

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL078-315</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/10/2018</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>JOHNSON CENTER I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 THURLOW STREET RED SPRINGS, NC 28377</b>
---	--

(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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on August 10, 2018. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b> (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observations and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations during facility tour on 8/9/18 between 3:10 pm and 4:15 pm revealed:</p> <ul style="list-style-type: none"> <li>-Kitchen:             <ul style="list-style-type: none"> <li>-Floor tiles torn away, separated exposing sub-floor</li> <li>-Seam in back splash over sink stained a dark brown color</li> <li>-Cabinet doors, upper section to right of stove, would not close securely</li> </ul> </li> <li>-Client #2's room:             <ul style="list-style-type: none"> <li>-Stains and wrinkles in carpet</li> <li>-Carpet tears on steps from dining room into the step-down to bedroom</li> <li>-Exit door to front drive: storm door bottom panel replaced with overlapping metal panels;</li> </ul> </li> </ul>	V 736	<p><i>It is a rule of JCH to maintain appropriate facility and grounds maintenance</i></p> <p><i>An uservice will be held on Aug 30, 2018 for JCH staff members to address these citations that have been cited on 8/10/2018. The Attached Maintenance sheet will be reinforced to ensure that needs/repairs are identified and reported to Administrator. This sheet will be monitored weekly by Wattle MS Lean (Administrator)</i></p> <p><i>All identified deficiencies will be repaired by listed date of Oct 9, 2018</i></p>	<p><i>Oct 9, 2018</i></p>

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Sheela Ferguson RN BSN</i>	TITLE <i>Director</i>	(X6) DATE <i>Aug 28, 2018</i>
---	--------------------------	----------------------------------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL078-315</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/10/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>JOHNSON CENTER I</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 THURLOW STREET RED SPRINGS, NC 28377</b>		
(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 736	<p>Continued From page 1</p> <p>door would not close securely.</p> <ul style="list-style-type: none"> <li>-Side chair had multiple rips in seat cushion</li> <li>-Client #3's room: <ul style="list-style-type: none"> <li>-Small holes in wall by light switch</li> <li>-3 areas of wall repairs had not been sanded smoothly before painting</li> </ul> </li> <li>-Hall bathroom: <ul style="list-style-type: none"> <li>-Paint worn away where shower rods were mounted</li> <li>-Panel at base of wall behind toilet detached from wall</li> <li>-Light fixture missing 2 bulbs, leaving 2 sockets exposed</li> <li>-Floor surface worn away in front of toilet</li> <li>-No sink stopper in place</li> <li>-Vanity doors scuffed</li> </ul> </li> <li>Hallway: <ul style="list-style-type: none"> <li>-Hole in wall covered in mesh</li> <li>-Air return vent dented, dusty</li> </ul> </li> <li>Outdoors: Railing leading from exit door of client #2's room unstable, not attached to the house.</li> </ul> <p>Interview on 8/9/18 the Qualified Professional Stated:</p> <ul style="list-style-type: none"> <li>-The Licensee had plans to replace the flooring.</li> <li>-The hole in the hallway wall was covered temporarily until it could be repaired.</li> <li>-The facility would follow up on needed repairs.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736	<p><i>All identified deficiencies will be repaired by listed date of Oct 9, 2018</i></p>	Oct 9, 2018

# Johnson Center Homes Maintenance Sheet

Staff Name \_\_\_\_\_ Date \_\_\_\_\_  
Staff Name \_\_\_\_\_ Shift: 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

## Maintenance Checklist:

\_\_\_\_\_ Appliances (stove, washer/dryer, refrigerator, iron, television, microwave etc.)

\_\_\_\_\_ Walls (Holes, marks, doors)

\_\_\_\_\_ Floors

\_\_\_\_\_ Furniture (Blinds, chairs, etc.)

\_\_\_\_\_ Water Temperature Results \_\_\_\_\_

\_\_\_\_\_ Smoke Detector Chirping

\_\_\_\_\_ Other

Miscellaneous

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Sheet must be turned into Administrator Weekly

Administrator \_\_\_\_\_

FAX COVER SHEET

THE JOHNSON CENTER  
P.O BOX 844  
Red Springs, NC 28377  
ROBESON COUNTY  
USA  
910-843-7007(TEL#)  
910-843-7008(FAX#)

SEND TO: NC FROM: Sheela Ferguson RN ASN  
Company Name: DHHS

Attention: Betty Godwin RN, MSN DATE: \_\_\_\_\_

Fax No. 919-715-8078 Phone No. (910)597-7162

Office location: Raleigh, NC Office location: Red Springs, NC

Urgent  Reply ASAP  Please Comment  Please Review  FYI

Total pages, including cover: 4

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Thank you \_\_\_\_\_  
\_\_\_\_\_ Sheela \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This transmittal contains PRIVILEGED AND CONFIDENTIAL information. Use, copying, or distributing by any other person is strictly prohibited. If you received this transmitted in error, please notify us by telephone at the above number and return the misdirected to us by U.S. Mail. Thank You.