STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
			A. BOILDING		R	
		MHL055-121	B. WING		02/14/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	ΓΕ, ZIP CODE		
CAVI AINI	e house of hobe	322 EAS	T MCBEE STREE	т		
GAYLAIN	S HOUSE OF HOPE	LINCOL	NTON, NC 28092			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	on February 14, 2019 This facility is licensed	up survey was completed Deficiencies were cited.  d for the following service 27G .5600E Supervised Substance Abuse				
V 114	27G .0207 Emergence	y Plans and Supplies	V 114			
	AND SUPPLIES  (a) A written fire plan area-wide disaster plashall be approved by authority.  (b) The plan shall be and evacuation proceposted in the facility.  (c) Fire and disaster coshall be held at least repeated for each shi under conditions that	an shall be developed and the appropriate local made available to all staff dures and routes shall be drills in a 24-hour facility				
	failed to ensure fire di quarterly and repeate are:	ew and interview, the facility rills were held at least d for each shift. The findings				
	-No fire drills were co	the fire drill log revealed: nducted: during 1st quarter, 2018				

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
					R	
		MHL055-121	B. WING		02/14/2019	
NAME OF D	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE ZIR CODE		
NAME OF T	NOVIDEN ON 3011 EIEN		MCBEE STREE			
GAYLAIN'	S HOUSE OF HOPE		TON, NC 28092			
04.0.15	CHMMADY CT		1		NI OCT	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
V 114	Continued From page 1		V 114			
	-3rd shift weekday and quarter, 2018 (April 1 - 1 - 1 - 1 - 1 - 2 - 2 - 2 - 2 - 2 -	and 2 weekend shifts during pril-June); yeekdays during 3rd quarter, er); weekdays during 4th quarter, mber).  9 with Clients #2, #5 and #6 e drills varied from once y other month; g place when fire drills were on where the fire was in in the house;				
		entified was outside the d the other meeting place t from the facility.				
	and Staff #1 revealed -The weekday shifts of -1st shift from 7:00 -2nd shift from 11:00 -3rd shift from 11:00 -The weekends had to operated from 7:00 and pm to 7:00 am; -Staff #1 developed and form to better track and the form used for 201 -They both understood	operated as follow: am-3:00 pm; pm- 11:00 pm; pm- 7:00 am wo 12-hour shifts that m- 7:00 pm and from 7:00 a new fire and disaster drill and document the drills than 8; od the importance of the fire ang conducted each quarter				
V 750	Water Systems	ntenance of Elec., Mech., & 4 FACILITY DESIGN AND	V 750			

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STATE FORM SO6N11 If continuation sheet 2 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R	
MHL055-121		MHL055-121	B. WING		02/14/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
GAYLAIN'	S HOUSE OF HOPE		MCBEE STREE			
			ON, NC 28092			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 750	Continued From page 2		V 750			
	ensures the physical visitors.	oped in a manner that safety of clients, staff and nechanical and water				
	This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure the water and toilet systems were maintained in operating condition. The findings are:					
	#1 and facility mainte -8/5/18 at 2:53 pm, at #1 to a maintenance: "bathroom one, stall of -8/27/18 at 8:47 am, a maintenance staff to stall clarification about the couple of weeks ago" response on 8/27/18 was the same toilet a continuously; -No emails or other w	n email was sent from Staff staff that there was a leak in one;" an email was sent from a Staff #1 that asked for toilet he worked on "a with Staff #1's emailed at 1:12 pm that affirmed it nd she heard water running ritten communication and the maintenance staff				
	am of the facility reve -2 client bathrooms of with 2-3 showers, 2-3 contained in each bat	n the 2nd level of the facility toilets and 2 sinks throom; 1st client bathroom had a of toilet lid with the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILBING.			R	
MHL055-121		B. WING		02	02/14/2019		
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STAT	ΓE, ZIP CODE			
GAYLAIN'S HOUSE OF HOPE  322 EAST MCBEE STREET  LINCOLNTON, NC 28092							
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y 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) COMPLETE DATE	
V 750	-The sink faucet close client bathroom did not faucet was turned to the faucet was an all of the faucet was shown as the faucet was faucet was turned to show a shown as the faucet was faucet was turned to show a shown as the faucet was faucet was turned to show a shown as the faucet was fauc	est to the door in the 2nd of emit water when the the "on" position;  with Clients #2, #5 and #6  m staff that water leaks a 2nd bathroom and the form not to work and both for about 2-3 months; the maintenance to get the with Staff #1 revealed: off to the sink in the 2nd a water leak; and applied sealant around throom to prevent leaking if more recent the maintenance staff about but was unable to locate	V 750				

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