

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/24/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PARADIGM, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4001 OLD PACTOLUS ROAD GREENVILLE, NC 27834
--	---

(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>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on July 24, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.</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 and interviews the facility was not maintained in a clean tidy manner. The findings are:</p> <p>Observations of the facility on 7/23/19 at approximately 9:30 am revealed:</p> <ul style="list-style-type: none"> - The walls in client #5's bedroom were scuffed. - One of 2 light bulbs in the light fixture was not working. - The chest of drawers in client #1 and #2's bedroom was missing 5 drawer pulls. - No door on the closet in client #1 and #2's bedroom. - 2 of 3 light bulbs in the bathroom used by client #5 were not working. - No door on client #4's bedroom closet. <p>During interview on 7/24/19 the Program Manager stated someone told her that light bulb</p>	V 736		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/24/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PARADIGM, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4001 OLD PACTOLUS ROAD GREENVILLE, NC 27834
--	---

(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 736	Continued From page 1 sockets could not be left empty for safety reasons. Replacing the non-working light bulbs would make the light in the room too bright. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	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 observations and interview the facility failed to maintain water temperatures between 100 and 116 degrees Fahrenheit in areas where clients are exposed to hot water. The findings are: Observation on 7/23/19 at approximately 9:30 am revealed the hot water temperature in client #3 and client #4's bathtubs was 90 degrees Fahrenheit. During interview on 7/24/19 the Program Manager stated she understood the requirement for hot water temperatures to be between 100 and 116 degrees Fahrenheit. The water temperature was adjusted to meet the requirement.	V 752		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/24/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PARADIGM, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4001 OLD PACTOLUS ROAD GREENVILLE, NC 27834
--	---

(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