If continuation sheet 1 of 4

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: MHL041-599 B. WING 04/17/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7 WIMBLEDON LANE **GENTLEHANDS HOME** GREENSBORO, NC 27455 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 000 🛊 V 000 INITIAL COMMENTS Ihouah An Annual Survey was completed on April 17, 2018. A Deficiency was cited. This facility is licensed for the following service 10A NCAC 27G .5600 C, Supervised Living for Adults whose Primary Diagnosis is a before admission) Developmental Disability. the envorment V 736 27G .0303(c) Facility and Grounds Maintenance V 736 has always been 10A NCAC 27G .0303 LOCATION AND Clean / free of EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be ensive odor always maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive Since 2001 odor. This Rule is not met as evidenced by: * The front door mi Based on observation and interview, the facility staff failed to maintain the facility in a safe, clean, attractive and orderly manner. The findings are: Observation on the front porch at approximately 2:30 pm on 4-16-18, revealed an exterior front door frame where a storm door had been removed. The exposed wood around the frame needed to be cleaned and or painted, as well as staples and brads protruding from the wood, removed removed to prevent injury. Also located on the small front porch was a case of ceramic floor tiles DHSR-Mental Health that was limiting space at the front door and created a trip hazard at the top of the porch steps. MAY 0 4 2018 Further observation at approximately 3:15 pm on Lic. & Certifus ection Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE

05HW11

Repetions Director Operations Director Gentlehunds of NCInc

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL041-599 B. WING 04/17/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7 WIMBLEDON LANE **GENTLEHANDS HOME** GREENSBORO, NC 27455 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 736 V 736 Continued From page 1 The back deck (which 4-16-18 revealed a back deck with excessive & not used by the client peeling paint and several nail heads that needed be painted. to be flush with the surface to prevent injury. Further observation at approximately 3:45 pm, revealed excessive clutter and storage containers "clutter" mil be in the front living room and kitchen dining area. Observation in the facility kitchen at approximately 1:30 pm on 4-17-18 revealed excessive clutter. Immediately adjacent to the All storage tubs and boxes in 11 be back door leading out of the facility from the kitchen/dining area were 4 brooms, 3 long-handled dust pans stacked behind 2 trash removed and put cans. On the other side of the back door were 9 boxes stacked several feet high, thus creating a Storag narrow passage-way to the back door. Under the bar in the kitchen were 2 more large storage tubs. plate in the Observation on 4-17-18 from approximately 2:45 pm to 4:00 pm revealed: - a wall switch plate in the dining room was missina - kitchen window blinds over the sink were broken - kitchen window blinds at the back door were broken - one cabinet door in the kitchen was completely off - range hood needed cleaning and painting - kitchen sink was stacked full of dirty dishes - back door and door frame needed painting - ceiling in kitchen near HVAC (heat, 6/15/18 ventilation and air conditioning) vent was excessively soiled and needed cleaning - threshold between dining area and steps going downstairs was broken and needed to be replaced - downstairs den, walls needed to be repaired and painted - downstairs bathroom ceiling needed to be repaired and painted Division of Health Service Regulation STATE FORM 6899 05HW11 If continuation sheet 2 of 4

Rol Okoni OP/ Operations Director Gentlehends of NC Inc

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL041-599 04/17/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7 WIMBLEDON LANE **GENTLEHANDS HOME** GREENSBORO, NC 27455 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 736 6/15/1 Continued From page 2 *Bathroom rotted V 736 mll be removed/repaired wall in bathroom next to shower needed rotted wood removed, repaired and painted wall switch plate in client - wall switch plate in client #1 's room was cracked and needed to be replaced - wood on walls in client #1 's room was bare and needed to be painted - previous wall repairs in client #1 's room woods on wall in chent needed to be painted - client #2 's room had no issues - client #3 's room had 10 large storage tubs excessively limiting client #3 's floor space bs in client - HVAC in downstairs hallway was excessively soiled #33 noom will - in upstairs bathroom, ceiling board was loose and needed to be re-attached above the shower/tub combo wall next to shower/tub needed to be cleaned, repaired and painted - 3 large previously repaired patches on the upstairs bathroom wall were unpainted - wall switch plate in upstairs bathroom was cracked - broken towel bar in upstairs bathroom 115/18 -either replace towel bar or remove brackets on - repair wall around lavatory where soap dish was attached Towel bar in B/room Interview on 4-17-18 with the Qualified Professional/Director of Operations (QP/DoO) brackets mil be revealed maintenance at the facility was an ongoing issue. She reported they were making 6/15/18 repairs about every 3 days. "There 's always something being broken or needing fixed," stated the QP/DoO. She added, "someone was supposed to be here yesterday, but they didn 't show up." The QP/DoO also reported the clients they were serving at this facility were some of the most difficult when it came to keeping the maintenance up to date. "This house is a Division of Health Service Regulation STATE FORM 6899 05HW11 If continuation sheet 3 of 4

Rise Okonj Pl/ Operations Director Gentlehands of NC Inc

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL041-599 04/17/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7 WIMBLEDON LANE **GENTLEHANDS HOME** GREENSBORO, NC 27455 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 736 Continued From page 3 V 736 challenge," she said. to complete Interview on 4-17-18 with the Co-Director (CD) revealed he would be calling their maintenance person back, to come and make the repairs. The CD stated, "We ' II have everything repaired before you return." Division of Health Service Regulation

STATE FORM

6899

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If continuation sheet 4 of 4

GENTLEHANDS OF NC Inc Quality Care with Gentlehands Ph: (336) 282-29380 Email: Gentlehands 2001@ aol. com

PLAN OF CORRECTION (POC) for annual Survey completed on 4/18/18 at Gentlehands Home 7 Wimbledon Ln, Greensboro NC 27455 MHL-041-599

* Please see enclosed State Forms for POC

* Repairs will start immediately a domage occurs by a more reliable contractor

* The CEO, Director of Operations, Site Supervisors and QPS mll monitor repairs

* Monitoring will take place daily for all situations/damages

Submitted By: Rose Okonji Director of Operations/QP Gentlehands of NC Inc

Re ceived on: 4/25/18 Mauled on: 5/2/18