

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/25/2018
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NAME OF PROVIDER OR SUPPLIER COUNTRY PINES #1	STREET ADDRESS, CITY, STATE, ZIP CODE 2307 NORTH BESTON ROAD LA GRANGE, NC 28551
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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on September 25, 2018. The complaints were unsubstantiated (intake #NC00136271 and #NC00138766). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

DHSR-Mental Health
OCT 17 2018
Lic. & Cert. Section

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Millic CEO

(X6) DATE

10-14-18

Division of Health Service Regulation

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to develop and implement strategies based on assessment for one of three audited clients (#4). The findings are:</p> <p>Review on 3/5/18 and 9/25/18 of client #4's record revealed: - 41 year old female admitted to the facility 4/29/03. - Diagnoses included Severe Intellectual/Developmental Disability, Impulse Control Disorder, Atrial Septum Deficit, Hypothyroidism, Hypertension. - "Individual Support Plan" with start date of 5/1/17 from the Local Management Entity included "What Others Need to Know to Best Support Me . . . Behaviors . . . Toileting skills have decreased. [Client #4] is on a one hour toileting schedule to reduce incidents of accidents. . . " - "Individual Support Plan" implemented 5/1/17 with no strategies to address client #4's toileting needs or toileting program.</p> <p>During interview on 9/25/18 the Qualified Professional/Chief Executive Officer stated he was responsible for developing short range goals and strategies for clients based on assessed needs. There were no strategies to address client #4's one hour toileting program in her plan. He understood the requirement for developing and implementing strategies based on clients' assessed needs.</p>	V 112	<p>Short range goals updated and toileting goal added with strategies to be implemented and applied to work on this continuing to achieve a positive outcome</p>	11-24-18
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V 736	Continued From page 2	V 736		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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 odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews the facility was not maintained in a safe, clean, orderly manner free from offensive odors. The findings are:</p> <p>Observation of the facility at approximately 12:15 pm on 9/25/18 revealed:</p> <ul style="list-style-type: none"> - Wallpaper was peeling away at the seams in the front room. - The 5 light overhead fixture in the front room was missing 2 shades and 1 light bulb. - The carpet in the front room was separated from the wall and was worn and wrinkled on the floor and presented a tripping hazard. - A brown stain on the ceiling in the front room. - A strong moldy odor was noted inside the storage closet in the front room. - The paint was peeling from the ceiling in the wide entry hallway. - A television and worn recliner were stored in the wide entry hallway. - Round air vents in the ceiling in client #1's bedroom were rusty and had a black powdery looking substance on the outer surface. - The smoke detector in client #1's bedroom was dusty. - Matter that appeared to be dead insects was inside the light fixture in client #1's private 	V 736	<p>wall paper situation to be addressed. 11-24-18</p> <p>over head light fixture bulbs replaced and new shades provided. 5 lights working 11-24-18</p> <p>Carpet situation to be assessed and plans to replace in 2019 11-24-18</p> <p>Brown ceiling stain in front room assessed and corrected. 11-24-18</p> <p>front storage closet cleaned out, odor eliminated 11-24-18</p> <p>television and recliner removed from wide entry hallway 10-1-18</p> <p>Air vents in ceiling in client #1 bedroom to be replaced 11-24-18</p> <p>smoke detector in client #1 bedroom cleaned 10-1-18</p> <p>light fixtures in client #1</p>	

