

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL024-011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/04/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>WHITEVILLE GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>168 SWEET FARM ROAD WHITEVILLE, NC 28472</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	INITIAL COMMENTS  An annual survey was completed on October 4, 2018. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities and 10A NCAC 27G .5100 Community Respite Services for Individuals of All Disability Groups.	V 000		
V 736	27G .0303(c) Facility and Grounds Maintenance  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.  This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive and orderly manner. The findings are:  Observation on 10/03/18 at approximately 2:45pm revealed: -The dining room ceiling had paint chipping away approximately 36 inches in length, and brown discoloration approximately 48 inches in length and irregular in shape. -Scuff and smudge marks extended down the dining room walls. -The hallway bathroom (#1) had a broken toilet paper dispenser. -The hallway bathroom (#2) had cracked floor tiles to the left of entrance and rust stain around drain of tub. -The third bathroom had mold/mildew growing	V 736	<p>DHSR - Mental Health</p> <p>NOV 15 2018</p> <p>Lic. &amp; Cert. Section</p> <p>11/1/18</p> <p>The following repairs will be made.</p> <p>-The ceiling in the dinning room will be painted</p> <p>-The wall in the dinning area will be painted to remove all scuff and smudge marks off the wall.</p> <p>-The paper dispenser in the hallway bathroom will be repaired.</p> <p>-The cracked tile in the floor located in the hallway bathroom will be repaired and all rust stain around drain will be removed.</p>	

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

DWS511

If continuation sheet 1 of 2

Division of Health Service Regulation

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V 736	Continued From page 1  around the seams of the shower. The stains extended both vertically and horizontally around shower seams. - The utility closet was unable to close entirely and remained open. -Client #2's room revealed multiple areas of paint which had peeled off the walls and bedroom door. -A glue type mouse trap next to the refrigerator.  Interview on 10/04/18 the Administrator indicated she had no questions regarding items identified at exit for repair.	V 736	-All mold will be removed and treated around the seams of the shower.  -The utility closet will be repaired to ensure that it is able to close freely.  -Client #2 room will be repainted.  -The glue trap will not be use in the facility.  All repairs will be made to home to ensure that the facility grounds are maintained and well kept. These repairs will be monitored by Program Manager, QP, and Maintenance Department for CI.	



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

October 8, 2018

Melissa Bryant  
Community Innovations, Inc.  
80 Alliance Drive  
Whiteville, NC 28472

Re: Annual Survey completed October 4, 2018  
Whiteville Group Home  
168 Sweet Farm Road, Whiteville, NC 28472  
MHL# 024-011  
E-mail Address: mbryant@communityinnovations.com

Dear Ms. Bryant:

Thank you for the cooperation and courtesy extended during our annual survey completed 10/04/18.

Enclosed you will find the deficiency 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 deficiency found, the time frames for compliance plus what to include in the Plan of Correction.

**Type of Deficiencies Found**

- Standard level deficiency.

**Time Frames for Compliance**

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 12/03/18.

**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

October 8, 2018  
Community Innovations, Inc.  
Melissa Bryant

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 Wendy Boone at 252-568-2744.

Sincerely,



Ryan Meredith  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

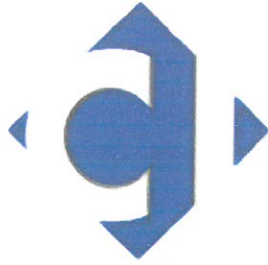


Keith Hughes  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section



Gloria Locklear  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: Leza Wainwright, Director, Trillium Health Resources LME/MCO  
Kim Keehn, Quality Management Director, Trillium Health Resources LME/MCO  
Sarah Stroud, Director, Eastpointe LME/MCO  
Jeanette Jordan-Huffam, Quality Management Director, Eastpointe LME/MCO  
Victoria Whitt, Director, Sandhills Center LME/MCO  
Mary Kidd, Quality Management Director, Sandhills Center LME/MCO  
File



**COMMUNITY  
INNOVATIONS, INC.**

Whiteville Office  
80 Alliance Drive  
Whiteville, NC 28472  
910-642-5697

[www.communityinnovations.com](http://www.communityinnovations.com)

November 8, 2018

Keith Hughes  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Ryan Meredith  
Facility Compliance Consultant 1  
Mental Health Licensure & Certification Section

Gloria Locklear  
Facility Compliance Consultant 1  
Mental Health Licensure & Certification Section

DHSR - Mental Health

NOV 15 2018

Lic. & Cert. Section

Re: Annual Survey completed October 4, 2018  
Whiteville Group Home  
168 Sweet Farm Road, Whiteville, NC 28472  
MHL# 024-011

Mr. Hughes, Mr. Meredith, and Ms. Locklear

Please find enclosed Plan of Correction for Annual Survey completed on October 4, 2018. If you have any question, please feel free to call me at the above number or my cell 910-625-5305.

Sincerely,

Melissa Bryant,  
Contract Division Manager

Enclosure