire Safety- Evacua  | ation Plan  | C 171                        |  |                               |                          |
|                          | DISASTER PLAN (d) A written fire e diagrammed drawir the local code enfo prepared in large p                   | THE BUILDING 316 FIRE SAFETY AND vacuation plan (including a ng) which has the approval of rement official shall be rint and posted in a central for. The plan shall be |                              |  |                               |                          |

Division of Health Service Regulation

STATE FORM 6899 46KF21 If continuation sheet 2 of 12

| STATEMEN                 | T OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | (X2) MULTIPL<br>A. BUILDING: | E CONSTRUCTION<br><b>01</b>  | (X3) DATE SURVEY<br>COMPLETED |                          |
|--------------------------|--|--|------------------------------|--|-------------------------------|--------------------------|
|                          |  | FCL081047  | B. WING                      | B. WING  |                               | 2/2019                   |
| NAME OF F                | PROVIDER OR SUPPLIER   | STREET ADI   | DRESS, CITY, S               | STATE, ZIP CODE  |                               |                          |
| HOPE CA                  | ARE CENTER # 1   |  | HIGHWAY 64                   |  |                               |                          |
| (VA) ID                  | (X4) ID SUMMARY STATEMENT OF DEFICIENCIES  |  |                              | PROVIDER'S PLAN OF CORRECTION  | N.                            | (VE)                     |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG          | (EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPROL<br>DEFICIENCY) | .D BE                         | (X5)<br>COMPLETE<br>DATE |
| C 171                    | Continued From pa  | ge 2   | C 171                        |  |                               |                          |
|                          | shall be a part of the This Rule is not me 1. At the time of the the evacuation plan on the walls. This is | resident on admission and e orientation for all new staff. et as evidenced by: survey it was observed that s were not oriented correctly not compliant with the rule. et steps to orient the plans |                              |  |                               |                          |
| C 174                    | Building Equipment   | Maintained Safe, Operating   | C 174                        |  |                               |                          |
|                          | EQUIPMENT (a) The building ar mechanical, and plu care home shall be operating condition.                  | 17 BUILDING SERVICE  and all fire safety, electrical, umbing equipment in a family maintained in a safe and  |                              |  |                               |                          |
|                          | the front door would compliant with the r  | et as evidenced by: survey it was observed that not latch properly. This is not ule. Take the necessary steps o it latches secuerly.   |                              |  |                               |                          |
|                          | the wall panelling be room was damaged   | survey it was observed that<br>elow the A/C unit in the living<br>I. This is not compliant with<br>ecessary steps to repair the  |                              |  |                               |                          |
|                          | the A/C unit in the l clogged. This is not   | survey it was observed that iving room was dirty and compliant with the rule. Take is to clean the A/C unit.   |                              |  |                               |                          |

6899

Division of Health Service Regulation STATE FORM

46KF21 If continuation sheet 3 of 12

| STATEMENT OF DEFIC<br>AND PLAN OF CORRE  |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | (X2) MULTIPL<br>A. BUILDING:                | E CONSTRUCTION  01   |         | (X3) DATE SURVEY<br>COMPLETED |  |
|--|---|--|---|--|---------|-------------------------------|--|
|  |   | FCL081047  | B. WING                                     |  | 09/1    | 2/2019                        |  |
| NAME OF PROVIDER OF HOPE CARE CENT   |   | 5023 US F  | DRESS, CITY, S<br>HIGHWAY 64<br>ILLS, NC 28 |  |         |                               |  |
| PREFIX (EAC  | H DEFICIENC   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG                         | PROVIDER'S PLAN OF CORRE<br>(EACH CORRECTIVE ACTION SH<br>CROSS-REFERENCED TO THE API<br>DEFICIENCY) | OULD BE | (X5)<br>COMPLETE<br>DATE      |  |
| 4. At the the eme working the necessight.  5. At the the floor damage Take the covering 6. At the the wall bedroom with the the wall bedroom with the the wall 7. At the there was a rack. The necessapprove 8. At the there was side bat Take the bar.  9. At the there was side bat Take the there was side bat Take the register.  10. At the there was the the there was the the there was the there w | etime of the covering in d. This is not essary step d. This is not encessary.  etime of the panelling be necessary step d. Take panelling.  etime of the panelling.  etime of the panelling.  etime of the panelling is not construct the panelling.  etime of the panelling is not construct the panelling.  etime of the panelling is not construct the panelling.  etime of the panelling is not construct the panelling is not construct the panelling. | e survey it was observed that in the living room was not a compliant with the rule. Take is to repair the emergency  e survey it was observed that in the front right bedroom was not compliant with the rule. It is steps to repair the floor  e survey it was observed that the end of the door in the front right aged. This is not compliant the necessary steps to repair  e survey it was observed that expression to survey it was observed that expression to survey it was observed that expression the tank in an expression the shower in the right is is not compliant with the rule. Take is not compliant with the rule. It is sometimed that is sometimed that it is not compliant with the rule. It is sometimed that it is not compliant with the rule. It is sometimed that it is not compliant with the rule. It is sometimed that it is not compliant with the rule. It is sometimed that it is not compliant with the rule. It is not with the rule. Take the | C 174                                       |  |         |                               |  |

