

PRINTED: 03/11/2019  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL084-040</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2019</b>
--------------------------------------------------	-----------------------------------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  
**ANDERSON ROAD GROUP HOME**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**207 ANDERSON ROAD  
ALBEMARLE, NC 28001**



(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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 3-6-19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600C Supervised Living for Adults Whose primary Diagnosis is a Developmental Disability.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b> (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 observation and interview, the facility failed to be maintained in a clean, safe, and odor free manner. The findings are:</p> <ul style="list-style-type: none"> <li>-Kitchen: Wall behind the garbage can was dirty with what appeared to be food, wall behind the sink was dirty.</li> <li>-Living room: Brown substance splashed on two of the walls, two peices of broken furniture, couch arm stained</li> <li>-Washing machine top was dirty.</li> <li>-Tub bathroom: Bathtub was very dirty, soap scum on the shower walls, shower was missing the shower head.</li> <li>-Shower bath: wall behind the sink was dirty, the walls were dirty.</li> <li>-Dining room: curtain holder on the back door was blocking full access to the handle.</li> </ul>	V 736	<p>V 736- The environmental checklist is being utilized and staff have been assigned to different areas of the house that includes the living room, the bathrooms, and the dining area. The environment checklist also indicates which staff is responsible for each cleaning area of the home. All staff will be inserviced on the checklist and their area of responsibility. An overall cleaning of the house was completed on 3/15/19 which included removing the brown substance splashed on the wall, cleaning the washing machine top, cleaning the bathtub and shower walls, cleaning the wall behind the sink and all areas of the house. A maintenance work order for the cleaning of the furniture was completed on 3/7/19. Broken furniture was removed on 3/7/19. A maintenance work order was completed on 3/7/19 to remove the curtain holder on the back door in the dining room. A shower head was replaced in the shower on 3/7/2019. The Residential Manager will conduct weekly walk through of the house to ensure that all areas of the house is cleaned. The Team Leader will conduct biweekly walk through of the house to ensure that all areas of the house is cleaned and the Director of Operation will conduct monthly walk through of the house to ensure that the house is cleaned. Completion date: 3/120/19 and ongoing.</p>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Shelva Brown* *SP/ITL*

TITLE

*3/20/2019*

(X6) DATE

STATE FORM

J9GS11

If continuation sheet 1 of 2

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NAME OF PROVIDER OR SUPPLIER  <b>ANDERSON ROAD GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>207 ANDERSON ROAD ALBEMARLE, NC 28001</b>
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V 736	<p>Continued From page 1</p> <p>Interview on 3-6-19 with the manager revealed:</p> <ul style="list-style-type: none"> <li>-They discuss cleanliness at every staff meeting.</li> <li>-She didn't know about the missing shower head.</li> <li>-The staff had told her that the brown splashes in the living room wouldn't come off.</li> <li>-They would get the house clean and develop some kind of check list to make sure it stayed clean.</li> </ul>	V 736		



March 20, 2019

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

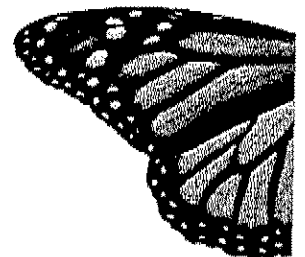
Dear Ms. Work:

Enclosed, please find the plan of corrections for the item that were cited during your visit to Anderson Road Group home on 3/6/19.

We will monitor to ensure that items are corrected continuously.

Sincerely,

Shelia Brown  
QP/Team Leader  
Anderson Road Group Home





# Monarch

Helping Dreams Take Flight

**Monarch Corporate Office**  
350 Pee Dee Avenue  
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Albemarle, NC 28001  
Phone: (704) 986-1500  
Website: MonarchNC.org

### Fax Transmittal Form

Executive Director: Peggy S. Terhune, Ph.D.

**TO:**

**FROM:**

Name: Patricia Work  
Company: NC, Division of Health  
Phone number: Services Regulations  
Fax number:  
(919) 715-8078

Name: Shelia Brown  
Address: 207 Anderson Road  
City, State, Zip: Albemarle, NC.  
Phone number: (704) 223-0263  
Fax number:  
Email address: Shelia.Brown@monarchnc.org

**Urgent**  
For Review  
Please Reply

Date sent: 3/20/2019  
Time sent: 12:00 PM  
# Pages Including Cover Page: 4

**COMMENTS:**

POC for Anderson Rd

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