(X6) DATE

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION	[NO) D47	
MHL024-092		A. BUILDING:		COM	(X3) DATE SURVEY COMPLETED R	
NAME OF	PROVIDER OR SUPPLIER	STREET A		, STATE, ZIP CODE	07/	17/2018
WASHIN	GTON HOUSE		SHINGTON S			
		WHITEV	ILLE, NC 26	3472		
(X4) ID PREFIX	SUMMARY STATE	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	[D	PROVIDER'S PLAN OF CORRECT	ION .	
TAG	REGULATORY OR LE	SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	# D DC	COMPLETE DATE
V 000	INITIAL COMMENT	S	V 000			
	An annual and follow	v up survey was completed Deficiencies were cited,				
			-	DHSR-Mental Heal	<b>≟</b> 1	
	This facility is license	ed for the following service 27G .5600C Supervised		Tellical Healt	[7]	
	Living for Adults with	Developmental Disabilities.		AUG 0 1 2018		
V 114	27G .0207 Emergen	cy Plans and Supplies	V 114	Lic, & Cert. Section	1	
	AND SUPPLIES	7 EMERGENCY PLANS				
	(a) A written fire plan	for each facility and				
1	area-wide disaster prohibition in a shall be approved by authority.	an shall be developed and the appropriate local				
	(b) The plan shall be and evacuation proce	made available to all staff edures and routes shall be				
[ ]	posted in the facility. (c) Fire and disaster	drills in a 24-hour facility				
1 :	snall be held at least	quarterly and shall he				
	under conditions that	ift. Drills shall be conducted simulate fire emergencies.				
[ (	(d) Each facility shall accessible for use.	have basic first aid supplies				
					اما	
1	This Rule is not met	as evidenced by:		Anny Home Sd	est	1/31/8
E	pased on interviews a acility failed to ensure	and record reviews the		y (		7
ļi	neld quarterly on each	e fire and disaster drills were n shift. The finding are:		Will mone for	Diff	
5	lated;	he Group Home Manager		to encure	ore by	
ı	The facility had the fo -Week Day shifts	(Monday - Friday), 1st		shist will com	Mak	
S	nnt, o am - 4 pm; 2nd	shift, 4 pm - 12 am; 3rd			1	
S	nιπ, 12am - 8 am -Week End shifts	(Saturday and Sunday),	X	5 L9 by , 9201/12	İ	
on of Heal	IN Service Regulation	SUPPLIER REPRESENTATIVE'S SIGNA				

STATE FORM

AND PLAN OF CORRECTION  MEDITIFICATION NUMBER:  MHL024-092  MANE OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  433 WASHINGTON STREET  WASHINGTON HOUSE  WASHINGTON HOUSE  WASHINGTON THE SUMMER STATEMENT OF DESCRIBATION AND STREET  WHITEVILLE, NC 28472  V114  Continued From page 1  Day shift 8 am -8 pm; Night shift 8 pm -8 am  Review on 7/17/18 of fire and disaster drills from 7/1/17 - 6/30/18 revealed: - Quarter 4/1/18 - 6/30/18: - No disaster drills documented Week Day 1st shift -Quarter 1/1/18 - 3/30/18: - No disaster drills documented Week Day 3rd shift -Quarter 1/1/17 - 1/33/11/7: - No the disaster drills documented Week Day 1st shift or Week End night shift -Quarter 1/1/18 - 2/33/11/8: - No disaster drills documented Week Day 1st shift or Week End night shift -Quarter 1/1/17 - 1/33/11/7: - Only 1 fire drill documented on the Week End night shift -Quarter 1/1/18 - 3/30/11/7: - Only 1 fire drill documented on the Week End night shift -Quarter 1/1/17 - 1/33/11/7: - Only 1 fire drill documented on either Week End night shift -Quarter 1/1/17 - 1/33/11/7: - Only 1 fire drill documented on either Week End night shift -Quarter 1/1/17 - 1/33/11/7: - Only 1 fire drill documented on either Week End night shift -Quarter 1/1/17 - 1/33/11/7: - Only 1 fire drill documented on either Week End night shift -Quarter 1/1/17 - 1/33/11/7: - Only 1 fire drill documented on either Week End night shift -Quarter 1/1/17 - 1/33/11/7: - Only 1 fire drill documented on either Week End night shift -Quarter 1/1/17 - 1/33/11/7: - Only 1 fire drill documented on either Week End night shift -Quarter 1/1/17 - 1/33/11/7: - Only 1 fire drill documented on either Week End night shift -Quarter 1/1/17 - 1/33/11/7: - Only 1 fire drill documented on either Week End night shift - Quarter 1/1/17 - 1/33/11/7: - Only 1 fire drill documented on either Week End night shift - Quarter 1/1/17 - 1/33/11/7: - Only 1 fire drill documented on either Week End night shift - Only 1 fire drill documented on either Week End night shift - Only 1 fire	Division of Health Service Regulation			FORM APPROVE			
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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	V 736	27G .0303(c) Facility	and Grounds Maintenance				
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		10A NCAC 27G .030	3 LOCATION AND		MR 11 a N. A.X.	dou .	
maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive	-	EXTERIOR REQUIR	EMENTS		UV W. M. Condoe & Ca	- 11/0/18	
manner and shall be kept free from offensive		(♥) ⊏acπ racility and it maintained in a sefe	ts grounds shall be		1 50 - 0 6 1	' '	
sign of Health Souther Boardelle		manner and shall be	kept free from offensive		rese andador		
					to make mos	$\alpha$	ı

