

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/05/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RAINBOW 66 STOREHOUSE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 706 RIGSBEE AVENUE DURHAM, NC 27701
---	---

(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
V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on December 5, 2019. The complaint (intake #NC00158082) was unsubstantiated and (intake #NC00158267) was substantiated. Deficiency cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals with Mental Illness, Developmental Disabilities or Substance Abuse.</p>	V 000		
V 106	<p>27G .0201 (A) (8-18) (B) GOVERNING BODY POLICIES</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(8) use of medications by clients in accordance with the rules in this Section;</p> <p>(9) reporting of any incident, unusual occurrence or medication error;</p> <p>(10) voluntary non-compensated work performed by a client;</p> <p>(11) client fee assessment and collection practices;</p> <p>(12) medical preparedness plan to be utilized in a medical emergency;</p> <p>(13) authorization for and follow up of lab tests;</p> <p>(14) transportation, including the accessibility of emergency information for a client;</p> <p>(15) services of volunteers, including supervision and requirements for maintaining client confidentiality;</p> <p>(16) areas in which staff, including nonprofessional staff, receive training and continuing education;</p> <p>(17) safety precautions and requirements for</p>	V 106		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/05/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RAINBOW 66 STOREHOUSE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 706 RIGSBEE AVENUE DURHAM, NC 27701
---	---

(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
V 106	<p>Continued From page 1</p> <p>facility areas including special client activity areas; and (18) client grievance policy, including procedures for review and disposition of client grievances. (b) Minutes of the governing body shall be permanently maintained.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility management failed to adhere to its transportation policy. The findings are:</p> <p>Interview on 12/2/19 with Staff revealed: -The facility had a black van for years. -The van was recently replaced about 6 months ago. -The van was a 12-passenger seat. -There were problems with the van. -Confirmed some of the seat belts were broken. -Some staff could not confirm issues with the seat belt. -Some staff reportedly did not ride on the van . -The van was used for day program trips. -Denied clients sat on the floor in the van.</p> <p>Interview on 12/2/19 with the Records Manager revealed: -The facility had a black van but replaced around June or July 2019. -The van transported about 6 clients in the evening. -The van was a 12-passenger seat -The van was used for day program trips. -No clients ever sat on the floor. -The black van was old but always received service.</p>	V 106		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/05/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RAINBOW 66 STOREHOUSE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 706 RIGSBEE AVENUE DURHAM, NC 27701
---	---

(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
V 106	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Never heard complaints that seat belts were not working. -Facility also had a smaller van and a van for people with wheelchairs. <p>Interview on 12/5/19 with the Program Manager revealed:</p> <ul style="list-style-type: none"> -The facility had an old black van that was replaced months ago. -The black van was not operational. -The van had problems with the brakes, battery and issues. -It was a 1997 van and unable to find parts to fix the van. -She had no knowledge or received any report of seat belts not working. -Clients never sat on the floor in the van. -The van was used for day program trips. -The company purchased a 2016 white chewy van in June 2019. -The facility no longer used the black van. 	V 106		