

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: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/30/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER TURNER I	STREET ADDRESS, CITY, STATE, ZIP CODE 317 TURNER STREET LINCOLNTON, NC 28092
---	--

(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 May 30, 2018. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000	V 131 Facility failed to ensure that before an offer of employment, The Health Care Registry is accessed and each incident of access is filed in the appropriate business file.	
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that before an offer of employment, the Health Care Personnel Registry (HCPR) is accessed and each incident of access filed in the appropriate business file affecting 1 of 3 audited staff (Staff #2). The findings are: Review on 5/30/18 of Staff #2's personnel file revealed: -Hire date of 4/9/18 -Employed as Direct Support Associate -HCPR accessed 5/23/18 Interview on 5/30/18 with the Facility Administrator revealed:	V 131	RHA began using a new electronic system on 9/24/17 called Hire Right; on this site there are boxes to check off for Hire Right to complete their verifications; there was a miscommunication in regards to the HCR verification. The Training Coordinator was checking the box for Nurses Aid Registry due to there was no box for the HRC.	

DHSR - Mental Health
JUN 14 2018
Lic. & Cert. Section

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Mary E. Costner</i>	TITLE <i>Administrator</i>	(X6) DATE <i>6/13/18</i>
--	-----------------------------------	---------------------------------

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: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/30/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER TURNER I	STREET ADDRESS, CITY, STATE, ZIP CODE 317 TURNER STREET LINCOLNTON, NC 28092
---	--

(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 131	Continued From page 1 -She stated she did not know the reason this occurred but would look into it.	V 131	On 5/22/18 correct instructions were given to Training Coordinator and all 6 of the new hires from 9/24/18 forward had a HCR completed. In the future RHA will ensure HRC is completed prior to an offer of employment.	
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: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 5/30/18 between 11:20-11:40 am revealed: -Client #3's bedroom was not safely maintained due to: -An unsecured baseboard was found lying against the wall where the bedroom window was located; -There was no threshold plate between Client #3's bedroom and the hallway which resulted in a gap in the floor between the rooms; - Significant black stains were found on a baseboard in Client #3's bedroom near the chest of drawers; -The black stained baseboard was located on the bedroom wall that adjoined Client #3's bathroom wall; -Client #3 and Client #4's shared bathroom was not maintained in a safe and attractive manner due to: -A large hole was found in the wall and located	V 736	V 736 Based on observation and interviews the facility was not maintained in a safe, clean, attractive manner. *Unsecure baseboard found lying against the wall	

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: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/30/2018
--	---	--	---

NAME OF PROVIDER OR SUPPLIER TURNER I	STREET ADDRESS, CITY, STATE, ZIP CODE 317 TURNER STREET LINCOLNTON, NC 28092
---	--

(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 2</p> <p>behind the toilet which exposed the back of Client #3's bedroom wall; -The wall around the sink vanity was unpainted.</p> <p>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; -There had been water damage to Client #3's bedroom floor from Client #3 and Client #4's bathroom approximately 6 months ago; -Water from Client #3 and Client #4's bathroom had seeped through a pin-sized hole and into Client #3's bedroom wall and floor; -Maintenance staff had been trying to determine the source of the water leak in the bathroom; -It had not been determined if the black stains on the baseboard in Client #3's bedroom was rotten wood or black mold; -The maintenance staff had not returned to the facility to do any further repairs to Client #3's bedroom and bathroom.</p> <p>Interview on 5/30/18 with the Qualified Professional revealed: -She was aware of the aforementioned repair needs to Client #3's bedroom and bathroom; -She stated there was a water leak into Client #3's bedroom from Client #3's bathroom about 6 months ago; -Maintenance staff had been aware of the facility repair needs for about 6 months; -Maintenance staff had replaced wood supports under the floor to address the soft spots in Client</p>	V 736	<p>*No threshold plate between client #3 bedroom and hallway</p> <p>*Significant black stains found on a baseboard in Client #3's bedroom</p> <p>*Client #3 and Client #4 shared bathroom had a large hole in wall behind toilet which exposed client #3's bedroom wall</p> <p>Numerous efforts had been made since 11/17 in regards to contacting land lord for needed repairs.</p> <p>Repairs were never completed fully.</p> <p>Phone messages, Text and Face Book messages were sent to Land Lord and</p>	

