

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL064-084</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/13/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BTW HOME CARE SERVICES II LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>601 COLBY COURT</b> <b>ROCKY MOUNT, NC 27803</b>
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(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>A follow up survey was completed on 8/13/19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G.5600A Supervised Living for Adults with Mental Illness.</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></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 observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations on 8/7/19 between 12:05 pm and 12:35 pm revealed: -Hall bathroom: Fragments of hair scattered around the sink; brown spots around toilet rim (seat was up); gray colored smudge marks on door; no knobs or handles on vanity to open the doors; dark brown stains inside the vanity cabinet beneath the drain; rust colored spots on light fixture over sink; brown stains inside tub/shower; shower curtain liner covered in dark brown stains; toilet paper roller missing. -Client #1 and #3's room: A container of peanut butter was on top of the dresser nearest the door with 2 spoons, covered with peanut butter, placed on dresser. Client #1's pillow had no case; was</p>	V 736		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 736	<p>Continued From page 1</p> <p>torn with fiber filling protruding the tear.</p> <p>-Client #4's room: Smoke detector emitting a "chirping" sound; no sheets on the bed; clothing piled in a chair and on the floor; baseboards covered in dust/dirt buildup.</p> <p>-Client #2's room: Trash overflowing the waste basket; 2 light bulbs burned out and the center bulb was missing in light fixture over sink in master bathroom; aquarium in bathroom full of cloudy water (not in use); vanity cabinet finish worn/ stained, missing door knob; finish on top of bedside table worn/chipped.</p> <p>-Air return vent in hall ceiling covered in dust.</p> <p>-Kitchen: 2 kitchen refrigerators with food stains in each; bottom drawer of stove would not close; kitchen chairs covered in debris particles and stains; scuff marks across the kitchen floor; brown stains on cabinet fronts.</p> <p>-Doors throughout the facility were stained.</p> <p>Interview on 8/7/19 Licensee #1 stated:</p> <p>-The carpet had been replaced since the last survey and some painting had been done.</p> <p>-He had told the clients they should not be eating in their rooms.</p> <p>-Sheets were provided but the clients will not keep them on their beds.</p> <p>This deficiency has been cited 2 times since the original cite on 3/23/18 and must be corrected within 30 days.</p>	V 736		