

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL068-126</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/11/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OE ENTERPRISES INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>348 ELIZABETH BRADY ROAD HILLSBORO, NC 27278</b>
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(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	INITIAL COMMENTS  An annual survey was completed on December 11, 2019. Deficiency cited.  This facility is licensed for the following service category: 10A NCAC 27G 2300 Adult Developmental Vocational Programs 5500 Sheltered Workshops 5400 Day Activity  Currently serving: 15 Clients	V 000	<b>DHSR - Mental Health</b>  <b>DEC 30 2019</b>  <b>Lic. &amp; Cert. Section</b>	
V 736	27G .0303(c) Facility and Grounds Maintenance  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.  This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a safe and attractive manner. The findings are:  Observation on 11/11/19 at 11:00 a.m. revealed: -There was a crack about 3 inches long and 2 inches wide with sharp edges on the men's bathroom mirror.  Interview on 11/11/19 with the Service Manager/Qualified Professional revealed: -Daily safety and inspection checks of the facility were completed daily. -The mirror was not cracked no more than a	V 736	Crack in mirror in Men's Restroom was repaired with silicone during the survey on 12/11/2019. In addition we have covered the crack with Duct Tape to assure all sharp edges are thoroughly covered.  We have also covered the area with a Hand Washing Notice in order to provide a safe, clean and attractive environment.  We do not know what caused the mirror to have a crack in it and therefore do not know how to prevent reoccurrence. However in order to monitor and promptly correct any future cracks Facilities Director Donna Musson will add "check mirrors for cracks" to our daily safety checklist. She will monitor checklist results monthly, sending result summary to Company President Margaret Samuels. Staff members are assigned to perform the safety checklist on a weekly basis. As any safety risk arises Facilities Director is notified immediately.	12/11/2019 12/16/2019 12/19/2019

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Donna Musson* Director of Facilities Services  
TITLE  
STATE FORM 6899 U4RE11  
DATE  
*12/19/19*

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V 736	Continued From page 1  week. -The crack was not there during a recent audit from accredited agency -There was no report of the mirror being cracked. -The building maintenance was available to fix the mirror.	V 736		