FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092172	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2015
NAME OF PROVIDER OR SUPPLIER: ANN'S PLACE OF HOPE # 2	STREET ADDRESS, CITY, STATE, ZIP CODE: 2308 GLASCOCK STREET RALEIGH, NC 27610		

(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	Initial Comments Report by Suzanne Fay DHSR Construction Section conducted a Biennial Survey on June 3, 2015 from 9:31 AM to 10:39 AM at the above referenced facility. DHSR records indicate the home was first licensed on September 7, 1989 as a Family Care Home for six 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 1984 (1987 Revision) Family Care Homes Minimum Standards and Regulations, applicable portions of the 2008 Rules 10A NCAC 13G for Family Care Homes and the 1978 (Revision 9) North Carolina State Building Code - Section 408.1 (g) - Residential Care Facilities. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000	CONSTRUCTION SECTION JUL 14 2015 RECEIVED	
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. (i) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. At the time of this survey, the kitchen outlet to the left of the sink did not trip when tested. At the time this facility was licensed, outlets within 6' of	C 174		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATE FORM | 6899 | RNRE21 | If continuation sheet 1 of

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL083173	A. BUILDING: 01 B. WING	06/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANN'S PLACE OF HOPE # 2	2305 GLASCOCK STREET RALEIGH, NC 27610

(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) COMPLETION DATE
C 174	Continued From page 1 the kitchen sink were required to be GFCI outlets. Have a qualified person repair or replace this outlet. Provide documentation of the repairs in the form of receipts or a work order. 2. Observations revealed that in the back bedroom closest to the kitchen, the ceiling along the wall between the two bedrooms was sagging from the front of the room to the back wall. Have a qualified person investigate the cause of the sagging and make the necessary repairs. Provide documentation of the repairs. 3. Observations revealed that in the back bedroom closest to the kitchen, there were large brown stains on the ceiling near the entrance that appeared to be water stains. Have a qualified technician investigate the cause of the stains and make the necessary repairs. Provide documentation of the repairs. 4. Observations revealed that one of the boards on the back deck (about mid-deck) was loose. In several locations, there were large gaps between the boards that could pose a tripping hazard. Have a qualified person repair the deck to provide a safe walking surface for the Residents. Provide documentation of the repairs. 5. Observations revealed a small hole in the exterior siding above the window in the hall to the staff bedroom. Have a qualified person repair the siding. Provide documentation of the repairs. 6. Observations revealed that a section of the trim outside the staff bedroom was loose and falling off exposing the substrate behind. Have a qualified person repair or replace the damaged trim. Provide documentation of the repairs.	C 174	Com Pending Pending Pending Pending Pending	6/15/15 7/21/15 7-21-15 7-23-15 7-23-15 7-27-15

Division of Health Service Regulation
STATE FORM 6899 R4RUE31 If continuation sheet 2

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092172	A. BUILDING: 01 B. WING	06/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANN'S PLACE OF HOPE # 2	9505 GLASCOCK STREET RALEIGH, NC 27613

(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 122	Continued From page 2	C 122		
C 122	Corridor IV. The Building C. Physical Environment 7. Corridor (10 NCAC 42C .2208) a. Corridors must be a minimum clear width of three feet. b. Corridors must be lighted sufficiently with night lights providing 1 foot-candle power at the floor. c. Corridors must be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Observations revealed that travel between the front and rear exits must go through the kitchen. The kitchen has a Dutch door separating it from the dining area. The door has locking hardware that, if engaged, would block exiting from the back of the facility to the front. The locking hardware was removed on site and no further documentation is required.	C 122		6/05/15
C 123	Outside Entrances/exits IV. The Building C. Physical Environment 6. Outside Entrances/Exits (10 NCAC 42C .2208) a. All floor levels must have at least two exits. If there are only two, the exits must be as remote from each other as reasonably possible. b. At least one entrance/exit door must be a minimum clear width of three feet and another must be a minimum clear width of two feet and eight inches. c. At least two outside entrances/exits for the residents' floor level must be at ground level or accessible by ramp with a 1 inch rise for each 12 inches of length of the ramp. If there are only two	C 123		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092173	A. BUILDING _____ B. WING _____	06/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANN'S PLACE OF HOPE # 2	2308 GLASCOCK STREET RALEIGH, NC 27610

