Dividion	er ricaliti der vice ricege	nation				
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(= / =	LE CONSTRUCTION	(X3) DATE COMP	SURVEY
		MHL084-090	B. WING			R 02/2019
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, ST	ATE, ZIP CODE		
		235 COGGI	N AVENUE			
COGGIN	S GROUP HOME	ALBEMARI	_E, NC 2800	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETE DATE
V 000	An annual and follow on 7/2/19 Deficiencies This facility is licensed category: 10A NCAC 2	up survey was completed s were cited. I for the following service 27G .5600C Supervised Developmental Disabilities.	V 000	Elite Care Services, Inc. continues to be committed to providing safe and quality the individuals served. The following as will be implemented to address the deficited during the annual survey on 7/2/1 V108- Personnel requirements: Elite Serceive training in the area of MH/DD/Sespecific to the needs of individual memilianservice training will be completed to everage meeting the individual's needs in respect to the member's alcohol dependent of the dependent of the member's alcohol dependent of the dependent of the member's alcohol dependent of the dependent of the member's area will be provided staff as required. V110- Competencies and Supervision of Paraprofessionals: Elite staff will receive specific training to ensure members are monitored and safe throughout each shift of the Team Leader will monitor computing monthly staff meetings to prevent concerns. The staff member involved recorrective action for failure to properly supervise members.	y care to ctions ficiencies 9. Staff will SA bers. ensure n dence, attly in d to new or e being ift.	8/14/19 8/14/19

DHSR - Mental Health JUL 23 2019

Lic. & Cert. Section

FORM APPROVED Division of Health Service Regulation V 108 V120- Medication requirements: Elite staff will 8/14/19 27G .0202 (F-I) Personnel Requirements be re-trained in medication storage to ensure that medications are always properly secured 10A NCAC 27G .0202 PERSONNEL and locked when unattended by staff. REQUIREMENTS (f) Continuing education shall be documented. V364- Member Rights Staff Training will be 8/14/19 (g) Employee training programs shall be provided specifically to address the members provided and, at a minimum, shall consist of the use of phones to make and receive phone calls following: according to the member rights standards. (1)general organizational orientation; V750-Maintenance of Elect., Mech., Systems: training on client rights and confidentiality as (2)Elite will repair vehicle addressed and continue 7/30/19 delineated in 10A NCAC 27C, 27D, 27E, 27F and to provide ongoing maintenance. Elite has 10A NCAC 26B: arranged for the home to utilize other agency (3)training to meet the mh/dd/sa needs of the vehicles until the van maintenance is compete. client as specified in the treatment/habilitation plan; and (4)training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Quality assurance STATE FORM UN3I 11 If continuation sheet 1 of 13 STATEMENT OF DEFICIENCIES (X1)PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ R MHL084-090 07/02/2019 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 235 COGGIN AVENUE COGGINS GROUP HOME ALBEMARLE, NC 28001 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY)