Division of Health Service Regulation

necessary steps to remove the throw rugs.

STATE FORM 6899 46KF21 If continuation sheet 4 of 12

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |  |   | (X2) MULTIPL<br>A. BUILDING: | E CONSTRUCTION<br><b>01</b>   | (X3) DATE SURVEY<br>COMPLETED |                          |
|---|--|---|------------------------------|---|-------------------------------|--------------------------|
|   |  | FCL081047   | B. WING                      |   | 09/                           | 12/2019                  |
| NAME OF   | PROVIDER OR SUPPLIER   |   |                              | STATE, ZIP CODE   |                               |                          |
| HOPE C  | ARE CENTER # 1   |   | HIGHWAY 64<br>ILLS, NC 28    |   |                               |                          |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENC)   | TEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG          | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIES OF T | ULD BE                        | (X5)<br>COMPLETE<br>DATE |
| C 174   | Continued From pa  | ige 4   | C 174                        |   |                               |                          |
|   | the floor covering in porch was damage the rule. Take the n floor covering.  12. At the time of the there was a hasp to garage. This is not the necessary step.  13. At the time of the the garage was clurand and other storathe electrical panel. rule. Take the neces | ne survey it was observed that in the hallway to the covered d. This is not compliant with necessary steps to repair the esurvey it was observed that tock on the door leading to the compliant with the rule. Take is to remove the hasp lock. The survey it was observed that tered with combustible items age items blocking access to in the compliant with the sary steps to organize the y and keep the area in front of clear. |                              |   |                               |                          |
|   | there two space he<br>stored in the garage<br>the rule. Take the n   | he survey it was observed that aters and multiple gas cans e. This is not compliant with eccessary steps to remove the the house and store the gas storage building.  |                              |   |                               |                          |
|   | there was not a wo   | ne survey it was observed that<br>rking heat detector in the<br>compliant with the rule. Take<br>s to install a proper heat   |                              |   |                               |                          |
|   | the sink drain on th<br>This is not complian   | ne survey it was observed that<br>e covered porch was leaking.<br>nt with the rule. Take the<br>repair the sink drain.  |                              |   |                               |                          |
|   |  | ne survey it was observed that issues in the laundry room   |                              |   |                               |                          |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |   |  |  |  | 3) DATE SURVEY<br>COMPLETED |                          |
|--|---|--|--|--|-----------------------------|--------------------------|
|  |   | FCL081047  | B. WING                                    |  | 09/1                        | 2/2019                   |
|  | PROVIDER OR SUPPLIER  ARE CENTER # 1  | 5023 US H  | DRESS, CITY, S<br>IIGHWAY 64<br>LLS, NC 28 |  |                             |                          |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG                        | PROVIDER'S PLAN OF CORRECT<br>(EACH CORRECTIVE ACTION SHOU<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | ILD BE                      | (X5)<br>COMPLETE<br>DATE |
| C 174  | including the door to drain pipe from the there was a hole ar the ceiling had rotte compliant with the roto repair these defice.  18. At the time of the smoking area we there not an ashe roto compliant with the roto provide a proper.  19. At the time of the screen on the contract was a hole at the concrete. This in Take the necessary deficiencies.  20. At the time of the there were multiple the door handle on light on the range here the cabinet doors wounder the sink was with the rule. Take the these deficiencies.  21. At the time of the these deficiencies.  21. At the time of the these deficiencies.  22. At the time of the these deficiencies. | o the room was damaged, the upper bathroom was leaking, ound the water heater line and en wood present. This is not rule. Take the necessary steps ciencies.  The survey it was observed that was on the covered porch but eceptacle. This is not rule. Take the necessary steps | C 174                                      |  |                             |                          |

