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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: MHL032-053 B. WING 12/05/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 706 RIGSBEE AVENUE RAINBOW 66 STOREHOUSE, INC DURHAM, NC 27701 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID 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 CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and complaint survey was completed on December 5, 2019. The complaint (intake #NC00158082) was unsubstantiated and (intake #NC00158267) was substantiated. Deficiency cited. This facility is licensed for the following service category: 10A NCAC 27G ,5400 Day Activity for Individuals with Mental Illness, RECEIVED Developmental Disabilities or Substance Abuse. JAN 02 2020 V 106 27G .0201 (A) (8-18) (B) GOVERNING BODY V 106 **POLICIES DHSR-MH Licensure Sect** 10A NCAC 27G .0201 GOVERNING BODY **POLICIES** (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (8) use of medications by clients in accordance with the rules in this Section; (9) reporting of any incident, unusual occurrence or medication error; (10) voluntary non-compensated work performed by a client: (11) client fee assessment and collection practices: (12) medical preparedness plan to be utilized in a medical emergency; (13) authorization for and follow up of lab tests; (14) transportation, including the accessibility of emergency information for a client: (15) services of volunteers, including supervision and requirements for maintaining client confidentiality; (16) areas in which staff, including nonprofessional staff, receive training and continuing education; (17) safety precautions and requirements for Division of Health Service Regulation TITLE Program Manger LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED MHL032-053 B. WING 12/05/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 706 RIGSBEE AVENUE **RAINBOW 66 STOREHOUSE, INC** DURHAM, NC 27701 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 106 Continued From page 1 V 106 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. 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: - Staff will be trained 12/5/19 annually on seathest septy. Staff was trained 12/5/19 on Interview on 12/2/19 with Staff revealed: -The facility had a black van for years. -The van was recently replaced about 6 months -The van was a 12-passenger seat. Scattlet Surety -There were problems with the van. -Confirmed some of the seat belts were broken. - Statt retrained on Company -Some staff could not confirm issues with the seat belt. Van checklist Chow to fill out 12/5/19 -Some staff reportedly did not ride on the van. and where to document any -The van was used for day program trips. -Denied clients sat on the floor in the van. Vehicle Concerns) Shuff trans to inform Manager immediately Interview on 12/2/19 with the Records Manager revealed: when any damages or in the event of immediate necessary -The facility had a black van but replaced around June or July 2019. -The van transported about 6 clients in the Vehide repairs. -The van was a 12-passenger seat 2 Staff (driver of Manager) are to inspect the van weekly -The van was used for day program trips. -No clients ever sat on the floor. -The black van was old but always received to access any denoys or service. needed repairs. Both must

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED MHL032-053 B. WING_ 12/05/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **RAINBOW 66 STOREHOUSE, INC** 706 RIGSBEE AVENUE DURHAM, NC 27701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 106 | Continued From page 2 V 106 Sign on on the designated -Never heard complaints that seat belts were not Company van check list. -Facility also had a smaller van and a van for people with wheelchairs. Drivers will Watch a driver's sufety video every Comonths as a sefusher Interview on 12/5/19 with the Program Manager revealed: -The facility had an old black van that was replaced months ago. on down driving tules & -The black van was not operational. -The van had problems with the brakes, battery regulations. 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. Division of Health Service Regulation