

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
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NAME OF PROVIDER OR SUPPLIER EVERYDAY LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 166 RUDD TRAIL ROAD HOLLISTER, NC 27844
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(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	INITIAL COMMENTS A Complaint Survey was completed on July 24, 2018. The complaint was unsubstantiated (Intake #NC00141174). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/Alternative Family Living.	V 000	<p>DHSR - Mental Health</p> <p>SEP 06 2018</p> <p>Lic. & Cert. Section</p>	
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification 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. 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: 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 During interview on 07/24/18, the Licensee reported: - Staff #2 was her husband - The management company maintained	V 131		

Division of Health Service Regulation

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

Angie Burkman TITLE *AFL provider*

(X6) DATE *8/28/18*

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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. 131 Upon being hired, the Hiring Specialist of the Management Company will perform a HCPR Check of each employee. The HCPR checks will be stored in the personnel record of each staff. Internal audits of personnel files will be completed quarterly to ensure each employee's personnel record pre-hire and current HCPR check. Information will document on checklist and housed with HR department.	
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	On 8/28/18, a current HCPR check was performed on Mr. Evans(a staff of the facility) and a copy was placed in his personnel file.	

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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	<p>V 722</p> <p>On 8/10/18, the DHSR construction surveyor, Paul Dixon visited the facility due to a citation that was issued by surveyor on 7/24/18. During the survey completed on 7/24/18, it was observed that dining room had been converted to a guest bedroom and that there was no smoke detector inside the room. To ensure the facility meets the State building code, the Licensee had a new electronic smoke detector with battery backup installed inside the guest room of the facility. This was completed on 8/23/18 by a licensed electrician. A copy of the receipt and pictures of the newly installed smoke detector are provided.</p> <p>In addition, the overseeing QP will continue to complete monthly site visits and maintenance checks to ensure the facility remains in compliance with Mental Health, Developmental disabilities, and Substance Abuse Facilities and Services and the Waiver of Rule 10A NCAC 27G.0301(a) for HUD Approved Manufactured Houses.</p>	
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		

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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:</p> <ul style="list-style-type: none"> - 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>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:</p> <ul style="list-style-type: none"> -Prior to July 5, 2018, they shared a bedroom...agency had admitted a third client (March-July) that utilized the third bedroom. 	V 762		

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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	<p>V 762</p> <p>As of 8/28/18, each of the current clients have their own bedroom with the correct square footage. These room have been identified as the smaller bedrooms of the facility. Currently, the licensee has the larger bedroom/master bedroom. If the licensee receives an additional client in the facility, the licensee will make the necessary bedroom occupancy change to the facility. This will include the licensee relocating her occupancy to one of the smaller rooms, which will allow the larger bedroom/master bedroom to be utilized as a double occupancy bedroom. This will ensure each member has the correct square footage for their bedrooms per DHSR regulations and rules.</p>	



NORTH CAROLINA

Nurse Aide I Registry

Medication Aide Registry

Health Care Personnel Registry

Verification of Listing/Search Results:

J. Evans

The requested social security number was not found on the Nurse Aide I Registry, the North Carolina Medication Aide Registry or the Health Care Personnel Registry. This verification does not apply to Medication Aides working in Adult Care Homes. Employers of Medication Aides working in Adult Care Homes must verify listing by calling at <https://mats.dhhs.state.nc.us/>.

Social Security Number: XXX-XX-3547

The listing verification is completed. Please record confirmation number **103055092W** in your business files to validate this inquiry which was made on 08/28/2018.

Note: If there are pending investigations or substantiated findings noted above, detailed information, including evidence summary, hearing, or rebuttal statement, may only be obtained by calling 919-855-3969 Monday through Friday from 8:00 a.m. to 3:00 p.m. and speaking with a registry representative.

(To print this verification, please click on the Print button in your browser.)

[Return to Home Page](#)

[Verify More Listings](#)

INVOICE

Silver's Electric

William L. Silver

Telephone # (252) 586-5159

Owner/Operator

Lic # 7953-L

Date: 8/23/18

Invoice No.

TO:

Angie Richardson
Porter Road
Hollister, N.C.

FROM:

William Silver
1064 Tabron Sch Rd
Hollister, N.C.