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V 736	<p>Continued From page 3</p> <p>bathroom.</p> <ul style="list-style-type: none"> - Client #1's bathroom had a strong moldy odor. - The ceiling in client #1's bathroom appeared to be sagging over the toilet. - Brown stains on the ceiling of client #1's bathroom. - A row of floor tiles were missing at the face of the bathtub. - The exhaust fan was loud, and rusty with black powdery looking substance on the outer surface. - Client #1's shower curtain rod was extremely rusty. - Client #1's bathtub had greenish gray staining. - A drawer front was missing from client #3's chest of drawers. - Client #3's bedroom ceiling was dusty around the air vent near the window. - Client #3's shower curtain liner had heavy mildew staining. - Matter that appeared to be dead insects were noted inside both light fixtures in client #3's bathroom. - A brown stain to the ceiling over client #3's bathroom sink. - The round air vent in client #3's bathroom was rusty and had black matter on the outside surface. - The window blind in client #3's bathroom had 8 broken slats. - Multiple brown stains of various sizes on the ceiling in client #4 and #6's shared bedroom. - The large air vent in client #4 and #6's bedroom was heavily dusty. - A broken drawer in client #4's chest of drawers. - A broken drawer in client #6's chest of drawers. - Several small screw/nail holes in the wall beside client #6's bed. - Matter that appeared to be dead insects inside the light fixture in client #4 and #6's bathroom. - The finish on client #4 and #6's bathroom mirror 	V 736	<p>Private bathroom cleaned</p> <p>Client #1 bathroom thoroughly cleaned + sanitize; odor no longer an issue</p> <p>stains on ceiling of client #1 bathroom to be assessed</p> <p>floor tiles missing at face of bathtub to be replaced</p> <p>exhausted fan to be assessed cleaned and replaced if needed</p> <p>shower curtain rod to be replaced</p> <p>client #1 bathtub thoroughly cleaned</p> <p>chest of drawers in question in client #3 to be replaced</p> <p>ceiling & air vent in client #3 bedroom dusted & cleaned</p> <p>client #3 shower curtain liner replaced</p> <p>Bathroom ceiling in client #3 bathroom to be addressed</p> <p>light fixtures in client #3 bathroom cleaned</p> <p>air vent in client #3 bedroom to be replaced</p> <p>client #3 window blind to be replaced in bathroom</p> <p>ceiling in client #4 & 6 shared bathroom to be assessed</p> <p>Broken chest of drawers client #4 & 6 replaced</p>	<p>10-1-18</p> <p>10-1-18</p> <p>11-24-18</p> <p>11-24-18</p> <p>11-24-18</p> <p>11-24-18</p> <p>10-1-18</p> <p>11-24-18</p> <p>10-1-18</p> <p>10-1-18</p> <p>11-24-18</p> <p>10-1-18</p> <p>11-24-18</p> <p>11-24-18</p> <p>11-24-18</p> <p>10-1-18</p>

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V 736	Continued From page 4 was worn. - Client #4 and #6's shower curtain liner was heavily stained with mildew. - The round exhaust vent over the bathtub was rusty and had black stains on the outside surface. - The drain grate was missing from client #4 and #6's bathtub. - Brown stains to client #5's bedroom ceiling. - One of client #5's bi-fold closet doors was out of its track. - The carpet in the den area adjacent to the kitchen was heavily stained and worn. - The kitchen ceiling was stained yellow and was dusty. - A partially smoked cigarette was seen on the kitchen counter next to the back door. - The finish on the molding around the back kitchen door was dirty and stained. - The toaster oven was extremely grimy causing the glass door to be opaque. - Flies were noted throughout the facility. During interview on 9/25/18 the Qualified Professional/Chief Executive Officer stated the facility had recently had septic tank issues; the septic tank had been pumped out twice. He would make sure the facility was cleaned well.	V 736	Small screw holes in client #6 bedroom repaired light fixture in client #4 + 6 properly cleaned Bathroom mirror in client #4 + #6 bathroom to be assessed and replaced if necessary client #4 + #6 shower curtain line replaced. round exhaust vent cover replaced drain grate replaced in client #4 + #6 bathroom client #5 bedroom ceiling assessed and painted client #5 closet door put back on track carpet to be cleaned + replaced in 2019 kitchen ceiling cleaned + painted finish + molding on back kitchen door thoroughly cleaned toaster oven thoroughly cleaned	11-24-18 10-1-18 11-24-18 10-1-18 11-24-18 11-24-18 11-24-18 11-24-18 11-24-18 11-24-18 11-24-18 10-1-18

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL096-117	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/25/2018
NAME OF FACILITY COUNTRY PINES #1	STREET ADDRESS, CITY, STATE, ZIP CODE 2307 NORTH BESTON ROAD LA GRANGE, NC 28551	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0118	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 27G .0209 (C)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	09/25/2018	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR 	DATE 9/25/18
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE Facility Compliance Consultant I	DATE
FOLLOWUP TO SURVEY COMPLETED ON 6/27/2017		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		