Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING MHL055-121 02/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 322 EAST MCBEE STREET **GAYLAIN'S HOUSE OF HOPE** LINCOLNTON, NC 28092 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 000 **INITIAL COMMENTS** V 000 V114 27G 0207 Emergency plans and An annual and follow up survey was completed Supplies on February 14, 2019. Deficiencies were cited. 10A NCAC 27G 27G 0207 Emergency plans and supplies This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency. 2/15/19 We appointed a new Safety Officer at the V 114 V 114 27G .0207 Emergency Plans and Supplies end of Dec.2018 Our New officer has created a document that she feels will better 10A NCAC 27G .0207 EMERGENCY PLANS track the safety drills conducted. AND SUPPLIES (a) A written fire plan for each facility and Safety Officer will review the documentation area-wide disaster plan shall be developed and of all drills once they have been completed shall be approved by the appropriate local to ensure no mistakes have been made and that the correct time and shift is noted (b) The plan shall be made available to all staff on the form and evacuation procedures and routes shall be The Manager will do a final review to posted in the facility. ensure all needed drills have been (c) Fire and disaster drills in a 24-hour facility completed shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview, the facility DHSR - Mental Health failed to ensure fire drills were held at least quarterly and repeated for each shift. The findings are: MAR 0 1 2019 Review on 2/14/19 of the fire drill log revealed: Lic. & Cert. Section -No fire drills were conducted: -2nd shift weekend during 1st quarter, 2018

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STATE FORM

(January-March);

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

(X6) DATE

TITLE

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		MHL055-121	B. WING		R 02/14/2019	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
GAYLAIN'S HOUSE OF HOPE 322 EAST MCBEE STREET						
LINCOLNTON, NC 28092						
(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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V 114	V 114 Continued From page 1		V 114			
	2nd quarter, 2018 (Ap -1st and 2nd shift w 2018 (July-September -2nd and 3rd shift w 2018 (October-Decem	eekdays during 3rd quarter, r); eekdays during 4th quarter,				
	-The frequency of fire monthly to once every	place when fire drills were n where the fire was				
	back of the facility and was across the street					
V 750	and Staff #1 revealed: -The weekday shifts of the weekday shift from 7:00 at the 2nd shift from 3:00 and shift from 11:00 and shift from 11:00 and the operated from 7:00 and pm to 7:00 am; -Staff #1 developed a form to better track and the form used for 2018 and disaster drills being and repeated on each	perated as follow: am-3:00 pm; pm- 11:00 pm; pm- 7:00 am vo 12-hour shifts that n- 7:00 pm and from 7:00 new fire and disaster drill d document the drills than 3; d the importance of the fire g conducted each quarter shift.	V 750	V 750, 070, 000 4/b (0)		
	Water Systems	enance of Elec., Mech., & FACILITY DESIGN AND	V 750	V 750 27G 0304(b)(3) Maintenance of Elec., ,Mech, & Water Systems 10A NCAC 27.G 0304 Facility Design and Equipment		

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SOBNII Continued Next Polif continuation sheet 2 of 4

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: R B WING 02/14/2019 MHL055-121 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 322 EAST MCBEE STREET **GAYLAIN'S HOUSE OF HOPE** LINCOLNTON, NC 28092 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued from Pg 1 V 750 V 750 Continued From page 2 (b) Safety: Each facility shall be designed, constructed and equipped in a manner that We had been working with our landlord for ensures the physical safety of clients, staff and 2/16/19 several months to repair upstairs toilet visitors. that had been leaking, the Maintenance Electrical, mechanical and water (3)person came out several times and would systems shall be maintained in operating condition. think it was repaired only for us to contact him again saying it was still leaking he finally turned the water off to the commode and This Rule is not met as evidenced by: said not to use it because he had to order Based on record review, observation and a part interview, the facility failed to ensure the water We also had a leak with one of our sinks in and toilet systems were maintained in operating the upstairs bathroom that we notified him condition. The findings are: on several occasions and that had not been repaired either Review on 2/14/19 of two emails between Staff #1 and facility maintenance staff revealed: I did notify him that we were being cited -8/5/18 at 2:53 pm, an email was sent from Staff because he failed to make needed repairs #1 to a maintenance staff that there was a leak in I notified him while the surveyor was still here "bathroom one, stall one;" and told him it needed to be done asap. -8/27/18 at 8:47 am, an email was sent from a Both have now been repaired maintenance staff to Staff #1 that asked for clarification about the toilet he worked on "a couple of weeks ago" with Staff #1's emailed response on 8/27/18 at 1:12 pm that affirmed it was the same toilet and she heard water running continuously; -No emails or other written communication between facility staff and the maintenance staff about the water situation or sink in the 2nd bathroom. Observation on 2/13/19 between 10:00am-10:40 am of the facility revealed: -2 client bathrooms on the 2nd level of the facility with 2-3 showers, 2-3 toilets and 2 sinks contained in each bathroom: -The first toilet in the 1st client bathroom had a sheet of paper on top of toilet lid with the

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statement "Do Not Use;"

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Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: B. WING MHL055-121 02/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **322 EAST MCBEE STREET GAYLAIN'S HOUSE OF HOPE** LINCOLNTON, NC 28092 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 750 V 750 Continued From page 3 -The sink faucet closest to the door in the 2nd client bathroom did not emit water when the faucet was turned to the "on" position; Interviews on 2/13/19 with Clients #2, #5 and #6 revealed: -They understood from staff that water leaks caused the sink in the 2nd bathroom and the toilet in the 1st bathroom not to work and both had been inoperable for about 2-3 months; -Staff was working with maintenance to get the water leaks repaired. Interview on 2/14/19 with Staff #1 revealed: -The water was shut off to the sink in the 2nd bathroom because of a water leak; -Maintenance staff had applied sealant around the toilet in the 1st bathroom to prevent leaking but it had not worked; -She thought she had more recent communication with the maintenance staff about these needed repairs but was unable to locate any emails or texts later than 8/2018. Interview on 2.14.19 with the House Manager revealed: -She notified the maintenance staff during the survey that the inoperable toilet and sink water faucet that was for client use would result in a violation because they had not been repaired.

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