Corrective Action Plan

From: Maurice Achu (mauriceachu@yahoo.com)

To: DHSR.Construction.Admin@dhhs.nc.gov

Date: Thursday, March 7, 2019, 11:24 AM EST

Luis Padilla
Architectural/Engineering Technician
DHSR - Construction Section

Rising Hope Health Care Servies - FC Biennial Survey
233 Gholson Avenue
Henderson Vance Count
FID #030942 Fcl091017

I forward here with the plan of corrections on the deficiencies cited during the recent survey on January 16th 2019 by the Division of Health Service Regulation (DHSR) Construction Section Biennial Survey of Rising Hope Health Care.

20190226-Rising Hope Health Care Services-sod.pdf
285.6kB

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
	FCL091017	A. BUILDING: 01 B. WING _____	01/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RISING HOPE HEALTH CARE SERVICES	233 GHOLSON AVENUE HENDERSON, NC 27536

(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 Luis Padilla DHSR Construction Section conducted a Biennial Survey on January 16, 2015 from 1:00 PM to 2:35 PM at the above referenced facility. DHSR records indicate the home was first licensed on July 14, 2014 as a Family Care Home for six (6) ambulatory Residents (able to respond and evacuate 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 2005 Rules 10A NCAC 13G for Family Care Homes, the 2009 North Carolina State Building Code - Section 421.2 - Residential Care Homes. NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site staff during the exit interview. 2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed. The cited deficiencies are as follows:	C 000	With ref to DHSR Construction Biennial Survey made on January 16th 2019, the administrator of RHHS has immediately contacted a license building maintenance contractor to make repairs on the listed deficient areas RHHS has also contacted a building maintenance company to make a survey and identify other areas in the facility that may be have potential damage or deficiency for repairs RHHS has taken measures to establish a periodic inspection 1. With the administrator 2. Building Owner 3. A contracted licensed building maintenance To make sure deficient practice does not recur again Staff on duty and the administrator will be monitoring and report any deficiency to the building owner and maintenance contractor to ensure that the deficiency practice does not recur. Finally all corrective action will be completed by April 30th 2019	
C 109	Construction-Two Stories SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (f) If the building is two stories in height, it shall meet the following requirements: (1) Each floor shall be less than 2500 square feet in area if existing construction or, if new	C 109		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Maurice Achu	Administrator/Owner Rising Hope Healthcare Svc	March 6th 2019

Maurice Achu Administrator RHHC 3/8/19

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C 109	Continued From page 1 construction, shall not exceed the allowable area for R-4 occupancy in the North Carolina State Building Code; (2) Aged or disabled persons are not to be housed on any floor above or below grade level; (3) Required resident facilities are not to be located on any floor above or below grade level; and (4) A complete fire alarm system with pull stations on each floor and sounding devices which are audible throughout the building shall be provided. The fire alarm system shall be able to transmit an automatic signal to the local emergency fire department dispatch center, either directly or through a central station monitoring company connection. This Rule is not met as evidenced by: 1. At the time of our survey it was observed that the home did not have a complete fire alarm system with pull stations on each floor. The smoke detectors, when tested, failed to transmit an automatic signal to the local emergency fire department dispatch center. This is not compliant with the rule.	C 109	With ref 110A-NCAC 13G 0302 RHHS has contacted some fire alarm companies with their quotes of installing a complete fire alarm system will pull station in accordance to C 109 #4 the companies has also contacted City of Henderson Fire Marshall at 211 Dabney Drive Henderson, NC, 27536 to make sure it is done according to NC fire code.	
C 117	Have Current San. And Fire Safety Approvals 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. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that	C 117	With ref to C 117 a current sanitation, fire and building safety inspection report is now available as at this date. Evidence will be sent when all corrective action are completed	

