STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
		ECTION IDENTIFICATION NOWDER.		A. BUILDING:		R	
		MHL024-092	B. WING		07		
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	ATE, ZIP CODE			
NASHIN	GTON HOUSE		HINGTON STR LLE, NC 28472				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual and follow up survey was completed on July 17, 2018. Deficiencies were cited.						
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disabilities.					
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114				
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved b authority. (b) The plan shall b and evacuation pro posted in the facility (c) Fire and disaster shall be held at lease repeated for each s under conditions th	207 EMERGENCY PLANS in for each facility and plan shall be developed and by the appropriate local e made available to all staff cedures and routes shall be /. er drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies					
	facility failed to ens	et as evidenced by: s and record reviews the ure fire and disaster drills were ach shift. The finding are:					
	stated: -The facility had the -Week Day shift shift, 8 am - 4 pm; 2 shift, 12am - 8 am	8 the Group Home Manager e following 5 shifts: fts (Monday - Friday): 1st 2nd shift, 4 pm - 12 am; 3rd fts (Saturday and Sunday),					

Division	of Health Service Re	aulation			FORM	APPROVED	
		DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL024-092	B. WING			२ ।7/2018	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
WASHIN	GTON HOUSE	403 WAS	HINGTON ST	REET			
		WHITEVI	LE, NC 284	72		1	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR(DEFICIENCY)	ILD BE	(X5) COMPLETE DATE	
V 114	Continued From pa	ge 1	V 114				
	Day shift 8 am - 8 pm; Night shift 8 pm - 8 am						
	7/1/17 - 6/30/18 rev -Quarter 4/1/18 - 6/ -No fire drills do 2nd shifts -No disaster dri shift or Week End r -Quarter 1/1/18 - 3/ -No disaster dri shift or Week End o -Quarter 10/1/17 - 1 -No fire drills do night shift -No disaster dri shift or Week End r -Quarter 7/1/17 - 9/ -Only 1 fire drill End; 7/15/17 at 7 pt	30/18: ocumented Week Day 1st or lls documented Week Day 1st night shift 31/18: lls documented Week Day 3rd day shift 12/31/17: ocumented on the Week End lls documented Week Day 1st night shift 30/17: documented on the Week					
V 736	Manager stated: -The facility follower according to the tim -The facility did som -She did not realize shift every quarter t in addition to the we	y on 7/17/18 the Group Home d a schedule to rotate hes of the Week Day shifts. he of the drills on week ends. she had to hold drills on every o include the week end shifts eek day shift times. ty and Grounds Maintenance	V 736				
Division of H	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive					

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	E CONSTRUCTION		E SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		ECTION IDENTIFICATION NUMBER:		A. BUILDING:		PLETED
		B. WING			R 07/17/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
NASHIN	GTON HOUSE		ILLE, NC 284			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1		COMPLET DATE
		- -		DEFICIENC	SY)	
V 736	Continued From page 2		V 736			
	odor.					
		et as evidenced by:				
	Based on observation and interview, the facility was not maintained in a safe, clean, attractive					
	and orderly manne					
	and orderly manne	r. The mongs are.				
	Observations during the facility tour on 7/17/17					
	from 11:30 am - 12 noon revealed:					
	-Laundry room: sheet rock near bottom of dryer,					
	next to exit door peeling away					
	-Dust build up on w	all air vent by chest freezer				
	-Black discoloration	n over the patio fire place				
	surface					
		m: window shade torn on right				
		ice of ceiling (to left of window))			
		own staining over the area;				
		2 top dresser drawers; left				
		d difficult to slide open				
		om: brown and dark gray above shower; no stopper in				
	sink	above snower, no stopper in				
		ent to patio: broken blind on				
		ce with the string used to				
	raise/lower blinds					
		bedroom area: smoke detecto	r			
		ir approximately 12" in				
		spackled but not sanded or				
	painted. Client #4's	dresser missing drawer pulls				
		client #3's dresser missing				
		f 6 drawers; closet sliding				
		secured at the bottom and				
	difficult to open					
		om: dust adhered to ceiling in				
	bathroom					
		build up on wall air vent;				
		eparating at plank joints				
	ealth Service Regulation					

If continuation sheet 3 of 4

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL024-092		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOMBER.	A. BUILDING:			
		B. WING			R 07/17/2018	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
VASHIN	GTON HOUSE		SHINGTON STE ILLE, NC 2847			
(X4) ID			ID PROVIDER'S PLAN OF C			
PRÉFIX TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN(THE APPROPRIATE	COMPLET DATE
V 736	Continued From page 3		V 736			
	-Debris and green gutters over garage -Window screen to Interview on 7/17/1 stated: -The process for ch detectors was to ch if one is heard chirp chirping and have h -The damaged wal was the result of or something on the v client's aggressive -The damage on cl reported for maintee for about 4 months	rn on front of the home 8 the Group Home Manager hanging batteries in the smoke hange batteries in all detectors ping. She would report this batteries changed. I in client #3 and #4's room he client trying to hang vall. It was not caused by a behavior. lient #5 ceiling had been enance. It had been this way				

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