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: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/30/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER TURNER I	STREET ADDRESS, CITY, STATE, ZIP CODE 317 TURNER STREET LINCOLNTON, NC 28092
---	--

(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 3</p> <p>#3's floor 2 weeks ago; -She was concerned about the level of support to Client #3's bedroom floor because of the soft spots that had been caused by water damage; -Maintenance staff had not returned to the facility from 2 weeks ago to do any further work on the facility; -She stated the maintenance staff had been called multiple times to come to the facility and complete the repair work but did not show up.</p> <p>Interview on 5/30/18 with the Facility Administrator revealed: -She had made numerous efforts since 11/2017 to get the maintenance staff to do the repairs to Client #3's bedroom and bathroom; -She stated that 2-2 ½ weeks ago the maintenance staff showed up to work on Client #3's bedroom floor but had not returned to the facility; -The maintenance staff was 1 individual and employed by the property owner; -She had notified the property owner about the uncompleted repair work; -She stated that the licensee's corporate safety personnel had been out to the facility between 5/8/18-5/10/18 and were concerned about the unfinished repair work to the facility; -She would communicate the state-cited deficiency to the property owner.</p>	V 736	<p>Maintenance person.</p> <p>On 6/5/18 Administrator sent a letter to the land lord in regards to repairs, state survey, etc. Maintenance person came to house to complete repairs on 6/7/18, Pictures attached.</p> <p>In the future, Administrator and team will continue to contact land lord for needed repairs through phone calls, text messages and sending letter if needed.</p>	

