



**FAX**

**Administrative Office**  
Post Office Box 2487  
213 North Second Street  
Albemarle, NC 28002  
Phone – (704) 982-9600  
Fax—(704) 982-8155

**Wilmington Office**  
Post Office Box 4122  
Wilmington, NC 28406  
Phone – (910) 399-1683  
Fax—(910)-399-1780

To: Patricia Nork From: Melissa Pueru  
FAX: \_\_\_\_\_ Pages (including cover): 6  
Phone: \_\_\_\_\_ Date: 2/13/19  
Re: \_\_\_\_\_ cc: POC Martin

Urgent       For Review       Please Comment       Please Reply

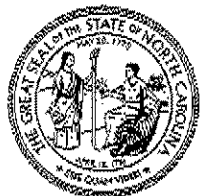
Comments:

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**RECEIVED**  
By DHSR-Mental Health Licensure at 11:12 am, Feb 13, 2019

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NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

February 11, 2019

Ms. Melissa Rivera, Director of Clinical Services  
GHA Autism Supports, Inc.  
PO Box 2487  
Albemarle, NC 28002

Re: Annual Survey completed 2-6-19  
Martin Apartment, 1519 East Main St. Albemarle, NC 28001  
MHL # 084-073  
E-mail Address: [melissarivera@ghainc.org](mailto:melissarivera@ghainc.org)

Dear Ms. Rivera:

Thank you for the cooperation and courtesy extended during the annual survey completed 2-6-19.

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 4-6-19.

**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.

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](http://www.ncdhhs.gov/dhsr) • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

February 11, 2019  
Ms. Melissa Rivera  
GHA Autism Supports

- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

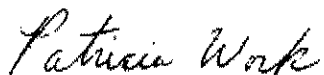
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

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 Lynn Grier at 704-596-4072.

Sincerely,



Patricia Work  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org  
DHSR@Alliancebhc.org  
QM@partnersbhm.org  
dhhs@vayahealth.com  
DHSRreports@eastpointe.net  
\_DHSR\_Letters@sandhillscenter.org  
Leza Wainwright, Director, Trillium Health Resources LME/MCO  
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO

File

Division of Health Service Regulation

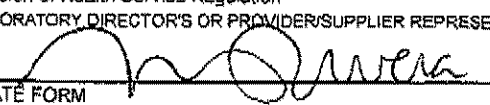
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL084-073</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/06/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MARTIN APARTMENT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1519 EAST MAIN STREET, APARTMENT A ALBEMARLE, NC 28001</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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 2-6-19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600 Supervised Living for Adults Whose Primary Diagnosis is a Developmental Disability.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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 observations the facility failed to be maintained in a clean, safe, pleasant and orderly manner. The findings are:</p> <p>Observation on 2-6-19 at approximately 8:45 am revealed:</p> <ul style="list-style-type: none"> <li>-Section of paint approximately one foot long in male clients room was peeling and bubbled, with patches missing</li> <li>-Closet door in left front bedroom was off the tracks and leaning.</li> <li>-Tub bathroom had paint peeling and bubbling around sink and behind the toilet.</li> <li>-Paint and what appeared to be part of the wall was peeling around the tub.</li> <li>-Vanity in bathroom was broken, leaving a hole.</li> <li>-Tub had soap scum build up</li> </ul>	V 736	<p>V736</p> <p>The Facility Service Director reviewed with the Home Manager on the Monthly Managers Site Checklist form to include reporting any areas in the home that require maintenance and/or other interventions to include the paint in areas to include bedrooms and bathrooms. The Facility Service Director will monitor the forms that are completed and turned in monthly by the Home Managers. The Facility Service Director will work with the Home Managers to ensure that the Manager addresses any need. If items are identified that need to be repaired, the Home Manager and/or staff will document the issue on a Fix It list located at each residential facility for Maintenance. If any health and safety issues are identified in the home, the Home Manager is responsible to make immediate notification to the Facility Services Director. The Qualified Professional and/or designee will conduct periodic on-site inspections to ensure the facility and its grounds are maintained in a safe, clean, attractive and orderly manner and kept free from offensive odor.</p>	4-6-19

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Cheryl Regulatory Officer	2/13/19

STATE FORM 6898 BYXK11 If continuation sheet 1 of 3

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL084-073</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/06/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MARTIN APARTMENT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1519 EAST MAIN STREET, APARTMENT A ALBEMARLE, NC 28001</b>
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V 736	Continued From page 1  Interview on 2-6-19 with the manager revealed: -They had put in a work order for the closet door already -She thought that the male client was peeling the paint off in his bedroom. -They would get the bathroom painted and any repairs needed would be done.	V 736		
V 752	27G .0304(b)(4) Hot Water Temperatures  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.  This Rule is not met as evidenced by: Based on observation, the facility failed to ensure hot water was between 100 degrees and 116 degrees in areas where client shad access. The findings are:  Observation on 2-6-19 at approximately 8:45 am revealed: -Kitchen sink in the back of the house was 128 degrees. -bathroom sink in the back of the house was 123 degrees -Shower in the back of the house was 118 degrees.  Interview on 2-6-19 with the facility manager	V 752	W752 The Facility Service Director will inservice maintenance staff on the requirement of the water temperature. There is a Monthly Checklist that is completed by maintenance to record the date and tie the water temperatures at each location. Adjustments are made to water temperature, if needed during the checks. Checklists are turned into the Facility Service Director monthly. The Facility Service Director reviews and files to ensure compliance.	4-6-19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL084-073</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/06/2019</b>
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V 752	Continued From page 2  revealed: -She didn't know if the house had two hot water heaters or not. -They would get the hot water adjusted immediately.	V 752		