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C 117	Continued From page 2 on site staff was unable to present an up to date Fire or Sanitation Inspection Form. This is not compliant with the rule.	C 117		
C 152	Floors 10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there were scatter rugs in the Resident Bedrooms located next the the beds. This is not compliant with the rule.	C 152	With ref to 10A NCAC 13G .0314 C 152 #1 deficient corrected as of date. Verification will be sent when all corrective action has been completed	
C 153	Houskeeping And Furnishings-Clean, Repaired 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. This Rule is not met as evidenced by: 1. At the time of our survey it was observed that there was a missing drawer in the kitchen of the home. This is not compliant with the rule.	C 153	With ref to 10A NCAC 13G .0315 C 153 #1 deficient corrected as of date. Verification will be sent when all corrective action has been completed	
C 169	Fire Safety-Smoke Detectors	C 169	C 169 Deficient corrected as of date	

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C 169	Continued From page 3 SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the smoke detector in Bedroom #1 was missing. This is not compliant with the rule.	C 169	Continued from page 3 Smoke detectors and heat detectors are all located in the attic and basement photos and receipts are available will be sent when all corrective action are completed. C 169 #1 Missing bedroom smoke detector has been replaced photo and receipt available	
C 172	Fire Safety-Four Rehearsals SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved. This Rule is not met as evidenced by: 1. Upon further review of the Fire Drill rehearsal copies given by staff, the fire drills are done	C 172		

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C 172	Continued From page 4 incorrectly. Staff is required to set off the smoke detectors and give no verbal or physical assistance. Residents are to evacuate the home within a eight (8) minute time frame.	C 172	Ref to C 172 a correct fire drill rehearsal and evacuation time record are now kept correctly at this time copies available	
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. At the time of the survey it was observed that the mechanical exhaust for the Staff Bathroom would not function. This is not compliant with the rule. 2. At the time of the survey it was observed that there was a plug-in hand dryer in the Corridor Bathroom. This appliance is currently using a receptacle as its power source. If it remains, it must be wired to the house current and not utilized as a plug-in device. This is not compliant with the rule. 3. At the time of the survey it was observed that the floor between the bath tub and the toilet in the Corridor Bathroom was soft. This is not compliant with the rule. 4. At the time of the survey it was observed that the toilet in the Corridor Bathroom was loose at its base. This is not compliant with the rule.	C 174	With ref to C 174 #1 the mechanical exhaust for the staff bathroom has been replaced and it is in a safe and operating condition Ref to C 174 #2 The plug in hand dryer in the corridor bathroom has been removed. Ref to C 174 #3 Bathroom floor between the bath tub and the toilet has been repaired. Corridor Bathroom base has been repaired photos available and will be sent	

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C 174	Continued From page 5 5. At the time of the survey it was observed that in the Handicap Bathroom, both the sink and corresponding faceplate were loose. This is not compliant with the rule. 6. At the time of the survey it was observed that the dryer duct was detached from the dryer, causing a build up of lint. This is not compliant with the rule. 7. At the time of the survey it was observed that the rear exit was missing exterior lights. This is not compliant with the rule. Ensure that all light fixtures around the exterior have functional bulbs.	C 174	Ref to C 174 #5 Handicap bathroom sink has been replaced photo and receipt are available will be sent when all corrective action are completed. Ref to C 174 #6 the dryer dock that was detached from the dryer has been reattached see photo Ref to C 174 #7 Exterior lights on the exit lamp has been fixed, bulbs replaced see photo	
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. At the time of the survey it was observed that at the rear entrance, the roof was deteriorating/rotting. This is not compliant with the rule. 2. At the time of the survey it was observed that around the back porch, the wood seemed to be deteriorating/rotting. This is not compliant with the rule. 3. At the time of the survey it was observed that a piece of plywood was nailed down at the top steps of the back porch, creating a trip hazard. This is not compliant with the rule.	C 183	Ref to 10A NCAC 13G .0318 #1 deteriorating/rotting rear entrance roof has been repaired. Photo available Ref to C 183 #2 the back porch wood deteriorating has been replaced in compliance to the rule see photo Ref to C 183 #3 the piece of wood nailed down on the step back porch has been removed. Creating a safe environment for staff and resident. Photos available	

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