

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL093-031</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/10/2020</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>WARREN COUNTY GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>109 MUSTIAN ROAD NORLINA, NC 27563</b>
---	--

(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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on January 10, 2020. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">JAN 27 2020</p> <p style="text-align: center;">Lic. &amp; Cert. Section</p>	
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the temperature of the water was maintained between 100-116 degrees Fahrenheit. The findings are:</p> <p>Observation on 1/6/20 at 9:45am revealed the temperature at the kitchen sink registered at 90 degrees Fahrenheit. Temperatures in both bathrooms of the house registered at 100 degrees Fahrenheit.</p> <p>Observation again on 1/6/20 at approximately 12:30pm revealed the temperature was still registering at 90 degrees Fahrenheit.</p> <p>Review on 1/6/20 of a temperature log revealed daily temperatures at the kitchen sink were</p>	V 752		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM



**EXECUTIVE DIRECTOR / QP**

**1/23/2020**

8899

NMZO11

If continuation sheet 1 of 2

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL093-031</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>01/10/2020</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>WARREN COUNTY GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>109 MUSTIAN ROAD NORLINA, NC 27563</b>
---	--

(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 752	<p>Continued From page 1</p> <p>documented between 96 and 98 degrees Fahrenheit.</p> <p>During an interview on 1/6/20 staff #1 reported the temperature at the kitchen sink always registered under 100 degrees Fahrenheit. She reported she would call the plumber immediately to adjust the temperature.</p>	V 752		

***D. D. Residential Services, Inc.***  
**Administrative Office**  
***Post Office Box 88***  
***Henderson, North Carolina 27536***  
***(252) 438-6700 Fax (252)438-6720***

DHSR - Mental Health

January 23, 2020

JAN 27 2020

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

Lic. & Cert. Section

Dear Sir/Madam,

Please find enclosed the plan of correction for the standard level deficiency cited at the Warren County Group Home, Located at 109 Mustian Road, Norlina, NC 27563. This is in conjunction with MHL #: 093-031.

You shall find upon return that the deficiency cited has been addressed globally and the correction has been made prior to the correction date of March 10, 2020. Should you have any questions or concerns, please do not hesitate to contact me at the number provided. We thank you for your feedback, and welcome your return.

Sincerely,



Jacinta Johnson  
Executive Director

***Franklin County Group Home***  
***Vance Adult Group Home***  
***Warren County Group Home***

***Graham Ave Group Home***  
***Louisburg Group Home***  
***Oxford Group Home***  
***Roanoke Avenue Group Home***



CREDIBILITY • INTEGRITY • ACHIEVEMENT

# Plan of Correction

---

*Date of Correction: March 10, 2020*

**Deficiency Cited:** V118: 10A NCAC 27G.0304 Facility Design and Equipment. This rule was not met as evidenced by; based on observation and interview, the facility failed to ensure the temperature of the water was maintained between 100 – 116 degrees Fahrenheit.

**Provider's Plan of Correction:** D. D. Residential Services Inc. will assure that all water temperatures are maintained between 100 – 116 Fahrenheit. Systematic changes will be implemented whereby the Residential Manager will review the daily temperature charts on a regular basis and contact the plumber immediately if the temperatures are outside the allowable ranges for more than 2 days. The Quality Improvement Team will review the temperature charts quarterly to assure compliance. The Executive Director will monitor the Quality Assurance System for effectiveness through monthly Supervision of the Residential Manager and reviews of Quality Improvement Team Minutes.

**Responsible Parties:** Residential Manager, Executive Director, and Quality Improvement Team

Provider Signature:  EXECUTIVE DIRECTOR



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

**ROY COOPER** • Governor  
**MANDY COHEN, MD, MPH** • Secretary  
**MARK PAYNE** • Director, Division of Health Service Regulation

January 13, 2020

Jacinta Johnson, Executive Director  
D.D. Residential Services, Inc.  
PO Box 88  
Henderson, NC 27536

Re: Annual and Follow-up Survey completed January 10, 2020  
Warren County Group Home  
109 Mustian Road Norlina, NC 27563  
MHL # 093-031  
e-mail Address: jjohnsonddrs@embarqmail.com

Dear Ms. Johnson:

Thank you for the cooperation and courtesy extended during the annual and follow-up survey completed January 10, 2020.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

**Type of Deficiencies Found**

- The tag cited is a standard level deficiency.

**Time Frames for Compliance**

- Standard level deficiencies must be *corrected* within 60 days from the exit of the survey, which is March 10, 2020.

**What to include in the Plan of Correction**

- Indicate what measures will be put in place to *correct* the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to *prevent* the problem from occurring again.
- Indicate *who will monitor* the situation to ensure it will not occur again.
- Indicate *how often* the monitoring will take place.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603  
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718  
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

January 10, 2020  
Jacinta Johnson  
D.D. Residential Services, Inc.

- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Renee Kowalski at 919-552-6847.

Sincerely,



Marie Ancil  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: [qmemail@cardinalinnovations.org](mailto:qmemail@cardinalinnovations.org)  
[DHSR@Alliancebhc.org](mailto:DHSR@Alliancebhc.org)  
Pam Pridgen, Administrative Assistant