

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AMBLESIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 1 INDUSTRIAL DRIVE SNOW HILL, NC 28580
--	--

(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	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on April 12, 2018. The complaints were unsubstantiated (Intakes #NC 00137028 and #NC00137134). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .2300, Adult Developmental and Vocational Programs for Individuals with Developmental Disabilities; 10A NCAC 27G .5400, Day Activity for Individuals of All Disability Groups; and 10A NCAC 27G .5500, Sheltered Workshops for Individuals of All Disability Groups.</p>	V 000	<p>DHSR-Mental Health</p> <p>APR 26 2018</p> <p>Lic. & Cert. Section</p>	
V 202	<p>27G .2303 Adult Voc. for DD - Staff</p> <p>10A NCAC 27G .2303 STAFF</p> <p>(a) Each ADVP shall have a designated full-time program director.</p> <p>(b) The Program Director shall be at least a high school graduate or equivalent with three years of experience in developmental disabilities programming.</p> <p>(c) Each facility shall have evaluation services available for all clients.</p> <p>(d) Each facility shall maintain an overall direct service ratio of at least one full-time or full-time equivalent direct service staff member for every ten or fewer clients. Facilities having an approved supported employment conversion plan as defined in Rule .2302 of this Section may exclude a maximum of ten clients or 20 percent of a facility's average daily enrollment, whichever is greater, when calculating the required direct service ratio.</p> <p>(e) If the site is maintained by the ADVP:</p> <p>(1) A safety committee comprised of staff members and clients shall be appointed and shall meet at least quarterly to review accident reports</p>	V 202		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Michael Academy MS Clinical Director</i>	TITLE	(X6) DATE 4/24/18
---	-------	-----------------------------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHLO40005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AMBLESIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 1 INDUSTRIAL DRIVE SNOW HILL, NC 28580
--	--

(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 288	<p>Continued From page 3</p> <p>(c) Safety Committee. A safety committee comprised of staff members and client representatives shall be appointed to review accident reports and to monitor the facility for safety. The committee shall meet at least quarterly. Minutes shall be kept of all meetings and submitted to the Program Director.</p> <p>(d) Handbook. Each facility shall have a client handbook including, but not limited to, information about services and activities.</p> <p>(1) The client handbook shall be written in a manner comprehensible to clients and reflective of adult status.</p> <p>(2) Each client shall be given a handbook, and the handbook shall be reviewed with the client.</p> <p>This Rule is not met as evidenced by: See 10A NCAC 27G.2303 (v202) for details.</p>	V 288		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the Licensee failed to maintain the facility and grounds in a safe, clean and attractive manner. The findings are:</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AMBLESIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 1 INDUSTRIAL DRIVE SNOW HILL, NC 28580
--	--

(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 736	<p>Continued From page 4</p> <p>Observation on 4/10/18 at approximately 11:00 am revealed:</p> <ul style="list-style-type: none"> - 2 coffee mugs with foil covering on shelf behind kitchen sink. - 5 - 7 blank name tags scattered on top of refrigerator. - Disposable plastic food container on top of refrigerator stained with food. - Dried liquid streaks on cabinet doors in kitchen. - Drawer under kitchen sink missing decorative knob. - Approximately 10 - 12 dark stains approximately 1 inch in diameter in the carpet throughout the kitchen. - Plate-sized bleach stain on carpet in front of the refrigerator in the kitchen. - 2 worn and dark colored dish sponges behind faucet at the sink. - Orange colored food crumbs spread out approximately a foot around the kitchen sink. - 4 - 5 rust spots on top of the toaster oven. - Dried food splatter in microwave. <p>Observation on 4/11/18 at approximately 11:15 am revealed:</p> <ul style="list-style-type: none"> - 2 adjacent dinner-plate size fire ant hills beside sidewalk at the facility's front entrance. - Chair rails of the facility were covered with noticeable black thick dust. - Baseboards and lower half of walls showed numerous scuff marks throughout facility. - Carpet in hallway had approximately a 12 - 18 inch rip with threads which could be a trip hazard. - In the ladies restroom, softball size hole in wall, and 2 toilet paper roll dispenser covers were off. One of the dispenser covers was on the floor near a toilet. 	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AMBLESIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 1 INDUSTRIAL DRIVE SNOW HILL, NC 28580
--	--

(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 288	<p>Continued From page 3</p> <p>(c) Safety Committee. A safety committee comprised of staff members and client representatives shall be appointed to review accident reports and to monitor the facility for safety. The committee shall meet at least quarterly. Minutes shall be kept of all meetings and submitted to the Program Director.</p> <p>(d) Handbook. Each facility shall have a client handbook including, but not limited to, information about services and activities.</p> <p>(1) The client handbook shall be written in a manner comprehensible to clients and reflective of adult status.</p> <p>(2) Each client shall be given a handbook, and the handbook shall be reviewed with the client.</p> <p>This Rule is not met as evidenced by: See 10A NCAC 27G.2303 (v202) for details.</p>	V 288		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the Licensee failed to maintain the facility and grounds in a safe, clean and attractive manner. The findings are:</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHLO40005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER
AMBLESIDE

STREET ADDRESS, CITY, STATE, ZIP CODE
**1 INDUSTRIAL DRIVE
SNOW HILL, NC 28580**

(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 736	<p>Continued From page 4</p> <p>Observation on 4/10/18 at approximately 11:00 am revealed:</p> <ul style="list-style-type: none"> - 2 coffee mugs with foil covering on shelf behind kitchen sink. - 5 - 7 blank name tags scattered on top of refrigerator. - Disposable plastic food container on top of refrigerator stained with food. - Dried liquid streaks on cabinet doors in kitchen. - Drawer under kitchen sink missing decorative knob. - Approximately 10 - 12 dark stains approximately 1 inch in diameter in the carpet throughout the kitchen. - Plate-sized bleach stain on carpet in front of the refrigerator in the kitchen. - 2 worn and dark colored dish sponges behind faucet at the sink. - Orange colored food crumbs spread out approximately a-foot around the kitchen sink. - 4 - 5 rust spots on top of the toaster oven. - Dried food splatter in microwave. <p>Observation on 4/11/18 at approximately 11:15 am revealed:</p> <ul style="list-style-type: none"> - 2 adjacent dinner-plate size fire ant hills beside sidewalk at the facility's front entrance. - Chair rails of the facility were covered with noticeable black thick dust. - Baseboards and lower half of walls showed numerous scuff marks throughout facility. - Carpet in hallway had approximately a 12 - 18 inch rip with threads which could be a trip hazard. - In the ladies restroom, softball size hole in wall, and 2 toilet paper roll dispenser covers were off. One of the dispenser covers was on the floor near a toilet. 	V 736	<p>After learning of these deficiencies, immediate action was taken. The 2 cups were removed from the area, and one was repurposed as a holder for cleaning utensils. The name tags and disposable food containers were thrown out and the top of the fridge was cleaned. The 2 worn dish sponges were tossed away and the microwave was thoroughly cleaned. As the program coordinator stated, the carpet will soon be replaced, and we are currently meeting with vendors. In the meantime we will steam-vacuum the area to do our best to keep the area as clean as possible and remove as many stains as possible in the meantime. A decorative knob matching the others will be purchased; placed on the cabinet door below the sink, and the cabinets will be wiped clean of all dried liquid streaks. In order to ensure this area stays clean, the "Day Supports" Coordinator will conduct Bi-weekly "Sanitation Inspections" and correct any deficiencies he/she finds.</p>	