Division of Health Service Regulation

| STATEMEN                 | IT OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPL<br>A. BUILDING: | E CONSTRUCTION  01   |            | X3) DATE SURVEY<br>COMPLETED |  |
|--------------------------|---|---|------------------------------|--|------------|------------------------------|--|
|                          |   | FCL081047   | B. WING                      |  | 09/12/2019 |                              |  |
| NAME OF I                | PROVIDER OR SUPPLIER  |   |                              | STATE, ZIP CODE  | 1 03/1     | 2/2013                       |  |
|                          |   |   | IIGHWAY 64                   |  |            |                              |  |
| HOPE CA                  | ARE CENTER # 1  | UNION MI  | LLS, NC 28                   | 167  |            |                              |  |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG          | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | D BE       | (X5)<br>COMPLETE<br>DATE     |  |
| C 174                    | Continued From pa   | ge 6  | C 174                        |  |            |                              |  |
|                          | This is not compliar  | ht of the shower was dirty.<br>nt with the rule. Take the<br>correct these deficiencies.  |                              |  |            |                              |  |
|                          | the door hinge to the loose. This is not co   | ne survey it was observed that the middle left bedroom was compliant with the rule. Take as to secure the door hinge.   |                              |  |            |                              |  |
|                          | the toilet seat in the loose. This is not co  | ne survey it was observed that<br>e middle left bathroom was<br>ompliant with the rule. Take<br>s to secure the toilet seat.  |                              |  |            |                              |  |
|                          | the exhaust fan in t<br>not working. This is  | ne survey it was observed that he middle left bathroom was not compliant with the rule.   |                              |  |            |                              |  |
|                          | there were multiple<br>bedroom including<br>baseboards and the<br>shut properly. This                             | ne survey it was observed that issues in the front left torn floor covering, damaged e door to the room would not is not compliant with the rule.   |                              |  |            |                              |  |
|                          | there were multiple light globes through compliant with the r   | ne survey it was observed that<br>burned out bulbs and missing<br>nout the house. This is not<br>rule. Take the necessary steps<br>is and globes as needed.   |                              |  |            |                              |  |
|                          | there multiple areas<br>wall covering. This<br>Take the necessary<br>documentation that<br>treated with a fire re | ne survey it was observed that is with wood panelling used as is not compliant with the rule. It is steps to provide the the panelling has been etardent capable of providing a is C finish or have the panelling |                              |  |            |                              |  |

Division of Health Service Regulation

STATE FORM 6899 46KF21 If continuation sheet 7 of 12

| STATEMEN                 | IT OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | (X2) MULTIPL<br>A. BUILDING: | E CONSTRUCTION  01   |        | (X3) DATE SURVEY<br>COMPLETED |  |
|--------------------------|---|--|------------------------------|--|--------|-------------------------------|--|
|                          |   | FCL081047  | B. WING                      |  | 09/1   | 2/2019                        |  |
| NAME OF                  | PROVIDER OR SUPPLIER  |  | DRESS, CITY, S               | STATE, ZIP CODE  | 1 00/1 | 2/2010                        |  |
| HOPE C                   | ARE CENTER # 1  | 5023 US F  | HIGHWAY 64                   |  |        |                               |  |
| 1101 E 0                 |   |  | LLS, NC 28                   |  |        |                               |  |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG          | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | D BE   | (X5)<br>COMPLETE<br>DATE      |  |
| C 174                    | Continued From page 7   |  | C 174                        |  |        |                               |  |
|                          | treated accordingly   |  |                              |  |        |                               |  |
|                          | the handrail to the u<br>and did not run the<br>not compliant with t<br>steps to extend the<br>wall.  | ne survey it was observed that upstairs apartment was loose full length of the stairs. This is he rule. Take the necessary handrail and secure it to the                 |                              |  |        |                               |  |
|                          | the emergency egre<br>apartment were obs<br>This is not complian<br>necessary steps to  | ne survey it was observed that ess windows in the upstairs structed by A/C window units. In with the rule. Take the have at least one of the ted and operating properly. |                              |  |        |                               |  |
|                          | 31. At the time of the survey it was observed that there were multiple issues in the upstairs bathroom including a damaged wall at the shower head, a broken light fixture, a broken toilet paper holder and a loose toilet. This is not compliant with the rule. Take the necessary steps to correct these deficiencies. |  |                              |  |        |                               |  |
|                          | the carpet in the sit upstairs was torn. T  | ne survey it was observed that<br>ting area off the bathroom<br>This is not compliant with the<br>ssary steps to repair / replace  |                              |  |        |                               |  |
|                          | there were multiple<br>wires in the attic are<br>the rule. Take the n   | ne survey it was observed that open junction boxes and open eas. This is not compliant with eccessary steps to close the perly and terminate the wires                   |                              |  |        |                               |  |
|                          | the bath fans were  | ne survey it was observed that not venting to the exterior of not compliant with the rule.   |                              |  |        |                               |  |

