

Division of Health Service Regulation

APR 07 2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL091017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 RECEIVED B. WING _____	(X3) DATE SURVEY COMPLETED 03/18/2015
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NAME OF PROVIDER OR SUPPLIER RISING HOPE HEALTH CARE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 233 GHOLSON AVENUE HENDERSON, NC 27536
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(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	<p>Initial Comments</p> <p>Report by Paul Dixon</p> <p>DHSR Construction Section conducted a Biennial Survey on March 18, 2015 from 8:45 AM to 10:10 AM 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 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 2005 Rules 10A NCAC 13G for Family Care Homes, the 2012 North Carolina State Building Code - Section 425.2 - Residential Care Homes.</p> <p>At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:</p>	C 000	<p>Rising hope healthcare as of this date 4/6/15 has engaged the services of a lawn maintenance services, and qualified technician to ensure that the facility building equipments and all fire safety, electrical, mechanical and plumbing equipments are maintained in a safe and operating condition.</p>	
C 174	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</p> <p>(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.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by: 1. The two (2) outlets to the left of the kitchen sink have no power and the GFCI outlet will not reset. Have a qualified technician investigate and repair the outlets. Proof of completed work must be provided by way of receipts, invoices, photographs, etc. Forward proof of completed</p>	C 174	<p>① The two CFCI outlet to the left of the kitchen sink has been replaced in a working condition. See receipt # I or photo # 4.</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Maurice Adwile (Administrator) (X5) DATE

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C 174	<p>Continued From page 1</p> <p>work with you plan of correction.</p> <p>2. The kitchen range hood filter is very greasy. Have the filter cleaned or replaced. Proof of completed work must be provided by way of receipts, invoices, photographs, etc. Forward proof of completed work with you plan of correction.</p> <p>3. The bathroom exhaust fan in the 1st floor central bathroom is not working and the cover is clogged with dust. Have a qualified technician investigate and repair/replace the exhaust fan. Have the cover cleaned of dust. Proof of completed work must be provided by way of receipts, invoices, photographs, etc. Forward proof of completed work with you plan of correction.</p> <p>4. The clothes dryer exhaust duct is split and held together with masking tape. Have all of the tape removed and have the dryer exhaust duct replaced. Proof of completed work must be provided by way of receipts, invoices, photographs, etc. Forward proof of completed work with you plan of correction.</p> <p>5. The exterior flapper assembly for the clothes dryer exhaust is damaged beyond repair. Have the exterior flapper assembly replaced. Proof of completed work must be provided by way of receipts, invoices, photographs, etc. Forward proof of completed work with you plan of correction.</p> <p>6. The cover for the exhaust fan in the 2nd floor bathroom is clogged with dust. Have the cover cleaned. Proof of completed work must be provided by way of receipts, invoices, photographs, etc. Forward proof of completed</p>	<p>C 174</p> <p>②</p> <p>③</p> <p>④</p> <p>⑤</p> <p>⑥</p>	<p>Rising hope healthcare have cleaned the kitchen range head filter and the administrator will ensure periodically cleaning as recommended by the survey.</p> <p>The bathroom exhaust in the 1st floor central bathroom is now cleaned and cover dusted.</p> <p>The clothes dryer exhaust is replaced to a new and operation condition see Receipt #1 or photo #5.</p> <p>The exterior flapper for the clothes dryer replaced see receipt #1 photo #5</p> <p>The cover for the exhaust fan in the 2nd floor bathroom cleaned. Will ensure regularly cleaned.</p>	

