

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/04/2018
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NAME OF PROVIDER OR SUPPLIER HOLY ANGELS, INC-MORROW CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6600 WILKINSON BOULEVARD BELMONT, NC 28012
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 6-4-18. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .2200 Before/After School and Summered Developmental Day Services for Children with or at risk for Developmental Delays, Developmental Disabilities, or Atypical Development; 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; 10A NCAC 27G .2100 Specialized Community Residential Centers for Individuals with Developmental Delays; 10A NCAC 27G .5100 Community Respite Services for Individuals of all Disability Groups.</p>	V 000	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">JUN 25 2018</p> <p style="text-align: center;">Lic. & Cert. Section</p>	
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure that hot water temperatures were maintained between 100-116 degrees. The findings are:</p>	V 752		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Regina J. Ward

TITLE

President/CEO

(X6) DATE

6/20/18

Division of Health Service Regulation

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V 752	<p>Continued From page 1</p> <p>Observation on 6-4-18 at approximately 3:00 revealed:</p> <ul style="list-style-type: none"> -Water temperature in the bathing tub in bath area number 1 was 118 degrees -Water temperature in bath area number 2 was 120 degrees. -Dial on the water faucet read 120 degrees <p>Interview on 6-4-18 with the Quality Improvement Director revealed:</p> <ul style="list-style-type: none"> -The temperature is checked and reported to her weekly -They would get the temperature adjusted immediately. 	V 752	<p>Holy Angels' Maintenance department adjusted the main water heater immediately following this finding. Water temperature at main heater has been decreased.</p> <p>All Direct Service Professionals responsible for bathing have been trained on a new protocol that</p> <ul style="list-style-type: none"> - gives specific direction on how to obtain the temperature accurately -instructs proper documentation of the temperature reflected on the thermometer -instructs staff to immediately notify his/her supervisor when temperature is not in proper range (100-116) -instructs a specific time that temperature is collected to ensure water is checked daily prior to any/all baths <p>Current procedures have been modified to incorporate above steps</p> <p>Recording log has been modified to include above steps</p> <p>Holy Angels Continuous Quality Improvement Committee will continue to monitor the above protocol to ensure completeness and consistency. This will be reviewed weekly by Morrow Center's Program Director.</p>	<p>6/4/2018</p> <p>Completed on 6/22/2018</p> <p>6/11/2018</p>

June 8, 2018
Ms. Regina Moody
Holy Angels, Inc.

please remember never to send confidential information (protected health information) via email.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier at 704-596-4072.

Sincerely,

Patricia Work

Patricia Work
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: W. Rhett Melton, Director, Partners Behavioral Healthcare LME/MCO
Selenna Moss, Quality Management Director, Partners Behavioral Healthcare
LME/MCO

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