1111			1	T .		
V 10	⁾⁸ 27G .0202 (F-I) Per	rsonnel Requirements	V 108	V120- Medication requirements: Elite staff will be medication storage to ensure that medications a properly secured and locked when unattended b	are always	8/14/19
	10A NCAC 27G .02	202 PERSONNEL				
	REQUIREMENTS	02 I ENGONNEE		V364- Member Rights Staff Training will be provi	ided	
		cation shall be documented.		specifically to address the members use of phon and receive phone calls according to the member	ies to make	
		ing programs shall be		standards.	ar rights	
		minimum, shall consist of the		V750 Maintanana - 65last Mark O. J.	220	
	following:			V750-Maintenance of Elect., Mech., Systems: El vehicle addressed and continue to provide ongoi maintenance. Elite has arranged for the home to	ina	7/30/19
		ganizational orientation;		agency vehicles until the van maintenance is con	utilize other	
		client rights and confidentiality as			ripoto.	
	delineated in 10A No 10A NCAC 26B;	CAC 27C, 27D, 27E, 27F and				
	(3) training to n	neet the mh/dd/sa needs of the				
		the treatment/habilitation plan;				
		nfectious diseases and				
	bloodborne pathoge					
		tted under 10a NCAC 27G				
	5602(b) of this Sub	chapter, at least one staff				
	member shall be ava	ailable in the facility at all				
		is present. That staff	1			
	member shall be trai		1			
		anagement, currently trained				
	to provide cardiopulr	monary resuscitation and				
		ch maneuver or other first aid				
		those provided by Red				
		Heart Association or their				
	equivalence for reliev	ving airway obstruction. (i)				
	The governing body	shall develop and implement				
	policies and procedu	ires for identifying, reporting,				
	investigating and cor	ntrolling infectious and				
	communicable diseas					
	alth Service Regulation	-				
BORATORY GNATURE	DIRECTOR'S OR PROVIDER/	/SUPPLIER REPRESENTATIVE'S		TITLE	0	X6) DATE
	go					
ATE FORM		6	5899 U	JN3L11	If continuati	ion sheet 1 of 13
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MULTIPLE	CONSTRUCTION		
	OF CORRECTION	IDENTIFICATION NUMBER:		1	(X3) DATE SU COMPLET	
	}		A. BUILDING:		OCIVII EE	IED
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	V	MUI 094 000	Part Strangering	1	R	10040
		MHL084-090	B. WING		07/02	2/2019
NAME OF PR	ROVIDER OR SUPPLIER		RESS, CITY, STAT	E, ZIP CODE		
COGGINS	GROUP HOME	235 COGGIN	I AVENUE			
	g (different distance and dista	ALBEMARL	E, NC 28001			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD BI	BE	COMPLETE
		SCIDENTIF THIS HIT OKNIATION)	TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	DATE

DIVISION	TOT TEALLT SELVICE KEL					
V 10	08 Continued From pa	ige 1	V 108			
	clients.					
		et as evidenced by: Based on				
	to ensure staff were	interviews, the facility failed				
		the client as specified in the				
		on plan for 3 of 3 staff (#1, #2				
	and #3). The finding	js are:				
	D 6/07/10 .					
	-admission date of 1	of client #3's record revealed:				
		ectual Developmental				
		derline Personality Disorder,				
	Alcohol Dependence	e in Remission and Nicotine				
	Dependence in Rem					
		ed 11/20/18 documented client				
		crack cocaine use, cannabis amphetamine use, alcohol				
		benzodiazepine use since				
	the age of 13 years.					
	Daview on 6/27/10 a					
	the following:	of personnel records revealed				
		on 4/30/18 with the job title of				
	Direct Care Worker a	and there was no				
	documentation of cor					
	Substance Abuse pre	esent in the record;	ĺ			
	Direct Care Worker a	n 12/17/18 with the job title of and there was no	ĺ			
	documentation of cor		I			
	Substance Abuse pre	esent in the record;				
		n 4/18/19 with the job title of	1			
	Direct Care Worker a					
	documentation of con Substance Abuse pre		i I			
		some in the record.	l		1	
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	E CONSTRUCTION	TVALDATES	
AND PLAN O	OF CORRECTION	IDENTIFICATION NUMBER:			(X3) DATE S COMPLE	
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NAME OF PR	ROVIDER OR SUPPLIER	MHL084-090	B. WING		07/0	2/2019
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COGGINS	GROUP HOME	235 COGGIN	AVENUE			
		ALBEMARLE	E, NC 28001			
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				DEFICIENCY)		

DIVISION	of Fleatin Service Ite	guiation				
V 108	Continued From pa	ige 2	V 108			
		9 with staff #1 revealed she training in substance abuse.				
		with staff #2 and staff #3 not completed training in				
	Interview on 7/2/19 Professional reveale required training.	with the Qualified ed staff will be provided the				
V 110	27G .0204 Training/ Paraprofessionals	/Supervision	V 110			
	SUPERVISION OF (a) There shall for paraprofessional (b) Paraprofess an associate profess professional as spec Subchapter. (c) Paraprofess knowledge, skills and population served. (d) At such time employment system then qualified profes professionals shall decore skills including: (1) technical knowledge, skills and population served. (d) At such time employment system then qualified profes professionals shall decore skills including: (1) technical knowledge, skills including: (1) technical knowledge, skills including: (2) cultural awa (3) analytical skills interpersonal and (7) clinical skills.	sionals shall be supervised by sional or by a qualified cified in Rule .0104 of this sionals shall demonstrate d abilities required by the e as a competency-based is established by rulemaking, sionals and associate emonstrate competence. (e) e demonstrated by exhibiting owledge; reness; ills;				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	E CONSTRUCTION	(X3) DATE S	SI IBVEV
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
		MHL084-090	B. WING		07/0	2/2019
NAME OF PRO	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
COGGINS	GROUP HOME	235 COGGII	N AVENUE			
		ALBEMARL	E, NC 28001			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE

