

PRINTED: 07/23/2018
FORM APPROVED

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WASHINGTON HOUSE

403 WASHINGTON STREET
WHITEVILLE, NC 28472

V 000

INITIAL COMMENTS

An annual and follow up survey was completed on July 17, 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 114

27G .0207 Emergency Plans and Supplies

**10A NCAC 27G .0207 EMERGENCY PLANS
AND SUPPLIES**

(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.

(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.

(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.

(d) Each facility shall have basic first aid supplies accessible for use.

**This Rule is not met as evidenced by:
Based on interviews and record reviews the
facility failed to ensure fire and disaster drills were
held quarterly on each shift. The finding are:**

Interview on 7/17/18 the Group Home Manager stated:

-The facility had the following 5 shifts:

-Week Day shifts (Monday - Friday): 1st shift, 8 am - 4 pm; 2nd shift, 4 pm - 12 am; 3rd shift, 12am - 8 am

-Week End shifts (Saturday and Sunday),

Y 000

V 114

**PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)**

DHSR-Mental Health

AUG 01 2018

Lic. & Cert. Section

Group Home staff 1/31/18
will monitor roster
to ensure each
shift will complete
per dials

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

4NO.114

If continuation sheet 1 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 A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 07/17/2018
NAME OF PROVIDER OR SUPPLIER WASHINGTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 403 WASHINGTON STREET WHITEVILLE, NC 28472		
(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 114	<p>Continued From page 1</p> <p>Day shift 8 am - 8 pm; Night shift 8 pm - 8 am</p> <p>Review on 7/17/18 of fire and disaster drills from 7/1/17 - 6/30/18 revealed:</p> <ul style="list-style-type: none"> -Quarter 4/1/18 - 6/30/18: -No fire drills documented Week Day 1st or 2nd shifts -No disaster drills documented Week Day 1st shift or Week End night shift -Quarter 1/1/18 - 3/31/18: -No disaster drills documented Week Day 3rd shift or Week End day shift -Quarter 10/1/17 - 12/31/17: -No fire drills documented on the Week End night shift -No disaster drills documented Week Day 1st shift or Week End night shift -Quarter 7/1/17 - 9/30/17: -Only 1 fire drill documented on the Week End; 7/15/17 at 7 pm -No disaster drills documented on either Week End shift <p>Continued interview on 7/17/18 the Group Home Manager stated:</p> <ul style="list-style-type: none"> -The facility followed a schedule to rotate according to the times of the Week Day shifts. -The facility did some of the drills on week ends. -She did not realize she had to hold drills on every shift every quarter to include the week end shifts in addition to the week day shift times. 	V 114			
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive</p>	V 736	<p><i>QIP will contact the license contractor to make repairs</i></p>	<p><i>7/31/18</i></p>	

Division of Health Service Regulation

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V 736	<p>Continued From page 2</p> <p>odor.</p> <p>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:</p> <p>Observations during the facility tour on 7/17/17 from 11:30 am - 12 noon revealed:</p> <ul style="list-style-type: none"> -Laundry room: sheet rock near bottom of dryer, next to exit door peeling away -Dust build up on wall air vent by chest freezer -Black discoloration over the patio fire place surface -Client #5's bedroom: window shade torn on right side; textured surface of ceiling (to left of window) peeling with light brown staining over the area; no drawer pulls on 2 top dresser drawers; left drawer off track and difficult to slide open -Client #5's bath room: brown and dark gray staining on ceiling above shower; no stopper in sink -Family room adjacent to patio: broken blind on door held up in place with the string used to raise/lower blinds -Clients #3 and #4 bedroom area: smoke detector chirping; wall repair approximately 12" in diameter had been spackled but not sanded or painted. Client #4's dresser missing drawer pulls on 3 of 6 drawers; client #3's dresser missing drawer pulls on 5 of 6 drawers; closet sliding doors off track, unsecured at the bottom and difficult to open -Client #6's bed room: dust adhered to ceiling in bathroom -Dining room: dust build up on wall air vent; laminated flooring separating at plank joints -Paint on door facings chipped throughout the 	V 736			

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V 736	<p>Continued From page 3</p> <p>home</p> <ul style="list-style-type: none">-Out door home siding was discolored "black"-Debris and green vegetation was present in gutters over garage-Window screen torn on front of the home <p>Interview on 7/17/18 the Group Home Manager stated:</p> <ul style="list-style-type: none">-The process for changing batteries in the smoke detectors was to change batteries in all detectors if one is heard chirping. She would report this chirping and have batteries changed.-The damaged wall in client #3 and #4's room was the result of one client trying to hang something on the wall. It was not caused by a client's aggressive behavior.-The damage on client #5 ceiling had been reported for maintenance. It had been this way for about 4 months <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736			

Carolinas Home Care Agency, Inc.
P.O. Box 1723
Whiteville, NC 28472
Phone: 910-642-3700; Fax: 910-642-5146

FACSIMILE COVER SHEET

Company Name:

NCDNHS
Attention:

Licensure Section
Fax Number:

1919 715 8078

From:

Terry Smith
Date:

8-2-18
Phone Number:

910 642 3700

Circle One:

URGENT REPLY ASAP PLEASE REVIEW

FOR YOUR INFO.

TOTAL # OF PAGES, INCLUDING COVER SHEET: 5 pgs

COMMENTS: Plan of Correction for
MHL-024-092