Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED							
		MUI 064 094	B. WING		00/0	4/2020						
		MHL064-084	B. W		02/2	4/2020						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
BTW HOME CARE SERVICES II LLC  601 COLBY COURT  ROCKY MOUNT, NC 27803												
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	CTIVE ACTION SHOULD BE NCED TO THE APPROPRIATE							
V 000	INITIAL COMMENTS		V 000									
	on 2/24/20. A defici	·										
		sed for the following service C 27G.5600A Supervised h Mental Illness.										
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736									
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive										
	was not maintained and orderly manner  Observation on 2/24 11:05am of the facil Hall bathroom: hair no knobs or handled dark brown stains beneath the drain.  -rust colored spots estains/mildew insident #3 and #2's clothes were laying dresser.  -walls covered in specifient #4's room-	on and interview, the facility in a safe, clean, attractive . The findings are:  4/20 at approximately lity revealed the following: scattered around the sink. es on vanity to open the doors. inside the vanity cabinet on light fixture over sink. le tub/shower. room: blinds broken. g around the room on bed and										

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

(X6) DATE TITLE

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OTATEMENT OF REFORMORD			(V2) MULTIPL	F CONSTRUCTION	(Y2) DATE	CLIDVEV					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED						
			A. BUILDING:								
			D WING								
		MHL064-084	B. WING		02/2	4/2020					
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE							
DTW	ME 04DE 0ED\#0E0	601 COLI	BY COURT								
BTW HOME CARE SERVICES II LLC  ROCKY MOUNT, NC 27803											
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)					
PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETE DATE					
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)			DEFICIENCY)		DAIL					
			1/								
V 736	Continued From page 1		V 736								
	floor.										
	-Client #1 and #5's	room-sink and countertop in									
	bathroom dirty with	toothpaste stains.									
	- vanity cabinet stai										
		drawers broken and off track.									
	-window in bathroom had nothing covering.										
		all ceiling covered in dust.									
	-Kitchen-										
	-refrigerators with food stains outside and inside.										
	<ul> <li>-bottom drawer of stove would not close.</li> <li>-kitchen chairs covered in debris particles and stains.</li> </ul>										
		s the kitchen floor									
	-scuff marks across the kitchen floor. -stains on cabinet fronts and 5 out of 10 off										
	hinges.										
	· ·										
	Interview on 2/24/20 at 11:45am with Licensee reported: -house is cleaned weekly by the clientsneed to replace chairs.										
	-funding doesn't allow for alot of replacing some										
	items.	, ,									
		es and replaced all the									
	•	e one thing at a time until it is									
	all done.	. 14 1									
		eed to clean up their rooms.									
		t into the bathroom and didn't									
	clean behind thems -they will clean refri										
	-uley will dealt felli	gerator tins week.									
	Interview on 2/24/20	0 at 12:00pm client #4									
	reported:	1									
	-house was clean to	o him.									
	-they take turns clea										
		y clothes, hadn't had time.									
	_	cleaning supplies if they ask									
	for them.										
	Interview on 2/24/20	0 at 12:15pm client #3									

reported:

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PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CO	(X3) DATE SURVEY COMPLETED											
BTW HOME CARE SERVICES II LLC  601 COLBY COURT ROCKY MOUNT, NC 27803  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CO	020											
ROCKY MOUNT, NC 27803  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CO	601 COLBY COURT											
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CO	ROCKY MOUNT, NC 27803											
DEFICIENCY)	(X5) OMPLETE DATE											
V 736  Continued From page 2  -cleans his room dailyhas not cleaned the kitchenstaff has cleaning supplies.  Interview on 2/24/20 at 12:30pm client #1 reported: -dresser may need to be replaceddoes clean bathroom sometimesnot having blinds or a curtain on the bathroom window isn't a concern.  This deficiency has been cited 3 times since the original cite on 3/23/18 and must be corrected within 30 days.												

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