



December 18, 2019

Patricia Work, Facilty Compliance Consultant I Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

RE: Annual Survey, 12/4/19, McAlway Road

Hello,

Please find enclosed the Plan of Correction for deficiencies cited during the survey referenced above.

If you need additional information or have any questions, please contact me at the number below.

Sincerely,

Louise Winstead, RN

Compliance Specialist – Plan of Corrections

mise Ulinstead, Dr

louise.winstead@monarchnc.org

252-289-6512



PRINTED: 12/06/2019 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A BUILDING: COMPLETED MHL0601192 12/04/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 714 MCALWAY ROAD MCALWAY ROAD CHARLOTTE, NC 28211 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 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 V369 G.S 122C-6 Smoking Prohibited An annual survey was completed on 12-4-19. 12/4/2019 Deficiencies were cited. The smoking prohibited signs have been reposted throughout common areas in the This facility is licensed for the following service facility on 12/4/2019 to reflect that the facility category: 10A NCAC 27G 5600A Supervised is a non-smoking entity and that smoking is Living for Adults Whose Primary Diagnosis is a only prohibited in designated areas. Mental Illness V 369 G.S. 122C-6 Smoking Prohibited V 369 ACTION PLAN § 122C-6 SMOKING PROHIBITED; PENALTY Policies and Procedures of all mandatory (a) Smoking is prohibited inside facilities licensed postings and signs required to be posed in the under this Chapter. As used in this section. facility has been reviewed by all staff. Staff "smoking" means the use or possession of any were trained on this policy. Training began on lighted cigar, cigarette, pipe, or other lighted 12/5/2019 and will be ongoing as new staff are smoking product. As used in this section, "inside" means a fully enclosed area. (b) The person who owns, manages, operates, or Persons Responsible: otherwise controls a facility subject to this section Residential Staff, Residential Manager, Team Lead (1) Conspicuously post signs clearly stating that smoking is prohibited inside the facility. The signs Monitoring Process: may include the international "No Smoking" 1. The Residential Manager will conduct symbol, which consists of a pictorial an environmental check monthly to representation of a burning cigarette enclosed in ensure that the facility is up to a red circle with a red bar across it. standards regarding policy and (2) Direct any person who is smoking inside the procedures. facility to extinguish the lighted smoking product. 2. Residential Team Lead will conduct (3) Provide written notice to individuals upon monthly inspections admittance that smoking is prohibited inside the DHSR - Mental Health facility and obtain the signature of the individual or the individual's representative acknowledging receipt of the notice. DEC 3 0 2019 (c) The Department may impose an administrative penalty not to exceed two hundred Lic. & Cert. Section dollars (\$200.00) for each violation on any person who owns, manages, operates, or otherwise controls a facility licensed under this Chapter and fails to comply with subsection (b) of this section. Division of Health Service Regulation

Division of Health Service Regulation

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

STATE FORM

PRINTED: 12/06/2019 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 MHL0601192 12/04/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 714 MCALWAY ROAD MCALWAY ROAD CHARLOTTE, NC 28211 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 369 | Continued From page 1 V 369 A violation of this section constitutes a civil offense only and is not a crime. (d) This section does not apply to State psychiatric hospitals. (2007-459, s. 3.) This Rule is not met as evidenced by: Based on observation and interview the facility failed to post a "No Smoking" sign in the facility to indicate that smoking was prohibited in the facility. The findings are: Observation on 12-4-19 at approximately 2:00 pm -There was not a "No Smoking" sign posted in the facility. Interview on 12-4-19 with staff #1 revealed: -They didn't have a "No Smoking" sign

Division of Health Service Regulation

posted because the had a designated smoking

Interview on 12-4-19 with the facility manager

27G .0304(b)(4) Hot Water Temperatures

constructed and equipped in a manner that

V 752 (b) Safety: Each facility shall be designed.

10A NCAC 27G .0304 FACILITY DESIGN AND

-She agreed wit staff #1 that they did not have a "No Smoking" sign because they had a smoking area in the back of the facility.

-They had never had a "No Smoking" sign

area in the back.

EQUIPMENT

posted that she was aware of.

