Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C MHL041-617 04/29/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6184 LAKE BRANDT ROAD LAKE BRANDT GROUP HOME GREENSBORO, NC 27455 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 V738 Qualified Professional will in-service staff on 6/28/19 A complaint survey was completed on 4/29/19. monitoring for bed bugs. The complaint was substantiated (Intake ID # Qualified Professional will train staff and people NC00150715). A deficiency was cited. supported on bed bug prevention and reporting any suspicion of bed bugs. This facility licensed for the following service category: 10A NCAC 27G .5600C Supervised Qualified Professional will add mattress and box Living for Adults with Developmental Disabilities. spring check for bed bugs to the weekly cleaning checklist. V 738 27G .0303(d) Pest Control V 738 This will be monitored 1x a week for a period of four weeks using a weekly cleaning checklist 10A NCAC 27G .0303 LOCATION AND and then on a routine basis through monthly EXTERIOR REQUIREMENTS Environmental Assessments. (d) Buildings shall be kept free from insects and In the future, Qualified Professional will ensure rodents. staff are trained on the prevention of bed bugs and on maintaining a thorough deep cleaning of the home. This Rule is not met as evidenced by: Based records review and interviews the facility failed to keep the building free of bed bugs. DHSR - Mental Health Review on 4/23/19 of Client #1's record revealed: - Admission date: 5/3/12 MAY 1 7 2019 - Diagnosis: Adjustment Disorder with mixed disturbances of emotional contact, Moderate Lic. & Cert. Section Intellectual Disability, Hypertension, Hypercholesterolemia, History of NIDDM, Osteoarthritis, Scoliosis, Degenerative disc disease, allergies Review on 4/23/19 of Client #2's record revealed: - Admission Date 1/15/2000 - Diagnosis: Autism, Moderate Intellectual Disability Review on 4/23/19 of Client #3's record revealed: - Admission date: 12/14/11 Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

(X6) DATE

STATE FORM

SHN611

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL041-617 B. WING 04/29/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6184 LAKE BRANDT ROAD LAKE BRANDT GROUP HOME GREENSBORO, NC 27455 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 738 Continued From page 1 V 738 - Diagnosis: Mild Schizophrenia, Mild Intellectual Disability, Lymphoma Testicular, Low Testosterone, Hyperlipidemia, Seizure Disorder. Osteopenia, Hyperganadism, Vitamin D Deficiency, Hyperopic, Glucose Intolerant, Internal Hemmroids, Diverticulosis, Sleep Apnea Review on 4/23/19 of Client #5's record revealed: - Admission Date: 10/22/02 - Diagnosis: Moderate Intellectual Disability, History of Seizures, Acne, Hypertension, Presbyobia, Diverticulosis, Allergies Interview on 4/29/19 with Client #1 revealed: - Staff never come in his room to check on anything - Client #1 does a lot of his cleaning in the early morning - "I always take off my own bed linen and wash my own clothes. I don't need help. - The bugs were all over my body. I couldn't stand it anymore. I showed my sister and she told staff. I itched a lot." Interview on 4/29/19 with Client #2 revealed: - "Never seen any bugs or bed bugs. My laundry day id on Fridays and I do it myself, I can, Staff doesn't need to help me. I even fold them and hang them up. - Staff doesn't " come into my room . Why would they." Interview on 4/29/19 with Client #3 revealed: - "No bugs I don't want them on my back. No bugs in my room. I work at (local restaurant) and I saw bugs i the window sill there. - Yeah a guy came in and spray the rooms and he killed them (bed bugs). - Maintenance man comes in and changes the

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lights bulbs. He was here when they sprayed for