Division of Health Service Regulation

| Division of Fleath Service (Cegulation |   |   |                            |  |      |                               |  |
|--|---|---|----------------------------|--|------|-------------------------------|--|
|  | IT OF DEFICIENCIES  | (X1) PROVIDER/SUPPLIER/CLIA   | (X2) MULTIPLE CONSTRUCTION |  |      | (X3) DATE SURVEY<br>COMPLETED |  |
| AND PLAN                               | OF CORRECTION   | IDENTIFICATION NUMBER:  | A. BUILDING: <b>01</b>     |  | COMP | LETED                         |  |
|  |   |   |                            |  |      |                               |  |
|  |   | FCL081047   | B. WING                    |  | 09/1 | 2/2019                        |  |
| NAME OF F                              | PROVIDER OR SUPPLIER  | STREET AN   | DRESS CITY S               | STATE, ZIP CODE  |      |                               |  |
| NAME OF F                              | -NOVIDEN ON SOFFEIEN  |   | IIGHWAY 64                 |  |      |                               |  |
| HOPE CA                                | HOPE CARE CENTER # 1  |   |                            |  |      |                               |  |
|  |   |   | LLS, NC 28                 |  |      |                               |  |
| (X4) ID<br>PREFIX<br>TAG               | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG        | PROVIDER'S PLAN OF CORRECTIO<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPROF<br>DEFICIENCY) | D BE | (X5)<br>COMPLETE<br>DATE      |  |
| C 174                                  | Continued From no   | ao 0  | C 174                      | ,  |      |                               |  |
| C 174                                  | Continued From pa   |   | C 174                      |  |      |                               |  |
|  | exterior.   | steps to vent the fans to the   |                            |  |      |                               |  |
|  | 35. At the time of the survey it was observed that there were cut rafters in the attic area. This is not compliant with the rule. Take the necessary steps to repair the rafters.   |   |                            |  |      |                               |  |
|  | 36. At the time of the survey it was observed that there was no heat detector in the rear overframe area of the attic. This is not compliant with the rule. Take the necessary steps to install a heat detector in this area. |   |                            |  |      |                               |  |
|  | there signs of bed to<br>Documentation sho<br>place. Take the nec   | e survey it was observed that bugs present in the bedrooms. wed that treatment was taking essary steps to clean all areas has taken place to remove hs.   |                            |  |      |                               |  |
|  | the fire drills were n<br>alarm or smoke det<br>with the rule. Take t<br>all fire drills with the   | e survey it was observed that ot being initiated by the fire ectors. This is not compliant he necessary steps to initiate alarms and train residents to ate to the alarms properly.   |                            |  |      |                               |  |
|  | the fire alarm was r<br>battery for the syste<br>compliant with the r<br>to have the fire alar<br>function and sound<br>as well as have the<br>* A fire watch was<br>surveyor until the fire                                  | e survey it was observed that not working properly and the em was out of date. This is not ule. Take the necessary steps im repaired so that all heads appropriately when activated battery replaced. It implemented by the DHSR re alarms are operating that it is not entirely with the data. |                            |  |      |                               |  |

