PRINTED: 11/12/2019 **FORM APPROVED** 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 MHL071-034 11/07/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 224 ISLAND CREEK ROAD LOTUS **ROCKY POINT, NC 28457** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed November 7, 2019. A deficiency was 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. Please see attached POC 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: Observations on 11/07/19 of the facility at 2:52 pm revealed: -Kitchen: -A door to the cabinet on the top row was missing and pull out drawer on the bottom row was missing. -Client #1's room and bathroom: DHSR-Mental Health -Gray colored ring around water in toilet. -Rust colored stains on all water fixtures. NOV 2 5 2019 -Multiple areas of unfinished/unpainted wall

Division of Health Service Regulation

patches.

-Hall bath

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

-Rust colored stains on all water fixtures. -No bulbs in light fixture above sink. -No base board by sink, next to door.

Programs Director

Lic. & Cert. Section

(X6) DATE

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: _ R B. WING 11/07/2019 MHL071-034 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 224 ISLAND CREEK ROAD LOTUS **ROCKY POINT, NC 28457** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 736 V 736 Continued From page 1 -Crack in wall near outlets, at door way. Please see attached - Living Room -Multiple areas of unfinished/unpainted wall patches. Interview on 11/07/19 the Director stated: -The damage to walls in kitchen and client #1's room were a result of client #1's behaviors. -The facility were in the process of obtaining county water and would not continue to have issues with rust build up in the water from the use of well water. -The facility was still undergoing renovations. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.

HKIZ11



November 19, 2019

Plan of Correction: DHSR – Annual and Follow Up Survey 11/7/19 MHL # 071-034 (Lotus)

- 1. 27G .0303 (C) Facility and Grounds Maintenance
 - Kitchen Upper cabinet door and pull out drawer were damaged as a result of a behavior from one of the residents. We will visit a local area mobile home supply store to purchase replacement items. Moving forward Group Home Manager will work closely with Programs Director to report all damaged items so they can be repaired or replaced in a timely fashion. Programs Director will provide final oversight monthly to confirm needed items have been scheduled for repair or a plan made to have the item replaced.
 - Client #1's Room Gray colored water ring and rust colored stains on all water fixtures are due to the primary water source for the residence, which is a well. The water from the well supplying this residence has been increasingly displaying rust. Prior to this visit we have been working with our local Department of Social Services and County Utility Company to work out payment arrangements to tie into the county water and discontinue use of the well. This process will be a very costly expense and we are making progress as quickly as possible to remedy the issue. After establishing a connection to the county water, we will have to replace all pipes supplying water to this home which will be another costly expense. We are at the mercy of the county to finalize the arrangements for this connection but have completed everything on our end to begin the process.
 - Hall Bathroom Please see the above explanation regarding the rust stains on water fixtures. The light fixture above the sink will be uninstalled and capped off to cover any exposed wires. Base board will be installed by the sink. All repairs pertaining to the light fixture, cracks in wall, and base board will be completed in the specified 30-day time frame. Moving forward Group Home Manager will work closely with Programs Director to report all damaged items so they can be repaired or replaced in a timely fashion. Programs Director will provide final oversight monthly to confirm needed items have been scheduled for repair or a plan made to have the item replaced.
 - Living Room All unfinished/unpainted wall patches will be completed in the specified 30-day time frame. Moving forward Group Home Manager will work closely with Programs Director to report all damaged items so they can be repaired or replaced in a timely fashion. Programs Director will provide final oversight monthly to confirm needed items have been scheduled for repair or a plan made to have the item replaced.

