

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/26/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KELLY'S CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2073 HARRIS-HENRIETTA ROAD MOORESBORO, NC 28114
---	---

(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 and follow up survey was completed on June 26, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000	<div style="border: 1px solid black; padding: 5px; background-color: #e0e0ff;"> <p>RECEIVED</p> <p><i>By DHSR-Mental Health Licensure at 12:19 pm, Jan 14, 2020</i></p> </div>	
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 be maintained in a safe, clean, orderly and attractive manner. The findings are: Observation on 6/26/19 from 12:23 pm to 1:00 pm of the facility revealed: -The floor covering in the combined laundry room/food pantry room had a tear of approximately 2 feet in length which exposed 2 wooden sub-floor boards with the left wooden board having indicated weakness when stepped on; -The red and gold colored living room sofa had black stained areas on both arms and black stains around the front edge of the sofa with the cloth on sofa arm closest to the front door torn in several places; -A shared handicapped bathroom located across from Client #6's bathroom contained:	V 736		<p>Replaced floor covering in laundry room/pantry with new linoleum. 7-19-19</p> <p>Replaced sofa with new sofa. 7-19-19</p>

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE BSQP TITLE Ken Dellinger Director of Operations (X6) DATE 7-27-19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/26/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KELLY'S CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2073 HARRIS-HENRIETTA ROAD MOORESBORO, NC 28114
---	---

(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 736	<p>Continued From page 1</p> <ul style="list-style-type: none"> -a step-in shower which was brown-stained inside the shower; -2 broken floor tiles near the shower; -a baseboard heater attached to the wall and extended behind the sink had collected debris and needed to be cleaned; -A broken kitchen floor tile at the entry of the kitchen from the living room; -A shared bathroom located adjacent to the kitchen contained: <ul style="list-style-type: none"> -a sink vanity with a broken door hinge on the lower left side and peeled paint on both the left and right-side vanity doors; -a tub/shower with black stains on the bottom of the tub and black stains on the sealed areas between the tub and walls on the inside of the tub. <p>Interview on 6/26/19 with Client #2 revealed: -He and his housemates go into the laundry room to place their clothes in the room for staff to launder for them.</p> <p>Interview on 6/26/19 with Staff #1 revealed: -He did not know how long the laundry room floor had been torn; -He had not noticed how worn the living room sofa was as the clients sat on sofa daily and watched television; -The black stains in the tub and shower of client bathrooms have attempted to be removed with cleaning supplies; -The conditions of the doors to the sink vanity might have resulted from water damage.</p> <p>Interview on 6/26/19 with the Chief Executive Officer (CEO) revealed: -He would follow up to ensure these areas were corrected.</p>	V 736	<p>Replaced tile in bathroom with new linoleum. Stains removed from shower.</p> <p>Replaced broken tiles in kitchen. Baseboard heater cleaned.</p> <p>Had new doors made for bathroom vanity. Installed doors and new hinges. Repainted vanity. Cleaned and recaulked tub/shower.</p> <p>Maintenance man will visit home at least every two weeks to inspect for items</p>	7-19-19
-------	---	-------	--	---------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/26/2019
NAME OF PROVIDER OR SUPPLIER KELLY'S CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2073 HARRIS-HENRIETTA ROAD MOORESBORO, NC 28114		
(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 736	Continued From page 2 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736	<i>In need of maintenance or repair. Staff will report any issues needing maintenance/repair immediately upon becoming aware of them.</i>	
V 774	27G .0304(d)(7) Minimum Furnishings 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain an adequate bed for a client (Client #6). The findings are: Observation on 6/26/19 at approximately 12:45 pm of Client #6's bedroom revealed: -He had a hospital bed with the mattress approximately 12 inches in height from the floor and the bed appeared to be supported by side rails. Observation on 6/26/19 at approximately 12:47 pm revealed: -Client #6 was about 6 feet or more in his height; -He responded "No" to the Residential	V 774		
			<i>Replaced client #6's bed with standard non-hospital bed. Staff will report any issues regarding inadequate furnishings to the office immediately upon becoming aware of them.</i>	<i>6-27-19</i>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/26/2019
NAME OF PROVIDER OR SUPPLIER KELLY'S CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2073 HARRIS-HENRIETTA ROAD MOORESBORO, NC 28114		
(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 774	Continued From page 3 Supervisor's question about whether he was comfortable in his bed. Interview on 6/26/19 with Client #6 revealed: -The bed he used was already in his room when he moved into the facility; -He did not know why he had a hospital bed and why his bed was low to the floor; -His bed was not comfortable to sit on or lay on. Interview on 6/26/19 with the Residential Supervisor revealed: -The bed in Client #6's bedroom was a hospital bed that was used by a former client who was in a wheelchair. Interview on 6/26/19 with the Chief Executive Officer (CEO) revealed: -Client #6 bed was intentionally a hospital bed due to Client #6 having had a boil on his back that was slow to heal; -He would look into getting Client #6 another bed that was comfortable to him.	V 774	<i>While inspecting home, maintenance man will also inspect for any inadequate furnishings and address as needed.</i>	<i>6-27-19</i>