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| STATEMEN                 | T OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | (X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b> |  | (X3) DATE SURVEY<br>COMPLETED |                          |
|--------------------------|--|---|---|--|-------------------------------|--------------------------|
|                          |  | FCL081047   | B. WING   | B. WING  |                               | 2/2019                   |
| NAME OF F                | PROVIDER OR SUPPLIER   | STREET ADI  | DRESS, CITY, S                                    | STATE, ZIP CODE  |                               |                          |
| HOPE CA                  | ARE CENTER # 1   |   | IIGHWAY 64  |  |                               |                          |
| (VA) ID                  | STIMMADV STA   | TEMENT OF DEFICIENCIES  | LLS, NC 28  | PROVIDER'S PLAN OF CORRECTION  | N.                            | (VE)                     |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                               | (EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPROL<br>DEFICIENCY) | D BE                          | (X5)<br>COMPLETE<br>DATE |
| C 174                    | Continued From pa  | ge 9  | C 174   |  |                               |                          |
|                          | there were no pull s<br>system was not mo<br>to with the rule. Due<br>house these require  | e survey it was observed that stations and the fire alarm nitored. This is not compliant to this being a two story ements need to be met. Take to implement these |   |  |                               |                          |
| C 183                    | Outside Premises-0   | Clean, Safe   | C 183   |  |                               |                          |
|                          | 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. At the time of the survey it was observed that there were loose pickets and rails on the front porch. This is not compliant with the rule. Take the necessary steps to secure the rails and pickets. |   |   |  |                               |                          |
|                          | the front porch post crumbling. This is n  | survey it was observed that<br>s were deteriorated and<br>ot compliant with the rule.<br>steps to replace the   |   |  |                               |                          |
|                          | there was a hook la<br>This is not compliar  | survey it was observed that<br>tch on the front storm door.<br>It with the rule. Take the<br>remove the hook latch.   |   |  |                               |                          |
|                          | the ramp transition loose. This is not co  | survey it was observed that<br>strip at the front porch was<br>ompliant with the rule. Take<br>is to secure the transition strip.                                 |   |  |                               |                          |

| DIVISION                 | Division of Health Service Regulation             |  |                     |  |                  |                          |  |  |
|--------------------------|---|--|---------------------|--|------------------|--------------------------|--|--|
|                          | IT OF DEFICIENCIES                                | (X1) PROVIDER/SUPPLIER/CLIA                          | (X2) MULTIPL        | E CONSTRUCTION   | (X3) DATE SURVEY |                          |  |  |
| AND PLAN                 | OF CORRECTION                                     | IDENTIFICATION NUMBER:                               | A. BUILDING:        | 01   | COMPLETED        |                          |  |  |
|                          |   |  |                     |  |                  |                          |  |  |
| FCL081047                |   | FCL081047  | B. WING             |  | 09/12/2019       |                          |  |  |
| NAME OF F                | PROVIDER OR SUPPLIER                              | STREET ADI   | ORESS CITY S        | STATE, ZIP CODE  |                  |                          |  |  |
| 10 4012 01 1             | TO VIDER OR OUT FILER                             |  | IIGHWAY 64          |  |                  |                          |  |  |
| HOPE CA                  | ARE CENTER # 1                                    |  | LLS, NC 28          |  |                  |                          |  |  |
| (VA) ID                  | STIMMADV STA                                      | TEMENT OF DEFICIENCIES                               | -                   | PROVIDER'S PLAN OF CORRECTION  | )NI              | (VE)                     |  |  |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY                                  | MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID<br>PREFIX<br>TAG | (EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPROI<br>DEFICIENCY) | D BE             | (X5)<br>COMPLETE<br>DATE |  |  |
| C 183                    | Continued From pa                                 | ge 10  | C 183               |  |                  |                          |  |  |
|                          | 5. At the time of the                             | survey it was observed that                          |                     |  |                  |                          |  |  |
|                          |   | the maximum allowable slope                          |                     |  |                  |                          |  |  |
|                          |   | hes. This is not compliant with                      |                     |  |                  |                          |  |  |
|                          |   | ecessary steps to have the meet the proper slope.    |                     |  |                  |                          |  |  |
|                          | ramp constructed to                               | Theet the proper slope.                              |                     |  |                  |                          |  |  |
|                          | 6. At the time of the survey it was observed that |  |                     |  |                  |                          |  |  |
|                          |   | the foundation wall behind the                       |                     |  |                  |                          |  |  |
|                          |   | ompliant with the rule. Take the                     |                     |  |                  |                          |  |  |
|                          | necessary steps to                                | repair the noie.                                     |                     |  |                  |                          |  |  |
|                          | 7. At the time of the                             | survey it was observed that                          |                     |  |                  |                          |  |  |
|                          | there was only a ha                               | ndrail on one side of the right                      |                     |  |                  |                          |  |  |
|                          |   | This is not compliant with the                       |                     |  |                  |                          |  |  |
|                          |   | ssary steps to add a handrail                        |                     |  |                  |                          |  |  |
|                          | to the open side of                               | ine steps.   |                     |  |                  |                          |  |  |
|                          | 8. At the time of the                             | survey it was observed that                          |                     |  |                  |                          |  |  |
|                          | the gutters were full                             | l of leaves and debris. This is                      |                     |  |                  |                          |  |  |
|                          |   | he rule. Take the necessary                          |                     |  |                  |                          |  |  |
|                          | steps to clean out the                            | ne gutters.  |                     |  |                  |                          |  |  |
|                          | 9. At the time of the                             | survey it was observed that                          |                     |  |                  |                          |  |  |
|                          |   | iding all around the house.                          |                     |  |                  |                          |  |  |
|                          |   | nt with the rule. Take the                           |                     |  |                  |                          |  |  |
|                          |   | repair all damaged areas of                          |                     |  |                  |                          |  |  |
|                          | siding.   |  |                     |  |                  |                          |  |  |
|                          | 10 At the time of th                              | e survey it was observed that                        |                     |  |                  |                          |  |  |
|                          |   | e garage door window was                             |                     |  |                  |                          |  |  |
|                          | loose in the frame.                               | This is not compliant with the                       |                     |  |                  |                          |  |  |
|                          |   | ssary steps to secure the                            |                     |  |                  |                          |  |  |
|                          | glass.  |  |                     |  |                  |                          |  |  |
|                          | 11. At the time of th                             | e survey it was observed that                        |                     |  |                  |                          |  |  |
|                          |   | ent cover was missing. This is                       |                     |  |                  |                          |  |  |
|                          | not compliant with t                              | he rule. Take the necessary                          |                     |  |                  |                          |  |  |
|                          | steps to install the p                            | proper vent cover.                                   |                     |  |                  |                          |  |  |