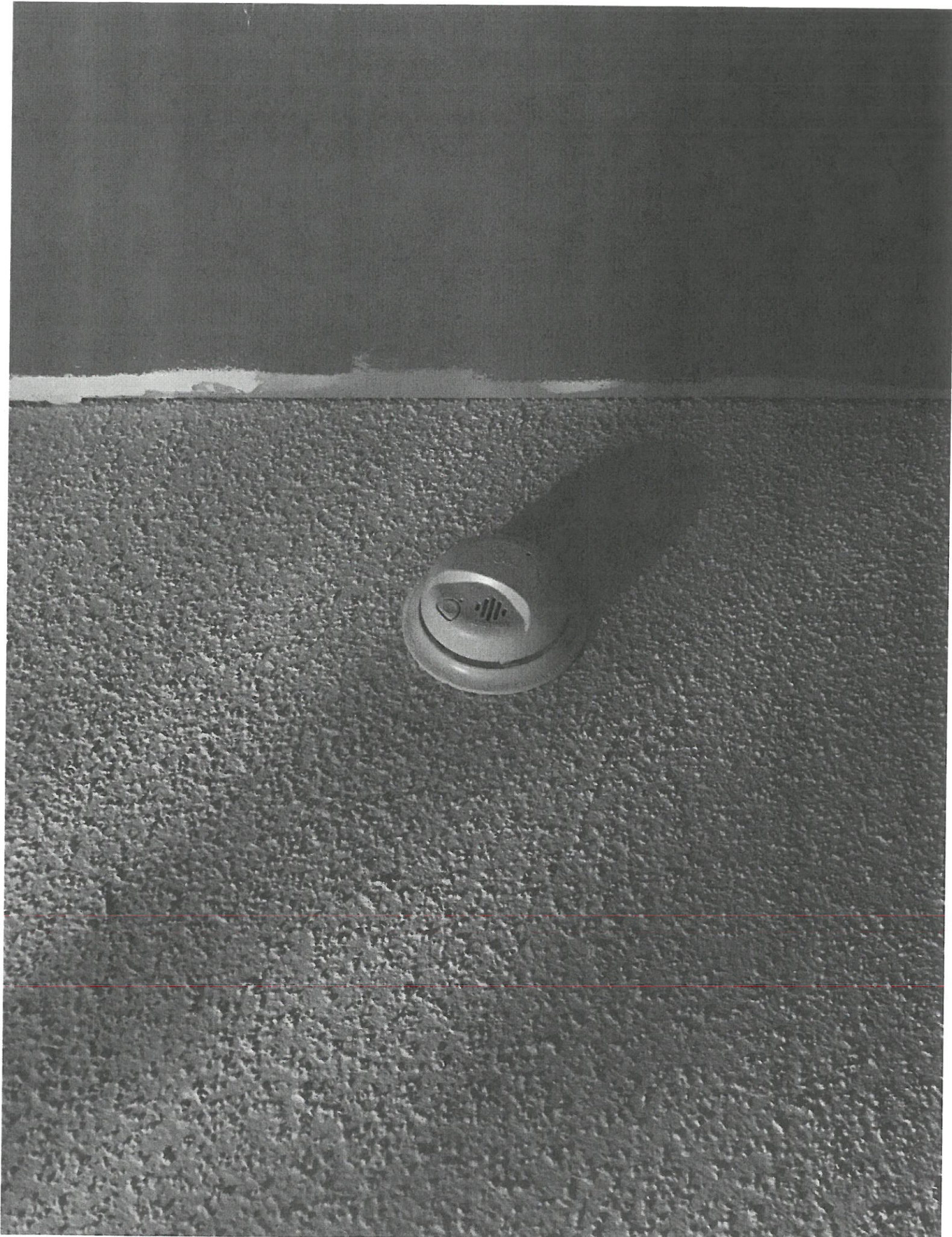
Item No.	Description	Amount
1	Added smoke detector in storage / quest room	
	Paid in Full	\$ 75.00
	(WLS)	

Sub Total: _____

Sales Tax: _____

TOTAL DUE: -0-

PLEASE PAY BY INVOICE. THANK YOU...





NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

DHSR - Mental Health

SEP 06 2018

Lic. & Cert. Section

August 8, 2018

Angie Richardson, Licensee
166 Rudd Trail Road
Hollister, NC 27844

Re: Complaint Survey completed July 24, 2018
Everyday Living, 166 Rudd Trail Road, Hollister, NC 27844
MHL # 042-073
E-mail Address: angierichardson411@yahoo.com
Intake # NC00141174

Dear Ms. Angie Richardson:

Thank you for the cooperation and courtesy extended during the Complaint Survey completed July 24, 2018. The complaint was unsubstantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is September 24, 2018.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

August 8, 2018
Angie Richardson
Angie Richardson, Licensee

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Renee Kowalski-Ames at 919-552-6847.

Sincerely,



India Vaughn-Rhodes
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Trey Suttan, Director, Cardinal Innovations LME/MCO
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO
File