

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/21/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ELIZABETH GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1015 ELIZABETH DRIVE DALLAS, NC 28034</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 6/21/18. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults Whose Primary Diagnosis is a Developmental Disability.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure fire and disaster drills were held at least quarterly and were repeated for each shift. The findings are:</p> <p>Review on 6/20/18 of the facility's Fire and Disaster Drill Log revealed: -1st shift ran from 6am-2pm, 2nd shift ran from 2pm-10pm, and 3rd shift ran from 10pm-6am;</p>	V 114	<p><b>DHSR - Mental Health</b></p> <p><b>JUL 18 2018</b></p> <p><b>Lic. &amp; Cert. Section</b></p> <p>Fire and disaster drills will be completed monthly 6/30/2018 as scheduled by the QM department. Group Home Manager will ensure that all drills are completed in a timely and accurate manner for all shifts and will submit these to QM each month.</p>	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

*Stephen Coy* QP35 Program Manager

7/6/18

6899

545D11

If continuation sheet 1 of 5

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V 114	<p>Continued From page 1</p> <p>-No fire drill completed for 3rd shift during 1st quarter (January - March), 2018. The notation on the drill sheet for 3rd shift revealed "drill was not completed" and was signed by the House Manager/Qualified Professional;</p> <p>-No fire and disaster drill completed for 2nd shift during 3rd quarter (July - September), 2017. The notation on the drill sheet for 2nd shift revealed "due to new supervision and new procedures introduced in the facility, the September, 2017 fire/emergency drill was not executed" and was signed by the House Manager/Qualified Professional.</p> <p>Interview on 6/20/18 with the House Manager/Qualified Professional revealed:</p> <p>-Was expecting to receive a deficiency cited in the rule area for fire and disaster drill requirements due to the oversight of not conducting all drills during the past year;</p> <p>-The oversight resulted in having to cover 2 group homes as House Manager/Qualified Professional and although she assigned the staff to complete the required drills, the drills were never carried out as instructed;</p> <p>-Will correct the fire and disaster drill concerns and ensure all drills completed properly in the future.</p>	V 114		
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 visitors.</p> <p>(4) In areas of the facility where clients are</p>	V 752		

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V 752	<p>Continued From page 2</p> <p>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 interview, record review, and observation, the facility failed to ensure that water temperatures be maintained between 100 and 116 degrees Fahrenheit. The findings are:</p> <p>Observation on 6/20/18 at approximately 11:05am - 11:30am of the facility revealed: -Water temperature was 142 degrees Fahrenheit at the kitchen sink; -Water temperature was 140 degrees Fahrenheit in bathroom #1 (full bathroom located between two client bedrooms with private access for these bedrooms), bathroom #2 (hallway half-bathroom), bathroom #3 (hallway full bathroom) and bathroom #4 (private bathroom off client bedroom).</p> <p>Review on 6/20/18 of Client #1, Client #2, and Client #3's records revealed: -Needed assistance and supervision with regulating water temperature.</p> <p>Interview on 6/20/18 with Clients #1 and #2 revealed: -No injuries or burns as a result of the hot water temperature at the facility.</p> <p>Interview on 6/20/18 with the Team Lead revealed: -No injuries or burns as a result of the hot water temperature at the facility;</p>	V 752	<p>The hot water heater was adjusted on 6/20/18. The water temperature was checked daily for almost a week, and the hot water heater was adjusted again, due to it being under 100 degrees F, then adjusted once more, due to it being over 116 degrees F. The water temperature was checked at least 2x weekly after that and has maintained between 100 and 116 degrees F. The water temperature will be checked by staff 2x weekly in all sites at the home and logged on the Water Temperature Log. If the temperature is above 116 degrees F or below 100 degrees F, the staff will contact the Group Home Manager, who will either adjust the hot water heater or contact the plumber/maintenance person to adjust the hot water heater.</p>	6/21/18

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V 752	<p>Continued From page 3</p> <p>-After notification of the hot water temperatures being in the 140 degree Fahrenheit range, immediately went downstairs and shut off the pilot light to the hot water tank;</p> <p>-Recently had work completed approximately two weeks ago on the hot water tank and the repairmen must have set the temperatures too high.</p> <p>Interview on 6/20/18 with the House Manager/Qualified Professional revealed:</p> <p>-Recently had work completed due to problems with the water at the facility;</p> <p>-All water to the house had to be shut off during the repairs and then turned back on upon completion of the repairs;</p> <p>-Believes the repair crew put the water heater temperature too high;</p> <p>-Has called the maintenance man to come to adjust the water temperature before the end of the day.</p> <p>Review on 6/20/18 of the Plan of Protection written and signed by the House Manager/Qualified Professional dated 6/20/18 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumer in your care?"</p> <p>Staff immediately went downstairs and cut the water heater off (extinguished the pilot light). Handyman was called and will arrive as soon as he can today 6/20/18 to ensure correct temperature is set on hot water heater.</p> <p>Describe your plans to make sure the above happens.</p>	V 752		

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V 752	<p>Continued From page 4</p> <p>The pilot light is currently off. Maintenance man is in route to ensure that the correct (hot water) temperature is set. I (House Manager/Qualified Professional) will personally be here when he comes to adjust and test accordingly. We keep water temperature logs where we have tested the temperature in 2 locations once a week."</p> <p>The facility was not safely and effectively maintained resulting in clients being exposed to water temperatures of 140 - 142 degrees Fahrenheit. The clients were diagnosed with Intellectual Developmental Disabilities and other mental health needs and were unable to regulate water temperatures independently. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000.00 is imposed. If the violation in not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.</p>	V 752		



July 6, 2018

Eileen Sanchez  
Facility Compliance Consultant I  
Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

DHSR - Mental Health

JUL 18 2018

Lic. & Cert. Section

RE: MHL #036-068

Dear Ms. Sanchez,

Attached please find the Corrective Actions noted on the Statement of Deficiencies resulting from the recent Division of Health Service Regulation annual survey completed on June 21, 2018 at the Elizabeth Group Home, located at 1015 Elizabeth Drive, Dallas, NC.

I sincerely hope that this satisfactorily addresses the issues from the survey. Should you have questions or require additional information, please contact Stephanie Camp by phone at (704) 924-0028 or through e-mail at [stephanie.camp@eastersealsucp.com](mailto:stephanie.camp@eastersealsucp.com).

Respectfully submitted,

A handwritten signature in black ink that reads "Stephanie K. Camp QP BS".

Stephanie K. Camp, QP, BS  
Residential Program Manager  
Easterseals UCP