

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}	With reference to DHSR Construction section biennial follow up survey on November 13th 2019 and 2nd notice of December 10th 2019 all cited deficiencies has been corrected as of this date December 19th 2019. Henceforth, the Administrator will ensure that a periodic inspection is made on the facility and any notice repairs on the building, fire safety, electrical, mechanical, and plumbing equipments is maintained in a safety and operating condition.	12/19/19
{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}	With ref to (C 172) a complete fire drill has been done correctly as of December 19th 2019. All residents has been trained to respond and evacuate the home at the sound of the alarm within (8) minutes time frame. See current copy of fire rehearsal.	12/19/19

RECEIVED IN
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CONSTRUCTION SECTION

Division of Health Service Regulation

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

Maurice Achu

TITLE
Administrator

(X6) DATE
12/20/19

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{C 174}	Continued From page 1	{C 174}	With ref to (C 174) Building Equipment Maintained Safe, Operating 1. The toilet in the corridor bathroom has been fixed on December 19th 2019 in compliance to rule 10A NCAC 13G See photo 1. 2. The handicapped bathroom, the receptacle faceplate has been fixed on December 19th 2019	12/19/19
{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}	With ref to (C 183) the outside premises rear entrance roof, deteriorated/rotting paint has been fixed and periodically the Administrator will ensure that the outside premises is maintain in a clean and safe condition. See photo 2, 3 and 4.	12/19/19

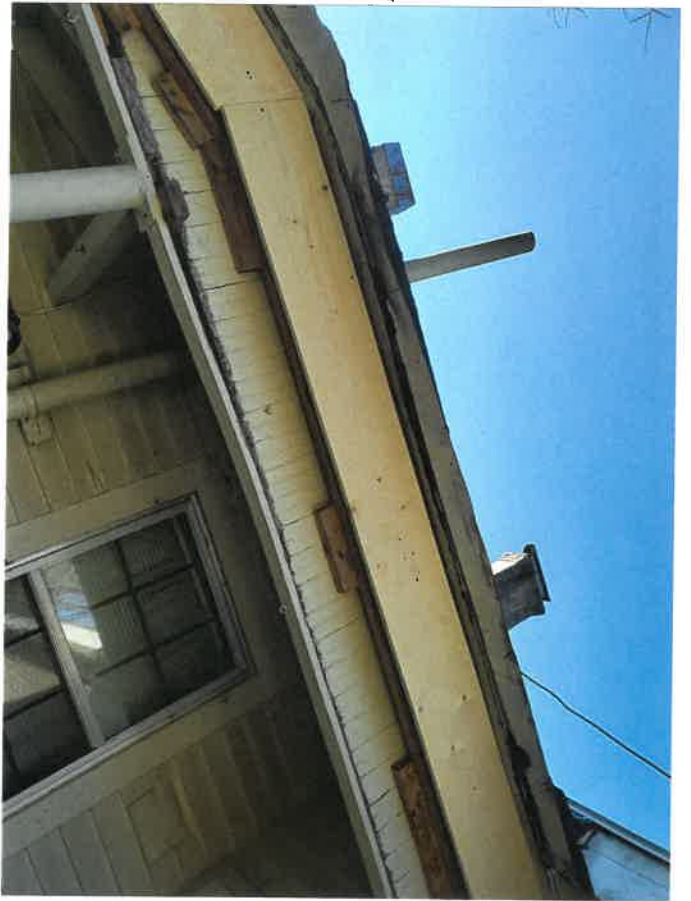
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{C 183}	Continued From page 2 * This deficiency had not been corrected at the time of the follow up survey. Take the necessary steps to correct this deficiency.	{C 183}			

1



2



3



4



FIRE REHEARSAL SCHEDULE

Name of Home: Rising Hope Healthcare SVC (FCH/HA/DDA)

Address: 233 Gholson Av. Henderson

1. Date of Rehearsal: 12/10/19 Time of Rehearsal: 7am Shift: (1st) 2nd 3rd
(Circle one)

Person in Charge: Maurice Achu / Gerline Pope

Other Staff Members Present: Gerline Pope

Time for Total Evacuation: 4 Minutes

Brief Description of What Was Involved: At the sound
of the alarm residents responded
and evacuated within 4 minutes because
it was during breakfast.

2. Date of Rehearsal: 12/11/19 Time of Rehearsal: 11:30pm Shift: 1st 2nd (3rd)
(Circle one)

Person in Charge: Maurice Achu

Other Staff Members Present: Gerline Pope

Time for Total Evacuation: 6 Minutes

Brief Description of What Was Involved: At the sound
of the alarm residents were evacuated to
a safe location in front of the
building since some were in bed already
it took 6 min to respond and evacuate
to safety.