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12. At the time of the survey it was observed that
Division of Health Service Regulation
STATE FORM

| STATEMEN                 | T OF DEFICIENCIES OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | ` '                      | E CONSTRUCTION  | (X3) DATE SURVEY<br>COMPLETED |                          |  |
|--------------------------|--|---|--------------------------|---|-------------------------------|--------------------------|--|
| 7.1.12 1 27.1.1          | or contraction   | ISEITH IO, THO THOMSELT.  | A. BUILDING:             | A. BUILDING: <b>01</b>  |                               |                          |  |
|                          |  | FCL081047   | B. WING                  |   | 09/1                          | 2/2019                   |  |
| NAME OF F                | PROVIDER OR SUPPLIER   | STREET ADI  | DRESS, CITY, S           | STATE, ZIP CODE   |                               |                          |  |
| HOPE CARE CENTER # 1     |  |   | IIGHWAY 64<br>LLS, NC 28 |   |                               |                          |  |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG      | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY) | D BE                          | (X5)<br>COMPLETE<br>DATE |  |
| C 183                    | Continued From pa  | ge 11   | C 183                    |   |                               |                          |  |
| C 183                    | the rear steps had of This is not compliar necessary steps to as needed.  13. At the time of the there was a drop of This is not compliar necessary steps to location.  14. At the time of the the pump house do compliant with the responsible to secure the door.  15. At the time of the there was an open the A/C unit. This is Take the necessary steps to reapply paint as needed.  17. At the time of the there was chipping This is not compliar necessary steps to reapply paint as needed. | deteriorated wood present. In the with the rule. Take the replace all deteriorated wood are survey it was observed that if at the rear concrete porch. In the with the rule. Take the add a guardrail in this are survey it was observed that or was not secure. This is not rule. Take the necessary steps are survey it was observed that hole to the crawlspace behind not compliant with the rule. In steps to seal the hole.  The survey it was observed that the survey it was observed that paint on all of the windows. The with the rule. Take the scrape the chipping paint and | C 183                    |   |                               |                          |  |
|                          |  |   |                          |   |                               |                          |  |

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