

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL091017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 11/13/2019
NAME OF PROVIDER OR SUPPLIER RISING HOPE HEALTH CARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 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 David Hickman DHSR Construction Section conducted a Biennial Follow-up Survey on November 13, 2019 from 10:55 AM to 11:35 AM at the above referenced facility. Not all of the previously cited deficiencies had been corrected, therefore further action is required. The remaining cited deficiencies are as follows:	{C 000}		
{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 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. * When the alarm was sounded by construction during the survey, none of the residents responded or evacuated the house. This is not compliant with the rule. Take the necessary steps to train the residents to respond and evacuate at the sound of the alarm.	{C 172}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{C 174}	Continued From page 1	{C 174}		
{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 toilet in the Corridor Bathroom was loose at its base. This is not compliant with the rule. 2. At the time of the survey it was observed that in the Handicap Bathroom, the receptacle faceplate was loose. This is not compliant with the rule. * These deficiencies had not been corrected at the time of the follow up survey. Take the necessary steps to correct these deficiencies.	{C 174}		
{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 and the paint was chipping.. This is not compliant with the rule.	{C 183}		

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{C 183}	Continued From page 2 * This deficiency had not been corrected at the time of the follow up survey. Take the necessary steps to correct this deficiency.	{C 183}			