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NAME OF PROVIDER OR SUPPLIER
RISING HOPE HEALTH CARE SERVICES

STREET ADDRESS, CITY, STATE, ZIP CODE
**233 GHOLSON AVENUE
HENDERSON, NC 27536**

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C 174	Continued From page 2 work with you plan of correction.	C 174		
C 183	<p>Outside Premises-Clean, Safe</p> <p>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.</p> <p>This Rule is not met as evidenced by:</p> <p>1. At the rear of the home, there is a screened in porch. Many of the screens on the porch are damaged. Have all of the damaged screens replaced. Proof of completed work must be provided by way of receipts, invoices, photographs, etc. Forward proof of completed work with you plan of correction.</p> <p>2. In the back yard, there is a large amount of trash and debris. Have all of the trash and debris removed from the yard and properly disposed of. Proof of completed work must be provided by way of receipts, invoices, photographs, etc. Forward proof of completed work with you plan of correction.</p> <p>3. On the ramp at the side of the home, one of the decking boards has popped up creating a tripping hazard. Several pickets have come loose, and a section of railing has also come loose. Have all of the loose, boards, pickets and railings secured. Proof of completed work must be provided by way of receipts, invoices, photographs, etc. Forward proof of completed work with you plan of correction.</p> <p>4. On the 2nd floor exterior exit stairs, one of the stair treads has come loose. Have the tread</p>	C 183	<p>① The rear of the home damaged screen porch has been replaced.</p> <p>② The outside premises ground of the facility has been cleaned and the administrator will ensure regular cleaning see photo # 2.</p> <p>③ All Loose board at the deck and rails has been secured and pickets.</p> <p>④ On the 2nd floor exit stair tread is secured. the technician will inspect the building more often to ensure all equipments are in operating conditions.</p>	

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C 183	Continued From page 3 secured. Proof of completed work must be provided by way of receipts, invoices, photographs, etc. Forward proof of completed work with you plan of correction.	C 183		



LOWE'S HOME CENTERS, LLC
166 DADNEY ROAD
HENDERSON, NC 27537 (252) 436-1050

- SALE -

SALES# FSTLANE3 13 TRANS# 14323502 04-06-15

245843 CND 15A REST GF1 W MIDI P	28.44
2 #	14.22
328910 4-IN DRYR VENT CAP LVRD/W	4.48
120906 4-IN MTL WRN GEAR CLMP <C	1.58
51610 4-INX8-FT ALUM SHD-RGD D	10.48

SUBTOTAL:	44.98
TAX:	3.04
INVOICE 06427 TOTAL:	48.02
DEBIT:	48.02

DEBIT:XXXXXXXXXX3483 AMOUNT:48.02 AUTHCD:103630
SWIPE REFID:323627073806 04/06/15 08:33:47
TRACE:00271060

PURCHASE	CASH BACK	TOTAL	DEBIT
48.02	0.00	48.02	48.02

STORE: 0738 TERMINAL: 06 04/06/15 08:33:47
OF ITEMS PURCHASED: 5
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



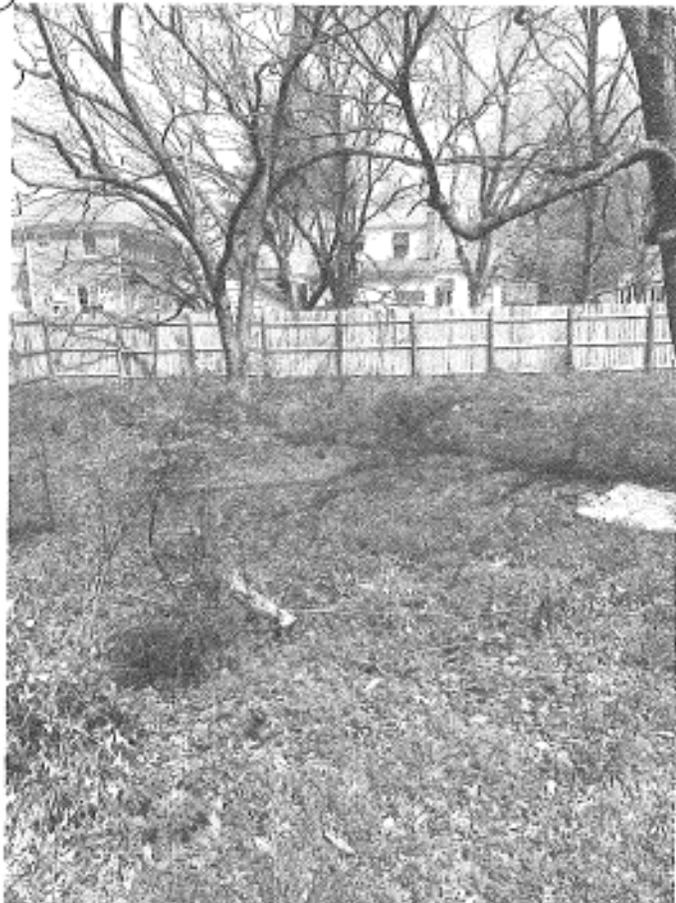
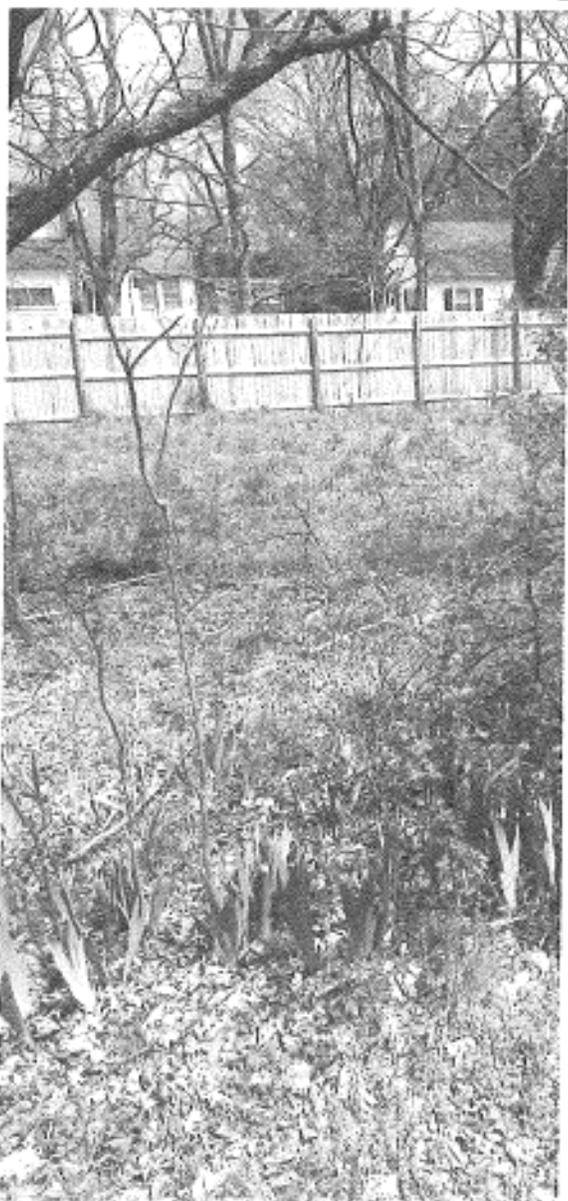
THANK YOU FOR SHOPPING LOWE'S.
SEE REVERSE SIDE FOR RETURN POLICY.
STORE MANAGER: BOBBY GIBSON

