Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED R MHL064-084 B. WING 08/13/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **601 COLBY COURT** BTW HOME CARE SERVICES II LLC ROCKY MOUNT, NC 27803 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 DHSR - Mental Health A follow up survey was completed on 8/13/19. Deficiencies were cited AUG 2 6 2019 This facility is licensed for the following service category: 10A NCAC 27G.5600A Supervised Lic. & Cert. Section Living for Adults with Mental Illness. V 736 27G .0303(c) Facility and Grounds Maintenance V 736 27G .0303(c) Facility and grounds Maintenance 08/22/19 10A NCAC 27G .0303 LOCATION AND All cited deficiencies have been **EXTERIOR REQUIREMENTS** addressed and corrected. Consumers (c) Each facility and its grounds shall be have been made aware of specific items maintained in a safe, clean, attractive and orderly cited during survey pertaining to their manner and shall be kept free from offensive personal space.Consumers have odor. been reminded that food or drinks are not allowed outside the kitchen area. A list of daily chores has been posted for each room and rooms will be inspected for compliance on a daily This Rule is not met as evidenced by: basis.Consumers have been informed Based on observation and interview, the facility that their personal living space must was not maintained in a safe, clean, attractive be maintined in a clean, attractive and and orderly manner. The findings are: orderly manner even if that means staff will be invading their personal space in Observations on 8/7/19 between 12:05 pm and oder to ensure compliance. Inspections will be held by staff at 7 pm on a daily 12:35 pm revealed: -Hall bathroom: Fragments of hair scattered basis and any areas of concern will be around the sink; brown spots around toilet rim revisited after medication administration (seat was up); gray colored smudge marks on at 8 pm. Licensee James Barnes will door; no knobs or handles on vanity to open the ensure that this policy is followed on a doors; dark brown stains inside the vanity cabinet daily. 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 Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/BUTPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

STATE FORM

If continuation sheet 1 of 2

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED R MHL064-084 B. WING 08/13/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **601 COLBY COURT** BTW HOME CARE SERVICES II LLC **ROCKY MOUNT, NC 27803** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 736 | Continued From page 1 V 736 torn with fiber filling protruding the tear. -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. -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. -Air return vent in hall ceiling covered in dust. -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. -Doors throughout the facility were stained. Interview on 8/7/19 Licensee #1 stated: -The carpet had been replaced since the last survey and some painting had been done. -He had told the clients they should not be eating in their rooms. -Sheets were provided but the clients will not keep them on their beds. This deficiency has been cited 2 times since the original cite on 3/23/18 and must be corrected within 30 days.