PRINTED: 05/06/2019

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: ___ C B. WING _ MHL041-617 04/29/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6184 LAKE BRANDT ROAD LAKE BRANDT GROUP HOME GREENSBORO, NC 27455 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PRFFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 738 Continued From page 2 V 738 - My laundry day is today (Friday). I don't need any help. I do it all myself. My sheets, pants. underwear, socks. - Staff don't come in my room. They wouldn't do that. No bugs and I don't want see any bugs." Interview on 4/29/19 with Client #5 revealed: - "[Client #1] went home because of the bugs in his room. - The staff called the exterminator man and he killed them. - No I don't have any in my room. I never seen them (bed bugs) in my room. - No I don't go in other rooms. We stop at each others door and say hi. Staff don't come in my room. - My laundry day is Tuesdays. I change my sheets, wash up my clothes and everything. I can do it myself. - The staff did help me put my encasement sheet on my bed. Supposed to make it so I don't get bugs." Interview on 4/25/19 with The Guardian of Client #5 revealed: - "I have never had any problems with bed bugs at the group home. [Client #5's] is always clean when I visit. If he comes here to my house I have never seen any bugs at all. - I looked once I knew and never found any thing. The group home took action. They had an exterminator come out and replaced curtains. beds, furniture. - I had received a call from on e of the other Guardian before I talked to the group home. - I don't have a problem at all with the group home."

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B. WING MHL041-617 04/29/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6184 LAKE BRANDT ROAD LAKE BRANDT GROUP HOME GREENSBORO, NC 27455 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 738 Continued From page 3 V 738 Interview on 4/29/19 with local pest company revealed: - "I found quick a few (beg bugs) in the one room(Client #1's room) dead and alive. I will do a total of three treatment over a six week period. I will do those treatments regardless of whether they are gone. I sprayed all the rooms. I just didn't tear up the other rooms like this one (Client #1's room) had Their needs to be some kind of preventative plan in place to keep them out. The people (staff) need to be checking on this now. - The lady (Guardian to Client #1) said they were at the beach and she may have brought them back here. - This room (Client #1 's room) was the host room (where bed bugs first infested). - If the staff will do room checks a few times a month they can prevent this from getting bed bugs again. That and be careful about items brought into the home." Interview on 4/25/19 with House Manager #1 revealed: - "[Client #1] never said a word to me about bugs. He never said a word. When the [Guardian] visited that night (4/13/19) she discovered them and showed me the bed dust ruffle. There were numerous bugs on it. - I immediately called the Qualified Professional(QP). Who I believe then called the - Arrangements were made immediately to call an exterminator. - Then we (maintenance) check all the other rooms. We didn't discover any bugs anywhere else in the home except for [client #1's] room only.

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- We asked the other consumers if they had seen

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C B. WING MHL041-617 04/29/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6184 LAKE BRANDT ROAD LAKE BRANDT GROUP HOME GREENSBORO, NC 27455 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 738 Continued From page 4 V 738 the bugs at anytime and they all said no. - Calling the other Guardians would have been the QP's responsibility." Interview on 4/25/19 with House Manager #2 revealed: - "{Client#1] never said a word to me about bugs. - At his last plan meeting he said he saw a bug on his bed. A bug one bug, not bed bugs. - The deep cleaning is something the consumers do. They are very independent so checking behind them isn't something that we would necessarily do. The bedrooms are neat and kept clean. They have their own laundry days and area pretty sufficient at that as well. - I do check now, we are doing checks now as a preventative measures going forward. - We were shown how and where to check for bugs now. Going forward it is a preventative measure. - None of the other consumers never said anything about bugs. We just didn't know until the Guardian pointed it out that night(4/13/19). - The exterminator company was in here that Monday morning (4/15/19) and a second and third treatments are scheduled. - [Client #1] is with his Guardian until his room is clear." Interview on 4/26/19 with the Lead Staff revealed: - "The deep cleaning done monthly is something each individual does. The staff may assist but the consumers are very independent. - [Client #1] is very organized and very clean. He sweeps, mops and is usually ten steps ahead of the staff - Each consumer does his room and each has a

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laundry day that they independently do their wash on. Staff may not see their laundry at all and we

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SU

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE							
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GREENSBORO, NC 27455											
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	 With this issue of I room checks and the consumer. This has been a eyworking to get it under [Client #1] never a any kind." 	pproached me about bugs of									
	- "I was called by di (4/13/19). That the Odiscovered bugs. I then immediately no made calls to extern in Monday (4/15/19). We replaced furnitur [Client #6's] as it was room and then also precautionary. Items New linens and curtate [Client #1's] was the worst so many items. There are three treated and 5/13/19.) - We also had the ruther treatment to get any This company then ruther ugs as well. - We have never deavery hard to get right. Staff has never chenever something we we will now put in putnee or four times a - [Client #1's] room with the worst. He (Client them in at some point in get and the control of the worst. He (Client them in at some point in get and the control of the worst. He (Client them in at some point in get and the control of the worst. He (Client them in at some point in get and the control of the worst. He (Client them in at some point in get and the control of the worst. He (Client them in at some point in get and the control of the worst. He (Client them in at some point in get and the control of the	re in [Client #1's room and s adjacent to [Client \$1's] in [Client #2's] room as were removed from rooms. The second were disposed of a second were disposed of a second with the bugs from the carpet. The second with the bugs from the carpet. The second with this before. We tried on it. The second with the carpet with the bugs from the carpet. The second with the second with the second with the second with the second word to be second with the second word to be second with the second word to be second word word to be second word word to be second word to be second word word to be second word word to be second word word to be second word word to be second word word word word word word word wor									