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IF YOU FIND A LOWER PRICE, WE WILL BEAT IT BY 10%.
SEE STORE FOR DETAILS.

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 * REGISTER FOR A CHANCE TO WIN A *
 * \$5,000 LOWE'S GIFT CARD! *
 * ¡REGISTRESE PARA TENER LA OPORTUNIDAD DE GANAR UNA *
 * TARJETA DE REGALO DE LOWE'S DE \$5000! *
 * *
 * REGISTER BY COMPLETING A GUEST SATISFACTION SURVEY *
 * WITHIN ONE WEEK AT: www.lowes.com/survey *
 * Y O U R I D # 06427 0738 096 *
 * *
 * NO PURCHASE NECESSARY TO ENTER OR WIN. *
 * VOID WHERE PROHIBITED. MUST BE 18 OR OLDER TO ENTER. *
 * OFFICIAL RULES & WINNERS AT: www.lowes.com/survey *

 STORE: 0738 TERMINAL: 06 04/06/15 08:33:47

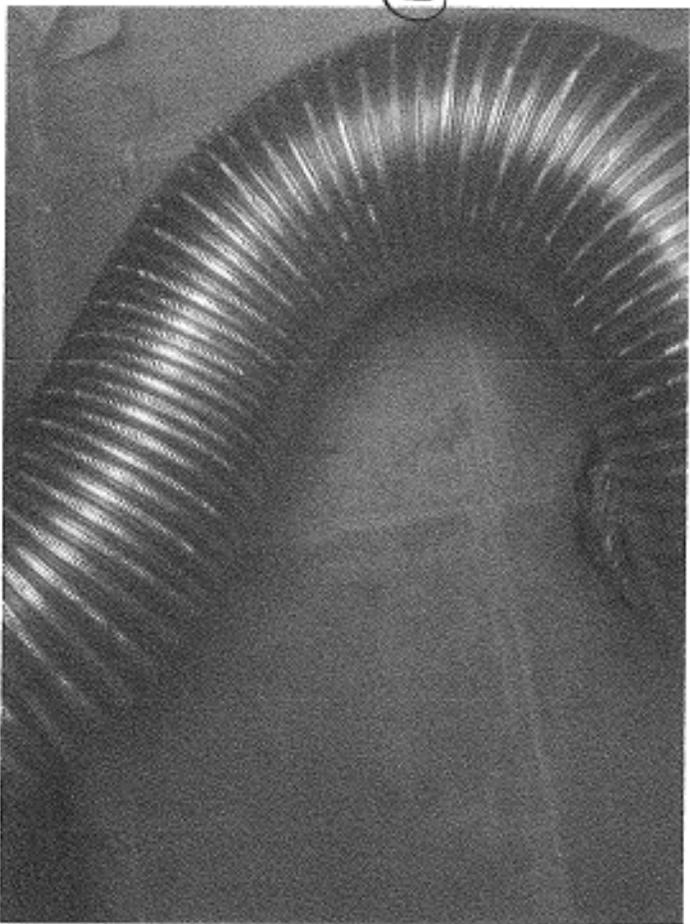
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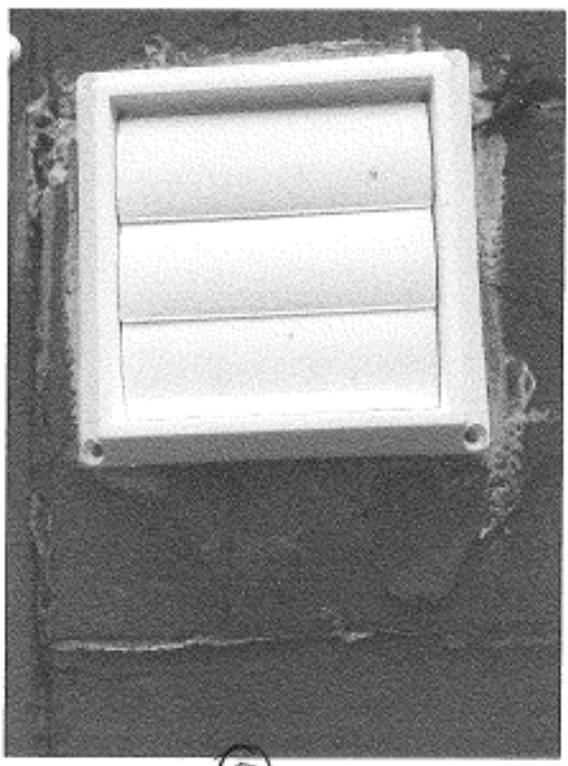
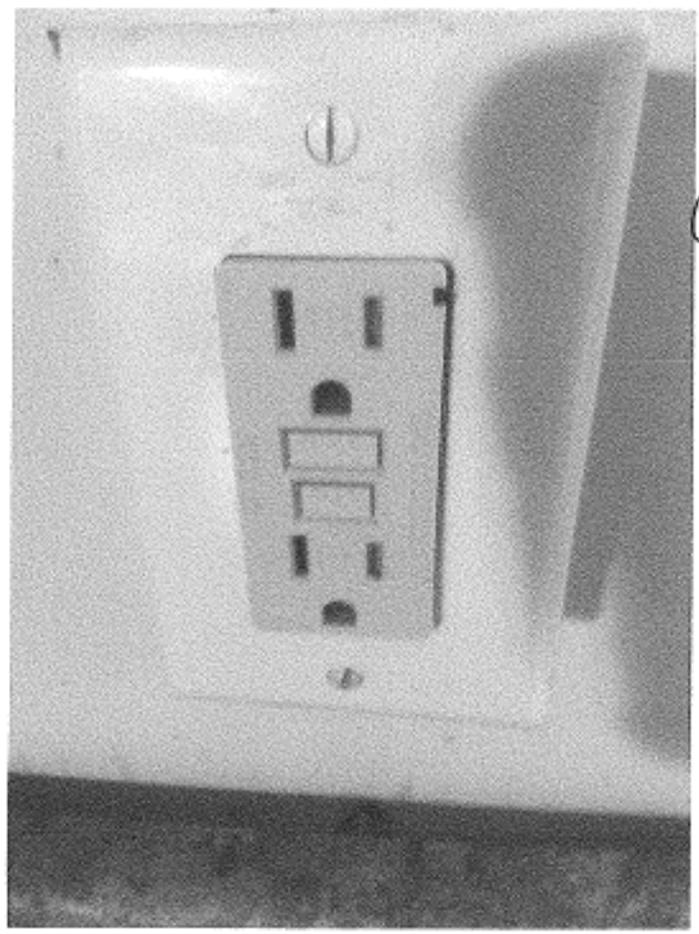
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