UN3L11

		V				
V 110	Continued From pa	ige 3	V 110			
	for the initiation of the	nent policies and procedures he individualized supervision ch paraprofessional.				
	facility failed to ensu knowledge, skills an	et as evidenced by: eview and interviews, the ure staff demonstrated ad abilities required by ed for 1 of 3 staff (#3).				
	The findings are:	. ,				
	revealed:	of staff #1's personnel record				
	-was hired on 4/18/1 Care Worker; -completed trainings	9 with the job title of Direct				
	Confidentiality on 4/ -completed trainings	18/19;				
	Developmental Disal	bilities on 4/22-23/19, ration on 4/19/19 and Getting				
	It Right on 4/17/19.	ration on 47 19719 and Getting				
	-staff #3 has friends of -friends do not come	into the facility;				
	-staff #3 goes outside -friends drive a white	car;				
	 -staff #3 gets in car winside the facility; 	vith friends and clients are				
	-happened on 6/30/1	9.		31		
	-staff #3 has family w					
	-staff #3 went outside	e to talk to family in the white				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 (****) *******************************	E CONSTRUCTION	(X3) DATE S	
					F	
NAME OF PR	ROVIDER OR SUPPLIER	MHL084-090	B. WING RESS, CITY, STA	Tr. 7ID CODE	07/0	2/2019
		235 COGGI		TE, ZIP CODE		
COGGINS	GROUP HOME	ALBEMARL	E, NC 28001			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
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UN3L11

DIVISION	Tol Health Service Reg	guiation				
V 11	Continued From pa	ge 4	V 110			
	car; -was not out there le- clients were inside -staff #3 got into the happened yesterda	the house; e car to talk to her family; -				
		with client #3 revealed he did ff #3 went outside to visit				
1	family/friends;					
V 120	-will address issue.					
V 120	27G .0209 (E) Medic	cation Requirements	V 120			
	lighted, ventilated root degrees Fahrenheit; (B) in a refrigerategrees and 46 degrees and 46 degrees used for food items separate, locked contol (C) separately for (D) separately for degrees Fahren	ge:				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE S COMPLE	
		MUU 004 000			R	
NAME OF PE	ROVIDER OR SUPPLIER	MHL084-090 STREET ADDR	B. WING	TE ZIP CODE	1 07/0	2/2019
		235 COGGII		10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
COGGINS	GROUP HOME	ALBEMARL	E, NC 28001			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE

V 120			V 120		
	Continued From page	ge 5			
	controlled substance registered under the	t maintains stocks of es shall be currently e North Carolina Controlled S. 90, Article 5, including any			
		ons and interviews, the facility dications were locked			
	Observation on 7/1/revealed: -medication closet w medication closet loc bathroom; -staff were in the livir -no staff was near th	cated in hallway by			
	sometimes staff leav -especially at the firs	with client #1 revealed: - re medication closet unlocked; rt of the month when forms for the change of the			
		vith client #2 revealed staff g the medication closet			
	revealed:				
	Interview on 7/2/19 w	vith the Qualified			
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL084-090	B. WING		R 07/02/2019
NAME OF PRO	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE	
COGGINS	GROUP HOME	235 COGGII	N AVENUE		
	S.COO. HOME	ALBEMARL	E, NC 28001		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
				The state of the s	