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STATEME	1 of Health Service R INT OF DEFICIENCIES				FORM	APPROV
AND PLAI	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION		
		IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DAT	E SURVEY PLETED
		1				,
		MHL024-092	B. WING			R
NAME OF	PROVIDER OR SUPPLIER				07/	17/2018
		STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
Washin	IGTON HOUSE	403 WAS	HINGTON ST	REET		
		WHITEVI	LLE, NC 284	<b>72</b>		
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	ID I	PROVIDER'S PLAN OF COR		
TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION)	SHOTTORE	(X5) COMPLET
		THE STANTING	TAG	CRUSS-REFERENCED TO THE	PPROPRIATE	DATE
V 736	Continued From			DEFICIENCY)		
1,00	Continued From pa	ge 2	V 736			
	odor.		ĺ			
			1			
- 1			1 1			
1	This Rule is not me	t as evidenced by:				ľ
	based on observation	on and interview the facility				
-	was not maintained	ID a safe clean attractive				
	and orderly manner.	The findings are:	ł			
1	Observations during	the facility tour on 7/17/17				
	110m 11:30 am - 12 i	100n revealed:		•		
	-Laundry room: she	et rock near bottom of dryer,				
	next to exit door pee	ling away				
	-Black discolar-ti-	Il air vent by chest freezer				
j	Surface	over the patio fire place	ľ			
		a sadmata a sada da				
	Side: textured surface	: window shade torn on right				
	Deeling with light brow	e of ceiling (to left of window) wn staining over the area;				
	no drawer nulls on 2	top dresser drawers; left			İ	
16	drawer off track and	difficult to slide and	1		İ	
-	Client #5's bath room	n: brown and dark gray		•	ł	
Ís	staining on ceiling ab	ove shower; no stopper in			1	
1 6	3H HZ		1			
j -	Family room adjacer	nt to patio: broken blind on				
r	sooi Heid ab itt bisce	with the string used to	]			
	aise/lower blings					
	Clients #3 and #4 be	droom area: smoke detector				
	" " Ping, Wall lebair s	ipproximately 12" in				
) u	liameter nad been so	ackled but not canded a-	1			
0	anteu. Client #4's dr	esser missing drawer and	1			
	in a or a grawers: clie	IN #3's dragger mission	1			
u	rawer pulls on 5 of 6	drawers: closet cliding				
l u	ours off track, unsec	ured at the bottom and	1	•	ļ	
ba -D	illicuit to open	i				
	athroom	dust adhered to ceiling in			}	
	au (100/11					
	minate flooring son-	ild up on wall air vent;				
	minate flooring sepa	rating at plank joints chipped throughout the			İ	
	Autron door racings	cnipped throughout the	)		1	

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Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A. BUILDING: \_ MHL024-092 R B. WING 07/17/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **WASHINGTON HOUSE 403 WASHINGTON STREET** WHITEVILLE, NC 28472 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (X5) COMPLETE TAG TAG DEFICIENCY) V 736 Continued From page 3 V 736 -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 Interview on 7/17/18 the Group Home Manager stated: -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 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. Division of Health Service Regulation

## Carolinas Home Care Agency, Inc. P.O. Box 1723 Whiteville, NC 28472

Phone: 910-642-3700; Fax: 910-642-5146

## FACSIMILIE COVER SHEET

Company Name:	From:
NCDNH8 Attention:	Terry Smith Date:
Licensure Section Fax Number:	8-2-18 Phone Number:
1919 715 8078	910642 3700
Circle One:	
URGENT REPLY ASAP PLEASE REVIEW	FOR YOUR INFO
TOTAL # OF PAGES, INCLUDING COVER SHE	ET: 5050
COMMENTS: Plan of Correct	
MHL - 024 - C	
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