

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL013-084</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CABARRUS COUNTY GROUP HOME #2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1201 CHIPOLA STREET KANNAPOLIS, NC 28083</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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 8-8-19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600C Supervised Living for Adults Whose Primary Diagnosis is a Developmental Disability.</p>	V 000	<p style="color: blue; text-align: center;">DHSR - Mental Health</p> <p style="color: red; text-align: center;">AUG 19 2019</p> <p style="color: blue; text-align: center;">Lic. &amp; Cert. Section</p>	
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to keep hot water maintained between 100 and 116 degrees in areas where clients have access to hot water. The findings are:</p> <p>Observation on 8-8-19 at approximately 6:30 PM revealed:</p> <ul style="list-style-type: none"> <li>-Kitchen sink hot water was 93 degrees.</li> <li>-Shower bath was 91 degrees in the shower, sink was 98 degrees.</li> <li>-Tub bath was 93 degrees in the bathtub, sink was 99 degrees.</li> <li>-Surveyor allowed for 1 hour after the last hot water was used before taking the temperature.</li> </ul> <p>Interview on 8-8-19 with staff #1 revealed:</p>	V 752		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

08-14-19

Division of Health Service Regulation

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V 752	Continued From page 1  -The water might still be building back up after some clients showered and did laundry. -No client had complained about cold water except when they tried to shower right after each other.  Interview on 8-8-19 with the Qualified Professional revealed: -The hot water might not have built back up yet, but they would get someone to check it.	V 752	It was determined that when the water temperature was checked that the hot water was still building back up after 2 residents had just taken showers and a load of laundry had been done in warm water. Our maintenance man went to the home on the morning of the 9th (8/9/19) to recheck the temperature. He found it to be on the lower end of the allowable spectrum (103). He readjusted the temperature to make the water warmer in hopes of eliminating the possibility of this occurring again.	8/9/19



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
MARK PAYNE • Director, Division of Health Service Regulation

August 12, 2019

Ms. Ginger Pope, Administrator  
Cabarrus County Group Homes, Inc.  
PO Box 1197  
Concord, NC 28026

DHSR - Division of Health Service Regulation

AUG 19 2019

Lic. & Cert. Section

Re: Annual Survey completed 8-8-19  
Cabarrus County Group Home #2, 1201 Chipola Street Kannapolis, NC 28083  
MHL # 013-084  
E-mail Address: margiew@ctc.net

Dear Ms. Pope:

Thank you for the cooperation and courtesy extended during the annual survey completed 8-8-19.

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**

- All tags cited are standard level deficiencies.

**Time Frames for Compliance**

- A Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 10-8-19.

**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.

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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

August 12, 2019  
Ms. Ginger Pope  
Cabarrus County Group Homes, Inc.

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

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 Lynn Grier at 704-596-4072.

Sincerely,



Patricia Work  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: [qmemail@cardinalinnovations.org](mailto:qmemail@cardinalinnovations.org)  
Pam Pridgen, Administrative Assistant