DIVISION	of Fleatth Service Reg	Julation			
V 120	Continued From page	ge 6	V 120		
	leaving the medicati	al times yesterday about			
V 364	G.S. 122C- 62 Addi Facilities	tional Rights in 24 Hour	V 364		
	Facilities. (a) In addition to the 122C-51 through G.S who is receiving trea hour facility keeps the (1) Send and reaccess to writing material assistance when need (2) Contact and expense and at no comprivate physicians, and developmental disable professionals of his contact and there is a client advoor The rights specified in restricted by the facility exercise these rights exercise these rights exercise these rights exercise these rights exercise the right (1) Make and recalls. All long distanct client at the time of most of the receiving party (2) Receive visit a.m. and 9:00 p.m. for hours daily, two hours	eceive sealed mail and have terial, postage, and staff cessary; consult with, at his own ost to the facility, legal counsel, and private mental health, ilities, or substance abuse choice; and consult with a client advocate if cate. In this subsection may not be ity and each adult client may at all reasonable times. (b) in subsections (e) and (h) of cult client who is receiving on in a 24-hour facility at all to: ceive confidential telephone e calls shall be paid for by the taking the call or made collect			
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE Co		(X3) DATE SURVEY COMPLETED
		MHL084-090	B. WING		R 07/02/2019
NAME OF PRO	VIDER OR SUPPLIER	STREET ADDR	ESS, CITY, STATE	ZIP CODE	
COGGINE	GROUP HOME	235 COGGIN	N AVENUE		
COGGINS	SKOUP HOME	ALBEMARL	E, NC 28001		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	

DEFICIENCY)

		,			
V 364	Continued From page	ge 7	V 364		
	over therapies; (3) Communical supervision with indicated the consent of the the committed to the factor of the committed to the factor of the commitment to a consent of the commitment of the commitme	ate and meet under appropriate ividuals of his own choice upon individuals; outside the custody of the int proceedings were initiated client's being charged with a ing a crime involving an y weapon, and the ind not guilty by reason of existing a crime involving an y weapon, and the ind not guilty by reason of existing a crime involving an y weapon, and the ind not guilty by reason of existing while under order of the crectional facility of the crectional facility of the crection of the Department of the being held to determine pursuant to G.S. 15A-1002; A ressly authorize visits by the existence of the diby this subdivision; for a daily and have access to ent for physical exercise (c); rohibited by law, keep and use dipossessions, unless the client crimine capacity to proceed (c). 1002; in religious worship; formation a reasonable sum of his ver's license, unless otherwise or 20 of the General Statutes; as to individual storage space or rights enumerated in G.S.	V 364		
STATEMENT O	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(Y2) DATE OU	IDVEY
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	(X3) DATE SU COMPLET	
		MHL084-090	B. WING	R 07/02	/2019
NAME OF PRO	VIDER OR SUPPLIER	STREET ADDR	ESS, CITY, STATE, ZIP CODE		

Division	of Health	Service	Regulation	

COGGINS GROUP HOME

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

(X4) ID

PREFIX

TAG

STATE FORM

235 COGGIN AVENUE

ALBEMARLE, NC 28001

ID

PREFIX

TAG

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETE DATE

V 364	Continued From page	ge 8	V 364			
	122C-59 through G	.S. 122C-61, each minor client				
	who is receiving trea	atment or habilitation in a 24-				
		right to have access to				
		rision and guidance. In				
		ninor's status as a developing				
	individual, the minor					
		able him to mature physically,				
	emotionally, intellect		1			
	vocationally. In view	v of the physical, emotional,				
		naturity of the minor, the 24- ovide appropriate structure,				
		ntrol consistent with the rights				
		oursuant to this Part. The				
	facility shall also, wh					
		o ensure that each minor				
	client receives treatr	ment apart and separate from				
		the treatment needs of the				
	minor client dictate of					
		ho is receiving treatment or				
		4-hour facility has the right to:				
	1 2 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	nd consult with his parents or				
	custody of him;	ncy or individual having legal				
	I STATE OF THE STA	sult with, at his own expense or				
		sponsible person and at no				
	cost to the facility, le					
		nental health, developmental				
		ance abuse professionals, of				
		ponsible person's choice; and				
		sult with a client advocate, if				
	there is a client advo					
		in this subsection may not be				
		lity and each minor client				
		rights at all reasonable times.				
		ed in subsections (e) and (h) minor client who is receiving				
		tion in a 24-hour facility has				
	the right to:	Torrit a 24 riodi facility rias				
		e telephone calls. All long				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	Control of the Contro
ANDFLANC	T CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMPLE	ETED
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		MIII 004 000			R	10 mag
		MHL084-090	B. WING		07/0.	2/2019
NAME OF PR	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
COGGINS	GROUP HOME	235 COGGII	N AVENUE			
		ALBEMARL	E, NC 28001			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		COMPLETE DATE
				DEFICIENCY)		

