| ivision of Health Service Regulatio | ivision | on of Health | Service | Regulation |
|-------------------------------------|---------|--------------|---------|------------|
|-------------------------------------|---------|--------------|---------|------------|

| STATEMENT<br>PLAN OF CO  | OF DEFICIENC ES AND<br>RRECTION  | (X1) PROVIDER/SUPPLIER/CLI/<br>IDENTIFICATION NUMBER:   |                     | CONSTRUCTION (X3) DATE :<br>COMPL   |  | ETED                   |
|--------------------------|--|---|---------------------|---|--|------------------------|
|                          |  | MHL012-120  | B. WING             |   | R<br>08/09   | 9/2019                 |
|                          |  |   |                     | STATE, ZIP CODE   | I I  |                        |
| AME OF PRO               | OVIDER OR SUPPLIER   |   | TH COLLEG           |   |  |                        |
| NODTUN                   |  |   |                     |   |  |                        |
| NUKIHW                   |  | MORGA   | NTON, NC 28         |   |  |                        |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)  |  | (X5)<br>COMPLE<br>DATE |
| V 000                    | INITIAL COMMEN   | TS  | V 000               | RECEIVED  | 4111005100 06 11:22 Aur 20, 0000   |                        |
|                          | An annual and folloon 8/9/19. A defic  | ow up survey was completed<br>iency was cited.  |                     | Ey Mentai Health Licensure & Cer  | tification at 11:33 am, Aug 29, 2019   | i                      |
| :                        | category: 10A NC   | nsed for the following service<br>AC 27G.5600A Supervised<br>als with Mental Illness.   |                     |   |  |                        |
| V 736                    | 27G .0303(c) Faci  | ility and Grounds Maintenance   | V 736               | Cross Reference: 10A N  | NCAC 27G .0303   | •                      |
|                          | 10A NCAC 27G .0303 LOCATION AND<br>EXTERIOR REQUIREMENTS<br>(c) Each facility and its grounds shall be<br>maintained in a safe, clean, attractive and order<br>manner and shall be kept free from offensive<br>odor. |   | ly                  | NW Group Manager met<br>(landlord for property) to<br>deficiencies sited during<br>ARC completed an throu<br>the property at 407 N Co<br>will be making necessary<br>items listed effective imm | review<br>DHHS audit. The<br>gh inspection of<br>llege Street, and<br>/ repairs to the |                        |
|                          | Based on observation failed to be maint orderly manner.  | net as evidenced by:<br>ation and interview the facility<br>ained in a clean, attractive and<br>The findings are:<br>e facility on 8/8/19 at 3:50pm |                     |   |  |                        |
|                          | <ul> <li>revealed:</li> <li>-Large circular 1 *</li> <li>den area.</li> </ul>  | foot by 1 foot stain on carpet ir   | 1                   |   |  | -                      |
|                          | Second couch in<br>on the carpet in f<br>-Multiple small st  | on carpet beside the couch<br>den area also had round stain<br>ront of it.<br>ains on the carpet throughout   |                     |   |  |                        |
|                          | the den area.<br>-Kitchen counter<br>burn marks.   | had numerous stains as well a<br>would not close completely   | as                  |   |  | -                      |
|                          | therefore it did no  | ot create a good seal when<br>of the door had burn marks  |                     |   |  | s<br>I                 |

TITLE

DEFICIENCY)

| STATE FORM            |             | 6   | 3899          | EYC011                                    | If continua                            | ation sheet 1 of 2 |  |
|-----------------------|-------------|---|---------------|---|--|--------------------|--|
|                       |             |   |               |   |  | : 08/14/2019       |  |
|                       |             |   |               |   | FORM                                   | APPROVED           |  |
| Division of Health    | Service Re  | egulation   |               |   |  |                    |  |
| STATEMENT OF DEFICI   | ENCIES AND  | (X1) PROVIDER/SUPPLIER/CLIA                               | (X2) MUL      | TIPLE CONSTRUCTION                        | (X3) DATE                              | SURVEY             |  |
| PLAN OF CORRECTION    |             | IDENTIFICATION NUMBER:                                    | A. BUILDING:  |   | COMF                                   | COMPLETED          |  |
|                       |             |   |               |   |  | २                  |  |
|                       |             | MHL012-120  | B. WING       |   | 08/0                                   | 09/2019            |  |
| NAME OF PROVIDER OR S | SUPPLIER    | STREET AD   | DRESS, CI     | TY, STATE, ZIP CODE                       | ······································ |                    |  |
|                       |             | 407 NOR   | HCOLL         | EGE STREET                                |  |                    |  |
| NORTHWOOD GRO         |             |   |               |   |  |                    |  |
|                       |             | MORGAN  | TON, NC       | 28655                                     |  |                    |  |
| (X4) ID S             | SUMMARY STA | TEMENT OF DEFICIENCIES                                    | ID            | PROVIDER'S PLAN C                         | FCORRECTION                            | (X5)               |  |
| · ·                   |             | ( MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION) | PREFIX<br>TAG | (EACH CORRECTIVE A<br>CROSS-REFERENCED TO | THE APPROPRIATE                        | COMPLETE<br>DATE   |  |

| V 736 Continu  | ued From page 1   | V 736 |             |                         |
|--|---|-------|-------------|-------------------------|
| Manag<br>-She w<br>doing t<br>She ha<br>mecha<br>would r<br>-Can't c<br>kitchen<br>-None c<br>becaus<br>makes<br>of scak<br>-The la<br>carpet<br>counter | ew on 4/4/19 with the House<br>er/Qualified Professional revealed:<br>as responsible for making sure staff were<br>heir jobs and keeping the facility clean<br>d the carpet shampooed and<br>nically cleaned several times but the stains<br>not come up.<br>clean the stains or burn marks off the<br>counter.<br>of the clients want to use the oven to cook<br>the heat coming from the top of the door<br>the kitchen very hot as well as possibility<br>ding the person using the oven.<br>ndlord was responsible for replacing the<br>in the main living areas as well as kitchen<br>rs and appliances. These replacements<br>en requested but it was taking a long time. |       |             |                         |
|  |   |       |             |                         |
|  |   |       |             |                         |
| I .  |   |       |             |                         |
| Division of Health Servio<br>STATE FORM  |   |       | YC011 If co | ntinuation sheet 2 of 2 |

Facility Name: Northwood Group Home

MHL Number: 012-120

Cross Reference (1) –
 10A NCAC 27G .0303 (c) Location and Exterior Requirements

Northwood manager- Amber Story BS,QP met with the ARC Housing Inspector on **08/26/2019** to review concerns presented during the DHHS audit. Since inspection, the ARC will be working to replace items of deficiencies to include replacement of stove at the property. Estimates for repair have already been submitted and will be completed as recommended.

Printed/Signature