Division of Health Service Regulation

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ C B. WING MHL041-617 04/29/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6184 LAKE BRANDT ROAD LAKE BRANDT GROUP HOME GREENSBORO, NC 27455 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRFFIX COMPLETE. REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 738 Continued From page 6 V 738 - His dermatologist doctor had asked him if he was being bit and he said 'no'. They treated him for eczema for several months. No idea about these bugs. It wasn't uncommon for him (Client #1) to have itching red skin with his allergies. - [Client #1's] Guardian had him stay with her until the treatment are completed. - We asked all the other consumers if they ever saw bugs of any kind and they each said "no". - Our maintenance man checked rooms and removed the furniture and then put the new - New mattresses were purchased and mattress encase covers for all bed and box springs. - We did touch base with all the other family and Guardians and explain what we were dealing with. However only to found out that [Client #1's] Guardian had already called all of them." Review on 4/25/19 of the facility's invoice and receipt for exterminator services/purchases of of new furniture, mattresses, box springs, mattress encasements, curtains and linens: - local pest management company for work completed on 4/15/19 in the amount of \$882.00

Interview on 4/29/19 with the Director revealed: - "We are trying to get a handle on this.

- two bedroom suites with dressers and night

- six mattress encasement covers, pillows and comforter sets in the amount of \$296.00

stands in the amount of \$2,020.12

and with return treatment dates of 4/29/19 and

- local restoration company to clean and re-spray all carpets in the group home in the amount of

- The pest company had told us that [Client #1's] was the host room which most likely means that he brought them (bed bugs) in his self. That is a

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5/13/19

\$1,575.00

STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED

MHL041-617

B. WING ___

C 04/29/2019

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LAKE DRANDT CROUD HOME

6184 LAKE BRANDT ROAD

LAKE BRANDT GROUP HOME 6184 LAKE BRANDT ROAD GREENSBORO, NC 27455						
(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) COMPLETI DATE		
V 738	very delicate conversation to have with the Guardian. We know she shops at (local donation centers) and [Client #1] brings a lot of it home here. - Going forward we are going to check everything that comes into the home and do monthly preventative checks throughout the house and in each consumer room. - I think we responded as quickly as we could and worked with the Guardian in replacing many items for [Client#1]. Other personal items had to be destroyed and that was per the pest company."	V 738	DELIGIENCY)			

Division of Health Service Regulation



ROY COOPER · Governor

MANDY COHEN, MD, MPH . Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 7, 2019

Ms. Shelia Shaw, Administrator RHA Health Services NC, LLC 1701 Westchester Drive, Ste. 940 High Point, North Carolina 27262 DHSR - Mental Health

MAY 1 7 2019

Re:

Complaint Survey completed April 29, 2019

Lic. & Cert. Section

Lake Brandt Group Home, 6184 Lake Brandt Road, Greensboro, North Carolina 27455

MHL # 041-617

E-mail Address: sshaw@rhanet.org

Intake # NC00150715

Dear Ms. Shaw:

Thank you for the cooperation and courtesy extended during the complaint survey completed April 29, 2019. The complaint was substantiated.

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

The tag cited is a standard level deficiency.

Time Frames for Compliance

 Standard level deficiency must be corrected within 60 days from the exit of the survey, which is June 29, 2019.

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.
- 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 <u>original</u> completed form to our office at the following address within 10 days of receipt of this letter.

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 • TEL: 919-855-3795 • FAX: 919-715-8078

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 Barbara Perdue at 336-861-6283.

Sincerely,

Kathy Young
Kathy Young
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc:

_DHSR_Letters@sandhillscenter.org Pam Pridgen, Administrative Assistant