DIVISION	Tricaiti Service Neg	diation		
V 364	Continued From page	ge 9	V 364	
V 364	distance calls shall be time of making the coreceiving party; (2) Send and rewriting materials, possible when necessary; (3) Under approvisitors between the p.m. for a period of a hours of which shall visiting shall not take therapies; (4) Receive spetraining in accordance (5) Be out of doors direcreation, and physibasis in accordance (6) Except as propersonal clothing and appropriate supervisional held to determine captions. 15A-1002; (7) Participate in (8) Have access for the safekeeping on (9) Have access for the safekeeping on (9) Retain a driv prohibited by Chapter (e) No right enumerate this section may be lift the qualified profession formulation of the clied plan. A written statem client's record that incomplete the control of the clied plan. A written statem client's record that incomplete the control of the clied plan. A written statem client's record that incomplete the control of the clied plan. A restriction. The regard related to the clied plan. A restriction is exceed 30 days. An exceed 30 days. An exceed 30 days. An exceed 30 days. An exceed 30 days.	be paid for by the client at the call or made collect to the eceive mail and have access to estage, and staff assistance opriate supervision, receive hours of 8:00 a.m. and 9:00 at least six hours daily, two be after 6:00 p.m.; however exprecedence over school or ecial education and vocational ce with federal and State law; daily and participate in play, sical exercise on a regular with his needs; rohibited by law, keep and use dipossessions under sion, unless the client is being spacity to proceed pursuant to an religious worship; so to individual storage space of personal belongings; so to and spend a reasonable exercise of the General Statutes. It is the discussion of the dicates the detailed reason for estriction shall be placed in the dicates the detailed reasonable ent's treatment or habilitation is effective for a period not to evaluation of		
	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
		MHL084-090	B. WING	R 07/02/2019
NAME OF PRO	VIDER OR SUPPLIER	STREET ADDRE	ESS, CITY, STATE, ZIP CODE	
		235 COGGIN	AVENUE	
COGGINS G	SROUP HOME			

ALBEMARLE, NC 28001

(X4	1) ID		
PR	EFIX		
Т	AG		
		- 1	

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

PREFIX TAG

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETE DATE

DIVISION	TOT TEARLIT SELVICE KEG	Julation			Name of the last o	
V 364	4		V 364			
	Continued From page	ge 10				
	each restriction sha	all be conducted by the				
		al at least every seven days,				
		estriction may be removed.				
	Each evaluation of a	a restriction shall be				
		client's record. Restrictions on				
		wed only by a written				
		by the qualified professional in				
		nat states the reason for the				
		iction. In the case of an adult				
		peen adjudicated incompetent, an initial restriction or renewal				
		hts, an individual designated				
		pon the consent of the client,				
		striction and of the reason for				
		ninor client or an incompetent				
		ally responsible person shall				
		nstance of an initial restriction				
		riction of rights and of the				
		ation of the designated responsible person shall be				
		ng in the client's record.				
	doodiiio	ig in the olients record.				
	This Duly is not mad	Parameter St. Language Decay				
	This Rule is not met	t as evidenced by: eview and interviews, the				
		re clients kept the right to				
	make and receive confidential telephone calls.					
	The findings are:	And the transfer of the control of the transfer of the control of				
		with client #1 revealed:				
		t, the phone is taken away; -				
	-clients can not use p	by staff in the medication closet;				
		s up, phone taken away from				
	all clients in the facilit					
	-happened yesterday	y (6/30/19), staff #3 locked up				
		T			т	
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	ECONSTRUCTION	(X3) DATE SU	
BENTHOMBEN.		A. BUILDING:		COMPLE	:1ED	
					R	
		MHL084-090	B. WING			2/2019
NAME OF PR	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE				2000 T. 1 200 C. 200 C. 200	
235 COGGIN AVENUE						
COGGINS GROUP HOME ALBEMARLE, NC 28001						
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETE
100000000	ELECTRODICATION STANDARD CONTRACTOR CONTRACT		17.10	DEFICIENCY)	CIATE	officerom:

