

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL042-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/24/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER EVERYDAY LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 166 RUDD TRAIL ROAD HOLLISTER, NC 27844
--	---

(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 000	<p>INITIAL COMMENTS</p> <p>A Complaint Survey was completed on July 24, 2018. The complaint was unsubstantiated (Intake #NC00141174). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/Alternative Family Living.</p>	V 000		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the North Carolina Health Care Personnel Registry (HCPR) prior to hiring one of two staff (#2). The findings are:</p> <p>Review on between 07/24/18 of the facility's personnel records revealed: - Staff #2 hired 05/16/15. No evidence HCPR check had been completed prior to hire</p> <p>During interview on 07/24/18, the Licensee reported: - Staff #2 was her husband - The management company maintained</p>	V 131		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL042-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/24/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER EVERYDAY LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 166 RUDD TRAIL ROAD HOLLISTER, NC 27844
--	---

(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 131	Continued From page 1 the personnel records...she wondered if the HCPR check for staff #2 had been misfiled. During interview on 07/24/18, the Program Manager at the Management Company used by the facility reported: - The agency could not locate the HCPR check for staff #2 upon his hire date. - The Office Manager was responsible for the personnel records	V 131		
V 722	27G .0302 (a) DHSR Construction Approval 10A NCAC 27G .0302 FACILITY CONSTRUCTION/ALTERATIONS/ ADDITIONS (a) When construction, use, alterations or additions are planned for a new or existing facility, work shall not begin until after consultation with the DHSR Construction Section and with the local building and fire officials having jurisdiction. Governing bodies are encouraged to consult with DHSR prior to purchasing property intended for use as a facility. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to consult with the Division of Health Service Regulation (DHSR) Construction Section before alterations began on the facility. The findings are: Observation on 07/23/18 at 3:15 PM revealed a door to a room located to the left of the living room close to the kitchen. A young family member of the Licensee entered in and out of the	V 722		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL042-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/24/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER EVERYDAY LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 166 RUDD TRAIL ROAD HOLLISTER, NC 27844
--	---

(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 722	<p>Continued From page 2</p> <p>room.</p> <p>Review on 07/24/18 of the facility's public record maintained by DHSR initial licensure application dated August 16, 2013 with a floor plan of facility as well as the facility's emergency exit posted in the home yielded:</p> <ul style="list-style-type: none"> -Left of the living room an open area identified as the dining room/den/kitchen area -No evidence of an enclosure for the open area <p>Licensee's interview on 07/24/18 disclosed:</p> <ul style="list-style-type: none"> -The dining room area was enclosed in February 2018. Initially, area was used for storage...Currently, a relative under age 18 used the enclosed room for her bedroom -She did not consider the enclosure of the dining room as an addition to the home...no contact was made with DHSR construction regarding the change in the room. <p>DHSR Construction Section Facility Compliance Surveyor Supervisor interview on 07/24/18 disclosed:</p> <ul style="list-style-type: none"> -Any alterations to the licensed facility made after initial construction approval, must be approved to assure compliance with fire alarms and building codes. -The room would have been reviewed to see if it met indoor space requirements for clients. 	V 722		
V 762	<p>27G .0304(d)(1) Client Bedrooms</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect</p>	V 762		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL042-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/24/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER EVERYDAY LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 166 RUDD TRAIL ROAD HOLLISTER, NC 27844
--	---

(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 762	<p>Continued From page 3</p> <p>at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements:</p> <p>(1) Client bedrooms shall have at least 100 square feet for single occupancy and 160 square feet when two clients occupy the bedroom.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide bedroom space requirements of 160 square feet in situations of double occupancy for 2 of 2 clients (#1 and #2). The findings are:</p> <p>Review on 07/24/18 of the facility's public record maintained by Division of Health Service Regulation (DHSR) revealed: - Licensed for 3 clients -Initial licensure application dated August 16, 2013 included a facility floor plan -total of 3 bedrooms (master suite with estimated space of 192 square feet, a second bedroom estimated 120 square feet and a third bedroom with an estimated 140 square feet of living space) ...the master suite and one smaller bedroom identified as client designated bedrooms.</p> <p>Observation on 07/23/18 at 3:15 PM revealed a door to a room located to the left of the living room close to the kitchen. A young family member of the Licensee entered in and out of the room.</p> <p>Client #1 and client #2's interviews on 07/24/18 disclosed: -Prior to July 5, 2018, they shared a bedroom...agency had admitted a third client (March-July) that utilized the third bedroom.</p>	V 762		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL042-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/24/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER EVERYDAY LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 166 RUDD TRAIL ROAD HOLLISTER, NC 27844
--	---

(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 762	<p>Continued From page 4</p> <p>Licensee's interview on 07/24/18 disclosed: -Married in 2014/2015 -Prior marriage, she utilized one of the smaller bedrooms -Currently, she had only 2 clients and each utilized the smaller bedrooms...Licensee and her husband utilized the master suite</p> <p>DHSR Construction Section Facility Compliance Surveyor Supervisor interview on 07/24/18 disclosed: -Upon initial licensure and approval for three clients , the master suite was identified as bedroom for two clients based on square footage...based on indoor living requirements regulations, the two smaller bedrooms would not meet standards for double occupancy, therefore the client census could not have been above two. -At the time of DHSR approval, the dining room had not been enclosed for a living area... a visit would be required to measure the space and provide guidance regarding living capacity for clients in that new addition</p>	V 762		