(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 123	Continued From page 3 entrances/exits, the entrances/exits must be as remote from each other as reasonably possible. (The requirement for the ramp at exits not at ground level applies to homes which have at least one resident who needs personal assistance in getting up or down steps.) d. All exit doors locks must be easily operable, by a single hand motion, from the inside at all times without keys. (This limits each door to one locking device which meets the criteria set forth in this standard.) e. All entrances/exits must be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency. f. All steps, porches, stoops and ramps must be provided with handrails and guardrails. g. In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each required exit door must be equipped with a sounding device that is activated when the door is opened. The sound must be of sufficient volume that it can be heard by staff. A central control panel that will deactivate the sounding device may be used, provided the control panel is located in the bedroom of the person on call within the home. This Rule is not met as evidenced by: 1. Observations revealed that the front exit has a concrete walk and ramp leading to the driveway. The soil has eroded around the walk and ramp creating a small drop-off either side of the patch. Have a qualified person regrade the area to eliminate the drop-off or install handrails along either side of the walk and ramp where it is not at grade. Provide documentation of the repairs.	C 125	Pending	7-23-15
C 126	Floors	C 126		

Division of Health Service Regulation
STATE FORM 888 R4R921 If continuation sheet 4

Mixed results

27 = 12' (1X6)

~~2X6 14~~ 2X6X12 - 5

1X8X12

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092173	A. BUILDING _____ B. WING _____	06/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANN'S PLACE OF HOPE # 2	2336 GLASCOCK STREET RALEIGH, NC 27610

(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 125	Continued From page 4 IV. The Building C. Physical Environment 10. Floors (10 NCAC 42C .2211) a. All floors must be of smooth, non-skid material and so constructed as to be easily cleanable. b. Scatter or throw rugs are not to be used. c. All floors must be kept in good repair. This Rule is not met as evidenced by: 1. Observations revealed throw rugs in the living room, at the back exit and in the two front bedrooms. Remove the throw rugs from the home. Provide verification of the correction. 2. Observations revealed that both bathrooms had throw rugs. The backing had worn off of the rugs and they were slippery underfoot. DHSR/Construction Section will allow throw rugs in the bathrooms if they have a good rubber backing that secures them to the floor. The rugs were removed on site. Provide documentation that any new rugs installed in the bathrooms have adequate backing.	C 125	Rugs were removed They will not be used	6/8/15
C 138	Fire Safety-Smoke, Heat Detectors IV. The Building E. Fire Safety Requirement (10 NCAC 42C .2213) 3. The home must provide automatic, single station U.L. listed smoke (ionization) detectors in locations as determined by the Division of Facility Services and U.L. listed heat detectors in the attic and basement. These detectors must be directly wired to the house current. This Rule is not met as evidenced by:	C 138		

Take up Rugs

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032172	A. BUILDING: 01 B. WING ______	08/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANN'S PLACE OF HOPE # 2	2508 GLASCOCK STREET RALEIGH, NC 27610

(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 138 ② Put Up Heat detector	Continued From page 6 1. Based on observations made during this survey, there is not a heat detector in either attic compartment of the front portion of the facility. Have a qualified technician install heat detectors in the attic to provide sufficient coverage per the manufacturer's instructions. Provide documentation of the correction. 2. At the time of this survey, the attic hatch that access the back portion of the facility was blocked by an upright freezer unit and this surveyor could not verify that the back portion has a heat detector. Provide verification in the form of photos that the back compartment has a heat detector or contract a qualified technician to install one. Provide access to the back portion for the next survey.	C 138	Pending	7-21-15
C 021	10A NCAC 13G .0302 (a) Design And Construction 10A NCAC 13G .0302 Design And Construction (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars ($380.00).	C 021		

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	FCL093173	A. BUILDING _____ B. WING _____	06/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANN'S PLACE OF HOPE # 2	2908 GLABCOCK STREET RALEIGH, NC 27610

(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 021	Continued From page 8 This Rule is not met as evidenced by: 1. Observations revealed that the bathroom fan in the front bathroom is venting into the attic. NCRBC requires mechanical ventilation to be vented to the exterior. Have a qualified technician install ductwork to extend the exhaust to an exterior location. The back bathroom exhaust could not be verified at the time of this survey as the attic hatch was blocked. Provide verification that the back fan vents to an exterior location or have a qualified technician install ductwork from the fan exhaust to an exterior location. Provide documentation of the repairs in the form of photos, permits or receipts.	C 021	Pending	7-24-15