

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-626</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/15/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE HARRAH HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1408 MARLEWOOD CIRCLE CHARLOTTE, NC 28227</b>
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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	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 11-15-18. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living in a Private Residence for All Disability Groups.</p>	V 000		
V 540	<p>27F .0103 Client Rights - Health, Hygiene And Grooming</p> <p>10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING</p> <p>(a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the:</p> <ul style="list-style-type: none"> <li>(1) opportunity for a shower or tub bath daily, or more often as needed;</li> <li>(2) opportunity to shave at least daily;</li> <li>(3) opportunity to obtain the services of a barber or a beautician; and</li> <li>(4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil.</li> </ul> <p>(b) Bathtubs or showers and toilets which ensure individual privacy shall be available.</p> <p>(c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available.</p> <p>This Rule is not met as evidenced by:</p>	V 540		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 540	<p>Continued From page 1</p> <p>Based on observation, record reviews and interviews the facility failed to ensure the right to privacy, effecting one of three clients (client #2). The findings are:</p> <p>Observation on 11-14-18 at approximately 5:00 pm revealed: -Clients bedroom had a half door, the bottom portion, which he could shut. There did not appear to be a top portion.</p> <p>Review on 11-14-18 of client #2's record revealed: -No mention of half door for safety in the Person Centered Plan or evidence it had been approved by the human rights committee</p> <p>Interview on 11-14-18 with the AFL (alternative family living) revealed: -Client #2 had seizures show she needed to be able to keep him in sight. -It was for his safety.</p> <p>Interview on 11-15-18 with the qualified Professional revealed: -He used to have a top portion of the door also. -They would have it added to his plan and have the human rights committee approve it.</p>	V 540		