

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL076-055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/08/2018
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NAME OF PROVIDER OR SUPPLIER THE OVERLOOK	STREET ADDRESS, CITY, STATE, ZIP CODE 1342 NC HWY 42 EAST ASHEBORO, NC 27205
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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	INITIAL COMMENTS An annual survey was completed on June 8, 2018. Deficiencies were cited. The facility is licensed for the following service: 10A NCAC 27 G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000	DHSR - Mental Health JUN 27 2018 Lic. & Cert. Section	
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 observations and interviews, the facility failed to maintain the facility in a safe, clean, attractive and orderly manner. The findings are: Observations on 6/7/18 between 9 am and 10 am revealed: -Kitchen cabinet doors under the sink, below wall oven, and above the counter would not close securely. -Fabric on kitchen chairs was stained. -Frame of the sink cabinet was separated from the cabinet box. -Stained mat inside the cabinet below the sink. -Dark brown staining in the tile grout of the kitchen counter top. -Powder room door loose from the hinges. Rust staining on sink beneath faucets. -Finish on the top of the desk in the family room worn. -Blind on left side of front living room window	V 736	<i>Advanced Health Resources will comply with rule 10A NCAC 27G .0303 Location and Exterior Requirements.</i> #1 The Kitchen Cabinet doors will be repaired. 8/7/18 #2 Kitchen chairs were cleaned on 6/12/18 #3 The Frame of the Sink Cabinet to the Cabinet box will be repaired. 8/7/18 #4 The stained mat inside the cabinet was removed. 6/12/18 #5 The Kitchen Counter top tile grout was cleaned on 6/15/18 #6 The landlord was contacted regarding the powder room door and the rust stains in the sink. This is going to be repaired by the landlord. 8/7/18	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Jamie Scott* TITLE **Clinical Director** (X6) DATE **6/21/18**

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V 736	<p>Continued From page 1</p> <p>broken and visible from the outside of the home.</p> <ul style="list-style-type: none"> -Blinds broken, missing sections of the slats in client #2's bedroom. -No light fixture over the ceiling light in client #1's bedroom; the 2 exposed light bulbs were mismatched. -Baseboard heat/air register in master bathroom, client #4's bedroom was rusted. Corrosion on faucets and rust stained sink. -Floor in client #4's bedroom covered in small bits of debris. -Baseboard heat/air register in hallway damaged, rust present, separated from the wall. -Cobwebs at the front entry over mailbox, door bell, and siding. -Broken tiles on the front porch at the top of the steps. -Bricks on path leading to the front entrance to the home uneven. <p>Interview on 6/7/18 the Group Home Manager stated:</p> <ul style="list-style-type: none"> -He would have client #4 vacuum his room. -He had requested the ceiling fixture in client #1's room to be replaced with a fixture the client could not break. -The water was "hard" resulting in rust staining of the sinks, but he would try to clean it using a product for rust removal. -He would follow up on those things he could repair or replace. 	V 736	<p>#7. The desk in the family room was destroyed on 6/11/18</p> <p>#8. The Blinds in the living room and bedroom #2 were replaced on 6/14/18</p> <p>#9. The light fixture in bedroom #1 was replaced on 6/14/18</p> <p>#10. The landlord was contacted regarding the rust in bedroom bathroom #4. The baseboards will be repaired; the corrosion on the faucets and rusted sink will be in compliance by 8/7/18</p> <p>#11. Floor in bedroom #4 was cleaned on 6/7/18</p> <p>#12. The landlord was contacted regarding the baseboard in the hallway. This will be repaired/replaced by 8/7/18</p> <p>#13. All cobwebs was removed from the mailbox, door bell and siding on 6/11/18</p>	<p>6/11/18</p> <p>6/14/18</p> <p>6/14/18</p> <p>8/7/18</p> <p>6/7/18</p> <p>8/7/18</p> <p>6/11/18</p>
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and</p>	V 752	<p>#14 The Broken tiles in the front porch will be repaired by the landlord by 8/7/18.</p> <p>#15 The bricks on the path front entrance will be leveled by</p>	

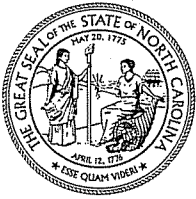
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V 752	<p>Continued From page 2</p> <p>visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observations and interview, the facility failed to maintain water temperatures between 100-116 degrees Fahrenheit in areas of the facility where clients are exposed to hot water. The findings are:</p> <p>Observations on 6/7/18 between 9:30 am and 10 am revealed: -Water temperature in the powder room measured 118 degrees Fahrenheit. -Water temperature in client #4's master bath room measured 120 degrees Fahrenheit. -Water temperature in hall bath room measured 122 degrees Fahrenheit.</p> <p>Interview on 6/7/18 the Group Home Manager stated: -It took a long time for the water in the kitchen to get hot because of the distance to the hot water heater. (Kitchen sink measured 112 degrees Fahrenheit.) -He was not aware the water temperatures were too hot in the bathrooms. -He would contact his repairman to adjust the water temperature.</p>	V 752	<p>8/7/18.</p> <p>Advanced Health Resources will ensure compliance of these things by daily cleaning check all food supervised and overseen by the Group Home Manager.</p> <p>Advanced Health Resources will comply with rule 10A NCAC 27G. 0304 Facility Design and Equipment.</p> <p>The water temperature was adjusted and checked in all areas. It currently ranges between 100-116 degrees.</p> <p>A new thermometer was purchased for the home. The Group Home Manager will ensure compliance.</p>	8/7/18
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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

June 12, 2018

Jannie Scott
Advanced Health Resources, Inc.
10940 Raven Ridge Rd., Suite 210
Raleigh, NC 27614-6611

DHSR - Mental Health

JUN 27 2018

Lic. & Cert. Section

Re: Annual Survey completed June 8, 2018
The Overlook, 1342 NC Hwy 42 S., Asheboro, NC 27205-7933
MHL # 076-055
E-mail Address: jscott@trs-nc.com

Dear Ms. Scott:

Thank you for the cooperation and courtesy extended during the annual survey completed June 8, 2018.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is August 7, 2018.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and 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 Bryson Brown at 919-855-3822.

Sincerely,



Betty Godwin, RN, MSN
Nurse Consultant
Mental Health Licensure & Certification Section

Cc: Victoria Whitt, Director, Sandhills Center LME/MCO
Mary Kidd, Quality Management Director, Sandhills Center LME/MCO
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