

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032356</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/14/2018</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>INEZ'S HOUSE HC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2811 INDEPENDENCE AVENUE DURHAM, NC 27703</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>INITIAL COMMENTS</p> <p>A complaint survey was completed on December 14, 2018. The complaint was substantiated (intake #NC00145696). There was a deficiency cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities</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> <p>(1) opportunity for a shower or tub bath daily, or more often as needed;</p> <p>(2) opportunity to shave at least daily;</p> <p>(3) opportunity to obtain the services of a barber or a beautician; and</p> <p>(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.</p> <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>	V 540		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032356</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/14/2018</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>INEZ'S HOUSE HC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2811 INDEPENDENCE AVENUE DURHAM, NC 27703</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 540	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming was implemented affecting one of three audited clients (#1). The findings are:</p> <p>Observation on 12/12/18 at 8:30 a.m. of Client #1 personal hygiene and grooming revealed: -Hair was short and matted; about 1/1/2 inches long. -There was white lint in her hair.</p> <p>Review on 12/12/18 of Client #1's record revealed: -Admission date of 6/2/18. -Diagnoses of Schizoaffective Disorder, Bipolar Type, Mild Intellectual Disability Disorder and Hypothyroidism. -Treatment Plan dated 6/2/18.</p> <p>Interview on 12/12/18 with Client #1 revealed: -Confirmed she did not comb her hair. -She had not combed her hair in a long time. -The day program does her hair; "they just put oil on it." -The day program complained about her hair not being comb. -Reported she was "too lazy" to comb her hair. -Her aunt gave her grease for her hair, but "it's almost gone." -She did not have a comb. -She gave her comb away. -She was going to the barber shop on 12/13/18 to get her cut.</p> <p>Interview on 12/12/18 with Staff #1 revealed: -She felt there was no problems with client #1's hair before surveyor observed client #1.</p>	V 540		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032356</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/14/2018</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>INEZ'S HOUSE HC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2811 INDEPENDENCE AVENUE DURHAM, NC 27703</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 540	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-She did not comb client #1's hair.</li> <li>-She washed client #1's hair weekly.</li> <li>-Told client #1 to comb her hair daily.</li> <li>-She knew client #1 no longer had a comb.</li> <li>-Client #1 had a hair appointment on 12/13/18.</li> <li>-Plans to cut client #1's hair shorter due to lack of combing.</li> <li>-Client #1 did not need support in bathing, feeding, dressing or completing hygiene.</li> </ul> <p>Interview on 12/14/18 with the Administrator revealed:</p>	V 540		