AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 05/30/2018		
		MHL055-058					
			T ADDRESS, CITY, STATE, ZIP CODE				
FURNER I			NER STREET NTON, NC 28092				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual survey was completed on May 30, 2018. Deficiencies were cited.						
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disabilities.					
V 131	G.S. 131E-256 (D2) Verification	HCPR - Prior Employment	V 131				
	REGISTRY (d2) Before hiring health care facility or health care facility sh Personnel Registry a	ALTH CARE PERSONNEL alth care personnel into a service, every employer at a all access the Health Care nd shall note each incident opriate business files.					
	failed to ensure that I employment, the Hea (HCPR) is accessed filed in the appropriat	nd record review, the facility					
	Review on 5/30/18 or revealed: -Hire date of 4/9/18 -Employed as Direct -HCPR accessed 5/2						
	Interview on 5/30/18 Administrator reveale	-					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL055-058			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		B. WING		05/30/2018			
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE			
TURNER I			NER STREET				
		LINCOL	NTON, NC 28092				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 131	Continued From page	e 1	V 131				
	-She stated she did r occurred but would lo	not know the reason this pok into it.					
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736				
	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.						
		n and interview, the facility n a safe, clean, attractive					
	Observation on 5/30/ revealed:	18 between 11:20-11:40 am					
	-Client #3's bedroom due to:	was not safely maintained					
	against the wall wher located;	eboard was found lying e the bedroom window was shold plate between Client					
	#3's bedroom and the gap in the floor betwe - Significant black s	e hallway which resulted in a een the rooms; stains were found on a					
	of drawers;	#3's bedroom near the chest baseboard was located on					
	the bedroom wall tha bathroom wall;	-					
	not maintained in a s due to:	#4's shared bathroom was afe and attractive manner ound in the wall and located					

Division of Health Service Regulation STATE FORM

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If continuation sheet 2 of 4

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL055-058		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		MHL055-058	B. WING		05/30/2018		
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE			
URNER I			NER STREET NTON, NC 28092				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID			()	
PREFIX TAG		CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE	
V 736	Continued From page	ge 2	V 736				
	behind the toilet which exposed the back of Client #3's bedroom wall;						
	-The wall around t	he sink vanity was unpainted.					
	Interview on 5/30/18 with the House Manager revealed:						
	-Client #3 had Cerebral Palsy and used a wheelchair for mobility;						
	-Repair work had been done by maintenance staff to Client #3's bedroom floor 2-2 ½ weeks						
	ago to address the soft spots in the floor;						
	-She stated that she was uncertain about whether the floor was adequately repaired because she						
	still felt soft spots on Client #3's bedroom floor;						
		iter damage to Client #3's					
	bedroom floor from bathroom approxima	Client #3 and Client #4's					
		3 and Client #4's bathroom					
	had seeped through	a pin-sized hole and into					
	Client #3's bedroom						
		had been trying to determine ater leak in the bathroom;					
		ermined if the black stains on					
	the baseboard in Cli wood or black mold;	ient #3's bedroom was rotten					
		taff had not returned to the					
	facility to do any fur bedroom and bathro	ther repairs to Client #3's oom.					
	Interview on 5/30/18						
	Professional reveale						
		he aforementioned repair bedroom and bathroom;					
		as a water leak into Client					
	#3's bedroom from (	Client #3's bathroom about 6					
	months ago; Maintenance staff k	ad been aware of the facility					
	repair needs for abc	had been aware of the facility					
		had replaced wood supports					
	under the floor to ac						

STATE FORM

If continuation sheet 3 of 4

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL055-058		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED			
			A. BUILDING:				
		MHL055-058	B. WING		05	05/30/2018	
IAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE			
URNER	I		NER STREET NTON, NC 28092				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
V 736	Continued From page	e 3	V 736				
	#3's floor 2 weeks ag -She was concerned Client #3's bedroom f spots that had been of -Maintenance staff hat from 2 weeks ago to facility; -She stated the maint called multiple times f complete the repair w Interview on 5/30/18 Administrator reveale -She had made nume to get the maintenance Client #3's bedroom a -She stated that 2-2 % maintenance staff sho #3's bedroom floor bu facility; -The maintenance staff employed by the prop -She had notified the uncompleted repair w -She stated that the li personnel had been of	o; about the level of support to floor because of the soft caused by water damage; ad not returned to the facility do any further work on the tenance staff had been to come to the facility and york but did not show up. with the Facility erous efforts since 11/2017 ce staff to do the repairs to and bathroom; ½ weeks ago the owed up to work on Client ut had not returned to the aff was 1 individual and perty owner; property owner about the york; icensee's corporate safety out to the facility between ere concerned about the k to the facility; cate the state-cited					

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