V 364	Continued From pag	ge 11	V 364		
	the phone.				
	-phone calls are one -can make two phon -if clients exhibit beh the last time phone has told by the Tean	with staff #3 revealed: hour per client per day; e calls per day; aviors, staff lock phone up; - ocked up, it was for 4 days; - n Lead to lock up phone. f clients #1, #2 and #3's			
	record revealed no d	ocumentation in the strictions regarding phone			
	Interview on 7/2/19 w Professional revealer- unaware of client rig- will ensure no client	d: ht restriction;			
V 750		ntenance of Elec., Mech., &	V 750		
	EQUIPMENT (b) Safety: Each faci constructed and equi ensures the physical visitors.	4 FACILITY DESIGN AND lity shall be designed, pped in a manner that safety of clients, staff and nechanical and water ntained in operating			
	This Rule is not met Based on interviews, mechanical systems operating condition. T Interview on 7/1/19 w	the facility failed to ensure were maintained in The findings are:			
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE SURVEY
	CONNECTION	MHL084-090	A. BUILDING: _ B. WING		R 07/02/2019
NAME OF PR	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE	
235 COGGIN AVENUE COGGINS GROUP HOME					
3000110	ALBEMARLE, NC 28001				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
				NAME OF THE OWNER OWNER OF THE OWNER OWNE	

		T T T T T T T T T T T T T T T T T T T	
V 750	Continued From page 12	V 750	
	-facility van is "messed up;"		
	-have no facility vehicle;		
	-been "messed up" about 2 weeks;		
	-van keeps smoking;		
	-can't ride in it.		
	7440 34 5 4 6		
	Interview on 7/1/19 with client #2 revealed:		
	-van, "it's messed up;"		
	-van is leaking oil;		
	-supposed to get a new one;		
	-not sure how long van been not working.		
	Interview on 7/1/19 with client #3 revealed:		
	-facility van been smoking;		
	-been like that about a week;		
	-not sure about when it will be fixed.		
	Interview on 7/1/19 with client #4 revealed the		
	facility van was broke down.		
	Interview on 7/1/19 with staff #2 revealed:		
	-facility van is broken;	э -	
	-motor overheating;		
	-also hard to turn steering wheel;		
	-no outings this past weekend due to van broke		
	down.		
	down.		1
	Interview on 7/1/19 with staff #3 revealed the		
	Encyphage control of the second control of t		- 1
	facility van was broke down.		
	Interview on 7/0/40 with the Out of		
	Interview on 7/2/19 with the Qualified		
	Professional revealed they are working on getting		
	the van fixed.		I

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723 Aquadale Rd. Albemarle, NC 28001 Phone: 704-982-4068

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www.eliteservicesofstanly.com

July 18, 2019

Ms. Gina McLain
Facility Compliance Consultant I
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

DHSR - Mental Health

JUL 23 2019

Lic. & Cert. Section

Re: Annual and Follow up Survey completed 7/2/19 Coggins Group Home, 235 Coggins Road, Albemarle, NC 28001 MHL # 084-090

Dear Ms. McLain:

Enclosed please find Elite Care Service's Plan of Correction addressing deficiencies cited during the Annual Survey completed on July 2, 2019 at the Coggins Group Home.

Please feel free to contact us at the number below, if you have any questions regarding this Plan of Correction.

Thank you for your feedback and support.

Sincerely,

Joann McRae, MSW
Quality Assurance Dept.
Elite Care Services, Inc.
723 Aquadale Road
Albemarle, NC 28001
704-982-4068

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