**** This is Face Book Message
Sent by Landlord after Administrata Sent**

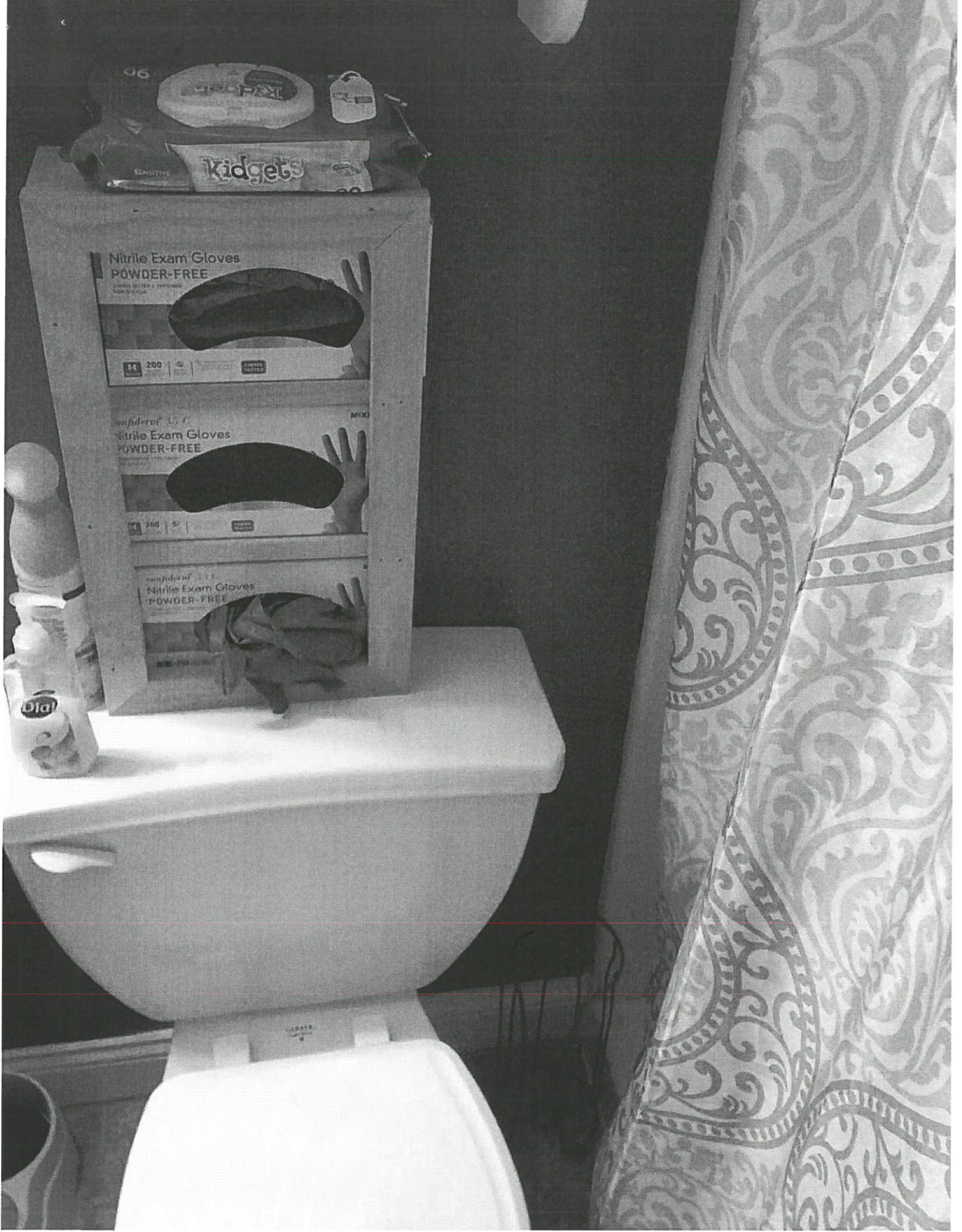
Mary Corey

From: Mary Corey
Sent: Tuesday, June 12, 2018 4:40 PM
To: Mary Corey

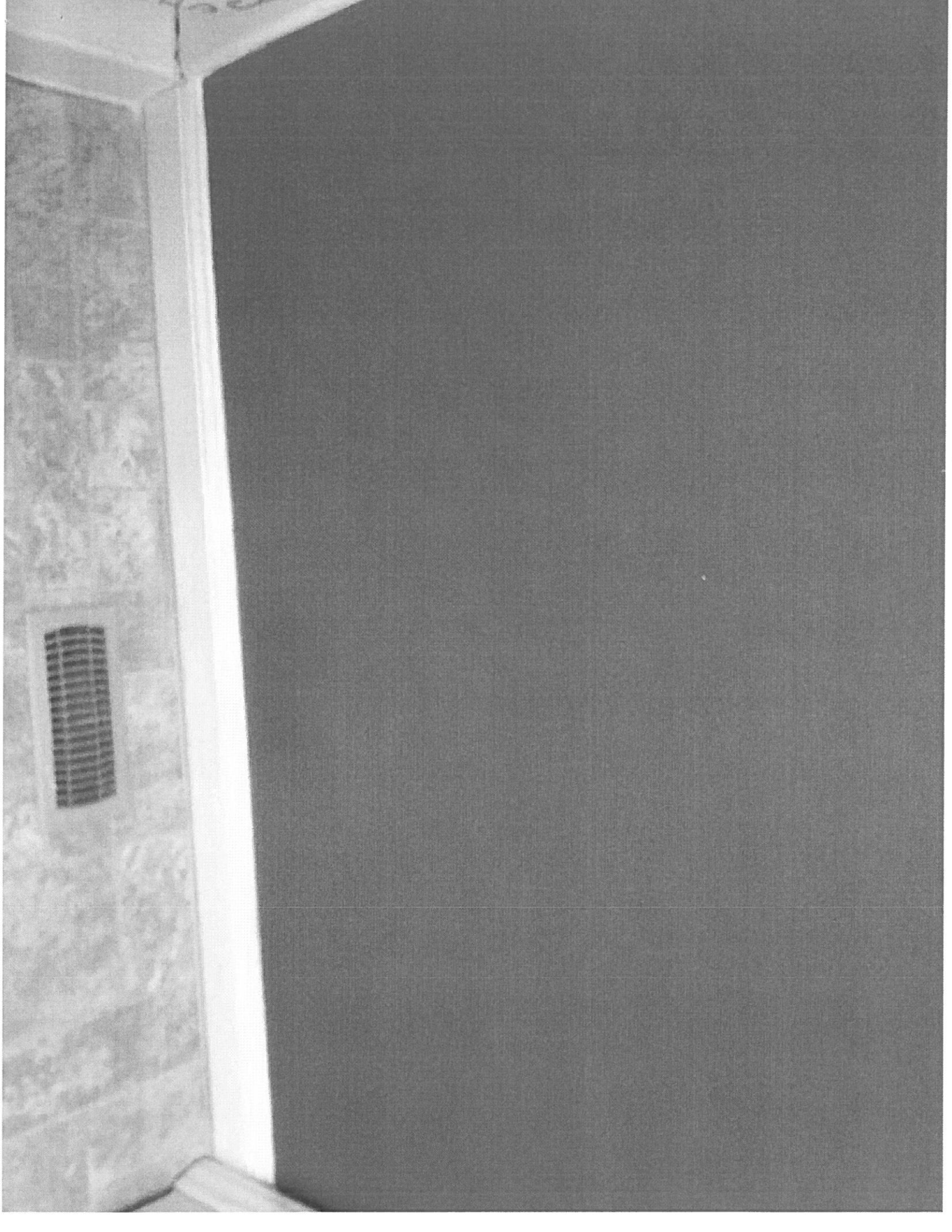
text Message to Maintenance Person
ON 6/16/18

