3500 Westgate Dr. Ste 103 Durham, NC 27707 919-493-6871 office 919-493-6878 fax Houseofcare2@wmconnect.com



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Division of Health Service Regulation

T-486 P0002/0005 F-648 FORM APPROVED

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-243 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | | | (X3) DATE SURVEY COMPLETED R-C 11/06/2019 | |
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| | | | | | | |
| HOUSE | OF CARE, INC | | E ELTON R , NC 27713 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | IĎ PREFIX TAG | PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY) | HOULO BE | (X5) COMPLETE DATE |
| V 000 | | low up survey was completed 19. The complaint was | V 000 | · | | |
| | Deficiencies were of this facility is licenscategory: 10A NCA | | | | | |
| V 736 | 27G .0303(c) Facili | ty and Grounds Maintenance | V 736 | | 1 | |
| | EXTERIOR REQU (c) Each facility and maintained in a saf | 803 LOCATION AND IREMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive | | | | - |
| and the second s | Based on observat failed to ensure facing a safe, clean, att kept free from offer Observation on 11/AM of the facility re-Kitchen area-Ther on the floor. There baseboards. The virusted. The trashic leading into kitcher had a loose door hed food debris and a gover was missing | et as evidenced by: ion and interview, the facility ility grounds were maintained ractive, orderly manner and nsive odor. The findings are: 6/19 at approximately 11:35 vealed the following issues: e was a orange rust like stain was a build up of dust on the ent cover on the floor was an was faded. The door frame in had peeling paint. The stove andle, loose burners, all four ed out and the hood vent had irease like substance. The to the ceiling light fixture. imately 12 pieces of mice | | House of Cara instructed the le lord to point of Oreas in its of that the stak Oited us or t on oreacil che care of the are care of the are will superior the cleaning | e has louse ndust souns so that so that that | Ţ |
| vision of He | ealth Service Regulation | DER/SUPPLIER REPRESENTATIVE'S SIG | NATURE | TITLE | | (X6) DATE |
| CAR | wila Pa | Ne)0>n | | approtent 1 | wach | 57 III |
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RECEIVED

By DHRS-Mental Health Licensure at 2:26 pm, Nov 27, 2019

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R-C MHL032-243 8. WING 11/06/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5800 LAKE ELTON ROAD HOUSE OF GARE, INC DURHAM, NC 27713 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE CROSSREFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 736 Continued From page 1 V 736 use of Core while feces in the cabinet near the sink: under the Depender of Organic -Dèn area-Floor lamp had a cracked plastic shade. Ceiling had black marks, peeling paint and a crack approximately three feet long. The baseboards had a build up of dust. The lower portion of the walls had black scuff marks. -Client #1's bedroom-Wall had black marks and peeling paint. There was a urine odor. Carpet had dark spots on it. Bedroom door had dirt like marks, black marks and cracked towards the bottom. The curtains to the window were faded and had dirt stains on them. -Bathroom #1-The wooden frame around the mirror had a build up of dust. The wall had peeling paint and a yellowish substance on it. The shower head had a build up of debris. The shower walls had brownish stains. The ceiling had black marks on it. The door frame had faded paint, souff marks and dirt stains. The bathroom door had dirt stains and black marks. -Client #3's bedroom-The carpet had dark marks. There was a crack in the wall approximately one and one half feet long. There were dark stains on the ceiling. The dresser and chest of drawers were peeling on top. 12/2/10 -Client #2's bedroom-There was a urine and musty odor. The carpet was stained and torn. There was a set of broken blinds. There were black stains on the wall. The nightstand and dresser were peeling on top. The bedroom door had brownish stains. -Bathroom #2-There was a urine smell. There were dirt like stains on the wall. The vent cover on the floor was rusted Interview with Qualified Professional on 11/6/19 revealed: -The Licensee did not own the home. -The Licensee rented the home from someone. -They had talked to the landlord about the

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Division of Health Service Regulation

T-486 P0004/0005 F-648 FORM APPROVED

(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING: R-C B. WING __ MHL032-243 11/06/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5800 LAKE ELTON ROAD** HOUSE OF CARE, INC DURHAM, NC 27713 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION. (X6) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 736 Continued From page 2 V 736 majority of the repair issues with the home. -They had been going back and forth with the landlord about the majority of the maintenance issues with the home. 12/3)19 She was not aware of the issues with the ANDON BHYGH THE cleanliness of the home. -The Assistant Director had just recently hired someone to clean the home. -She thought client #1's room smelled like urine due to her incontinence. -She confirmed the facility was not maintained in a safe, clean, attractive, orderly manner and kept free of offensive odor. V 738 V 738 27G .0303(d) Pest Control 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents. This Rule is not met as evidenced by: Based on observation and interview the facility Dog approximant staff failed to maintain a rodent free environment. The findings are: margare. Observation on 11/6/19 at approximately 11:35 AM of the facility's kitchen area revealed: -There were approximately 12 pieces of mice feces in the cabinet near the sink. Interview with the Qualified Professional on 11/6/19 revealed: -They initially had issues with mice about a year or two ago.

T-486 P0005/0005 F-648

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| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIF | | (X3) DATE SURVEY COMPLETED R-C 11/06/2019 | |
| | | MHL032-243 | B. WING | | | |
| 1 | PROVIDER OR SUPPLIER OF CARE, INC | 5800 LAK | DRESS, CITY, | , STATE, ZIP CODE | £ 2 1 1 0 0 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | NC 27713 ID PRÉFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETE DATE |
| | -Staff just recently I attention again abo -They were told the kitchen cabinetThe mice were posthrough those holes -The holes were reattentionShe knew staff fou the kitchen cabinets -She thought staff gdroppings. | brought the issue to her out a month ago. Fre were holes underneath the ssibly getting into the home is. Paired once that came to their and some mice droppings in it. For rid of all the mice facility staff failed to maintain | V 738 | Howard of Cona. Cowhocted wid Peat Control Co name Dekin to assist in gettin Mid of the real and will cont every two men until the value Massing the value Massing the an onoping proce | on a party | 1426/10 |
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