


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2018
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NAME OF PROVIDER OR SUPPLIER DREAM MAKERS ASSISTED LIVING SERVICE	STREET ADDRESS, CITY, STATE, ZIP CODE 168 ROY LOPP ROAD LEXINGTON, NC 27292
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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
V 000	INITIAL COMMENTS An annual survey was completed on 2/13/18. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: The facility failed to maintain the home in a clean, safe manner. The findings are: Review on 2/12/18 of Client #1's record revealed: - Admission date: 9/16/09 - Diagnosis: Intermittent Explosive Disorder, Depression, Hypertension and Low Thyroid - Person Center Plan dated 10/17/17 Review on 2/12/18 of Client #2's record revealed: - Admission date: 8/1/05 - Diagnosis: Autism Spectrum Disorder, Intellectual Disability-Severe and Psychomotor Agitation - Person Centered Plan dated: 4/4/17 Observation on 2/12/18 at approximately 2:30 pm of the exterior of the home revealed: - side entrance screen door handle would fall off when pulling the door open or shut	V 736		

SIDE ENTRANCE SCREEN DOOR HANDLE
1. AGENCY WILL ENSURE THAT THE SCREEN DOOR HANDLE WILL BE REPLACED
2. SAFETY OFFICER WILL INCLUDE CHECK FOR AREAS THAT MAY POSE A SAFETY RISK DURING REGULARLY SCHEDULED FIRE AND DISASTER DRILLS.
3. MONITORING WILL BE COMPLETED BY RESIDENTIAL MANAGER
4. MONITORING WILL BE COMPLETED MONTHLY DURING DRILLS.

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 736	<p>Continued From page 1</p> <p>- the six foot (6) wooden fence gate was tilted towards the outward side of fence and off a hinge</p> <p>Observation of the interior of the home revealed:</p> <ul style="list-style-type: none"> - hallway air vent was coated with dust and required cleaning - the air filter was completely covered in dust material and needed changing - above the client bathroom shower /tub unit the dry wall was cracked the full length of unit - the dry wall above the shower head unit an approximate area of 8" x 10" appeared bubbled up and cracked in several places - above the shower/tub unit the ceiling had two approximately 2 x 7 inches bubbled plaster holes from a previous repair <p>Interview on 2/12/18 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - the screen door was recently blown open in a high wind - the air vents were an oversight an would be cleaned an replaced - the shower unit dry wall was also repaired but the contractor failed to disclose an additional leak behind the shower head and further damage had been done 	V 736	<p>WOODEN FENCE GATE:</p> <ol style="list-style-type: none"> 1. AGENCY SHALL ENSURE THAT WOODEN GATE FENCE WILL BE REPAIRED 2. SAFETY OFFICER SHALL INCLUDE CHECK FOR AREAS THAT MAY NEED REPAIRS DURING MONTHLY RILLS. 3. MONITORING SHALL BE COMPLETED BY RESIDENTIAL MANAGER 4. MONITORING SHALL BE COMPLETED MONTHLY. <p>HALLWAY AIR VENT:</p> <ol style="list-style-type: none"> 1. AIR VENT FILTER AND VENT WERE CLEANED IMMEDIATELY FOLLOWING VISIT. 2. SAFETY OFFICER SHALL INCLUDE FILTER/AIR VENT CHECK DURING MONTHLY DRILLS TO PREVENT REOCCURENCES. 3. RESIDENTIAL MANAGER SHALL MONITOR FACILITY FOR REPAIRS. 4. MONITORING SHALL BE COPLETED MONTHLY DURING DRILLS. <p>BATHROOM SHOWER/TUB UNIT/DRYWALL</p> <ol style="list-style-type: none"> 1. AGENCY WILL USE A CONTRACTOR TO REPAIR SHOWER /TUB UNIT AND CRACKED DRYWALL. 2. SAFETY OFFICER SHALL REVIEW FACILITY MONTHLY FOR AREAS OF RISK AND REPORT CONCERNS TO ADMINISTRATIVE OFFICE FOR APPROVAL AND COMPLETION. 3. RESIDENTIAL MANAGER WILL MONITOR AREAS OF RISKS THAT REQUIRE REPAIRS. 4. MONITORING SHALL BE COMPLETED MONTHLY. 	

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By MH Lic & Cert Section at 8:49 am, Apr 26, 2018