Hi Mary, thank you for contacting me regarding this matter and for the well wishes on our new arrival! 😊 I believe Ashley has completed what needs to be done. I am sending pictures to you now. Please let me know if this is not satisfactory, and I will do whatever I can to get the job done. I am so sorry this has happened, and I can assure you Ashley is well aware of the situation and how things could have been handled differently.

Sent from my iPhone













June 5, 2018

Hello Elizabeth,

Hope you are doing well. I didn't know what else to do but send a letter and copies of our citations/deficiencies from the State.

This letter is in regards to 2 state surveys (May 30th and June 5th) in which we received citations/deficiencies at 315/317 Turner Street in regards to the following:

- One of the bedrooms was not safely maintained; unsecured baseboard was found lying against the wall where the bedroom window was located
- No threshold plate between client bedroom and hallway which resulted in a "gap" in floor between the 2 rooms
- Significant black stains were found on baseboard in client's room near chest of drawers
- Black stained baseboard was located in bedroom that adjoined bedroom to the bathroom wall
- Shared bathroom was not maintained safe and attractive due to large hole found behind toilet which exposed the back of bedroom's wall
- Wall around the sink vanity was unpainted
- One of the client's in the home also has cerebral palsy; black substance appeared to be mold?

Copy of first State Survey attached. I have not received the results of the second survey; but all of the above was mentioned plus the mess of wood and items piled up in back yard needs to be removed.

The repairs at the home have been in discussion since prior to Thanksgiving 2017. Karen Elmore, Home Manager and myself have verbally spoken to you and texted you; as well as Ashley Smith, Maintenance Person.

On 4/16/18 I personally spoke with you on phone in regards to the on-going needed repairs and you stated Ashley listened to the message as well so he would hear and understand all of the repair needs.

I spoke to Ashely earlier in May and explained we were having a person come from our corporate safety to visit the home on 5/14/18 and he assured me he would be there all weekend and get things completed. On Monday when we visited the home I could not believe how "soft" the floor was, the black marks on wall, unfinished baseboards and bathroom "hole" in wall and



the huge pile of items in backyard. Corporate safety person documented all of this prior to the state visits.

I am attaching text messages to Ashley with dates we texted. I sent him the copy of the survey on 6/4/18.

All deficiencies with the state must be corrected by July 29, 2017 per the state; they could fine us as well.

If you could please contact me either through a phone call, email or letter to please let us know how to proceed; mcorey@rhanet.org, 704-864-3450.

Thank you,

Mary E. Costner

Mary E. Costner
Administrator
RHA Health Services NC, LLC



Rebecca Hensley
Facility Compliance Consultant I
Mental Health Licensure & Certification Section
2718 Mail Service Center
Raleigh NC 27699-2718

Re: Annual Survey
Turner Street 1
317 Turner St., Lincolnton NC 28092
MHL#055-058

Dear Ms. Hensley,

Please find the attached plan of correction of the deficiencies cited in your recent survey of Turner Street 1 group home located in Lincolnton NC.

Thank you to you and your staff for your continued dedication to quality services. We appreciate your recommendations and input. Please do not hesitate to call if you have any questions, 704-864-3450.

Regards,

A handwritten signature in cursive script that reads "Mary E. Costner".

Mary E. Costner
Administrator
RHA Health Services Inc.
1564-D Union Road
Gastonia NC 28054