V 752

F47711

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 MHL0601192 12/04/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 714 MCALWAY ROAD MICALWAY ROAD CHARLOTTE, NC 28211 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 752 Continued From page 2 V 752 V752 ensures the physical safety of clients, staff and 27G, 0304(b)(4) Hot Water Temperatures 12/4/2019 visitors. In areas of the facility where clients are The water temperature throughout the exposed to hot water, the temperature of the facility was adjusted on 12/4/2019 by water shall be maintained between 100-116 Monarch maintenance team to reflect a degrees Fahrenheit. temperature of 113 degrees Fahrenheit. ACTION PLAN This Rule is not met as evidenced by: 1. Policies and Procedures regarding hot Based on observation and interview the facility water temperatures in the facility have failed to maintain hot water between 100 and 116 been reviewed by all staff. Staff were degrees. The findings are: trained on this policy. Training began on 12/5/2019 and will be ongoing as Observation on 12-4-19 at approximately 2:00 pm new staff are hired. -Hot water in the tub bathroom sink was 120 2. Staff will check water temperature as degrees. indicated by policy and as needed -Kitchen sink was 119 degrees. when variations are suspected. These -Shower bathroom sink was 118 degrees. findings will be reported to the -Tub bathroom sink was 119 degrees. Residential Manager. If temperature reads under or above 106-116, The Interview on 12-4-19 with the facility manager Residential Manger will immediately revealed: complete an emergency work order to -She called the facility maintenance man and the maintenance department to have the he was coming to adjust the temperature. problem corrected immediately. Staff Responsible: Residential Staff, Residential Manager, Team Lead, Monarch Maintenance Department Monitoring Process 1. The Residential Manager will conduct an environmental check monthly to ensure that the facility is up to standards regarding policy and procedures.

2. Residential Team Lead will conduct monthly inspections

MONARCH Inservice Registration Form

Su ma re re no no	continue fittle cord king appointments Lating to mandar view of water to stifying Manager us	b review daily s, medication adm beviewed policy tory posting of si temperature testing then temperature is	nustration (Ker 4 procedures igns and temperature, not within range	e
	ATE: 12/5/19		ON: McAla	
		AM/PM		
PR	ESENTER/TITLE: 70	ancara Francis	/ Residential	Teon lead.
##	PRINT NAME	TITLE	DEPARTMENT	SIGNATURE
1	Denisa Parten	Bharad Specialist	11 dyony	Minin Parton
2	Marilynn Davis	CAMAZIONAL STYCIALIST		Wany wo
3	Lester Kim Butler	Behavioral Specialist	MCALWAY	Korti Kim Ballo
4	Byron Moris	Behavior (Specific)	Box Cieva	Bounne
5	Lexhine Donges	Behay word & sould 184	Briar Creph	M. la Comment
6	Kelia Hemmy viey	Behaver Speculat	Brancelle	Relia beremidikas
7	0.0			The special and the special an
8				
9				
10				
11		The second secon		
12				
13		The state of the s		
14				
15			Pro-American Schooling of the section in the latest the section of	
16				
17				
18				
19				
20		And the representation of the extension of the extension of the last the department of the extension of the	Company of the Compan	
21		Mar for consistenting and the configurer angles defined a paper for the configuration of the		
22			Andrew - Table - 10 a highlatest philos states a mappe hanger statement and a superference and	
23				
24				
25				

EP

December 4, 2019 @ 2:39 PM

Request type Plumbing P

Request The water temperature needs to be adjusted

Building McAlway Road GH (HUD - CHC of Metrolina #1)--Meck. Co.

Location house

> Thu, Dec 5, 2019 Due

Esther Partlow opened this request

Followers **LM** Lakeesha Mcneil

Short Description The water temperature needs to be adjusted

Contact Phone Number 7043640432

> Description the state says that the water temperature is too high it registered 120 degrees

Hold Status

HUD

Suggested Date/Time for

Maintenance/Contractor Access:

Travel Time (Hours)

Edited December 4, 2019 @ 3:29 PM

ww Whitney Wall

Whitney Wall assigned this request

WW December 4, 2019 @ 3:29 PM

> Assigned to TH Tommy Honbarrier

Γ Is outsourced

Tommy Honbarrier resolved this request

TH

\$0.00 Cost

Worker time Oh 30m TH Tommy Honbarrier

Emergency Shutoff Staff IDENTIFIED Emergency Shutoffs Compliance

Expense Location

Resolution Water temp is 113

Travel Time (Hours)

Turned into Finance/HUD

Waiting On Invoice

Cost \$0.00

Labor cost \$35.00

Inventory cost

Total cost \$35.00

Worker time Oh 30m TH Tommy Honbarrier





