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: B. WING MHL074-136 07/24/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4001 OLD PACTOLUS ROAD PARADIGM, INC GREENVILLE, NC 27834 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID PREFIX (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on July 24, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities. V 736 27G .0303(c) Facility and Grounds Maintenance V 736 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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. 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: Observations of the facility on 7/23/19 at approximately 9:30 am revealed: - 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. RECEIVED - No door on the closet in client #1 and #2's bedroom. - 2 of 3 light bulbs in the bathroom used by client AUG 2 1 2019 #5 were not working. - No door on client #4's bedroom closet. **DHSR-MH Licensure Sect** During interview on 7/24/19 the Program Manager stated someone told her that light bulb

STATE FORM

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

TITLE

FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING MHL074-136 07/24/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4001 OLD PACTOLUS ROAD PARADIGM, INC GREENVILLE, NC 27834 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 736 Continued From page 1 V 736 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 752 27G .0304(b)(4) Hot Water Temperatures V 752 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. 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 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

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requirement.

temperature was adjusted to meet the

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Division of Health Service Regulation STATE FORM

Appendix 1-B: Plan of Correction Form

Plan of Correction	Please complete <u>all</u> requested information and email completed Plan of Correction form to:		ΛC	λ	Λ	252-561-8112	252-561-7455	jbarnett@paradigminc.org	Provider # MHL074-136	Time Line	Impleme	Projected Completion Date:	8/23/2019							Implementation Date:		Projected Completion Date: 7/24/2019				
		an of Correction fo				Phone:	Fax:	Email:	Provider	Responsible Party	Jeannette Barnett Program Director									Jeannette Barnett	Frogram Director					La constitución de la constituci
		Plans.Of.Correction@dhhs.nc.gov	Paradigm, Inc.	Jeannette Barnett, Program Director		4001 Old Pactolus Road Greenville NC	Corrective Action Steps	 Client #5 bedroom wall has been painted and wiped down accordingly Light bulbs have been replaced and are in working 	condition.		 Curtains have been placed on me closet Light bulbs have been replaced in client #5 bathroom 	Curtain has been placed on client #5 bedroom closet	Agency will continue to complete environmental checklists monthly	to ensure that all areas of the home and its components are in working condition. This includes ensuring that all light bulbs are	replaced and/or discarded if not working. All furniture will be inspected to ensure that all nieces are in working condition and will	be replaced and repaired as needed if any issues are cited.	1. The hot water temperature was adjusted by Paradigm's	maintenance person on the evening of $I/24/2019$. This has been corrected								
	Please con		Provider Name:	Provider Contact	rerson tor tonow-up:	Address:	Finding	V736 27G .0303 (c) Location and Exterior Requirements: Each facility and its grounds shall be maintained in a safe, clean, attractive	and orderly manner and shall be kept free from offensive odor	1. The walls in client #5 bedroom were	2. One of the 2 light bulbs in the light	fixture was not working		puns 4. No door on the closet in client #1 and	#2 bedroom 5. 2 of 3 light hulbs in the bathroom		V752 27G .0304 (b) (4) Hot Water Temperature	(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	degrees Fahrenheit.	 Hot water temperature in client #3 and client#4 bathtubs was 90 degrees 			

						Fahrenheit	
Projected Completion Date:	Implementation Date:	Projected Completion Date:	Implementation Date:	Projected Completion Date:	Implementation Date:		