

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-220</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/06/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GREEN VALLEY HAVEN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2528 ANDERSON ROAD BURLINGTON, NC 27217</b>
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(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
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V 000 INITIAL COMMENTS V 000

An annual survey was completed on February 6, 2020. Deficiencies were cited.

This facility is licensed for the following service category:  
10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness

V 738 27G .0303(c) Facility and Grounds Maintenance V 738

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 ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:

Observation on 2/6/20 at about 12:05 p.m. of the bedroom located next to the living area revealed:  
-Wood frame around entrance door was loose/off.

Observation on 2/6/20 at about 12:10 p.m. of the bedroom located in front of staff office revealed:  
-Wood panel from door was loose/off.

Observation on 2/6/20 at about 12:15 p.m. of the hall bathroom revealed:  
-There was mold/mildew around the edges between the tub and the wall.

DHSR-Mental Health  
MAR 2 2020  
Lic. & Cert. Section

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Deborah V. Rogers*

TITLE

*APD*

(X8) DATE

*3/5/2020*

Division of Health Service Regulation

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V 736	Continued From page 1	V 736		
	<p>Interview on 2/6/20 with the Director/Owner revealed:</p> <ul style="list-style-type: none"> <li>-She was unaware of door frame being loose.</li> <li>-She was unaware of mold/mildew in the bathroom.</li> <li>-Agency was responsible for maintaining and replacing items as they brake down as well as painting inside the home.</li> <li>-She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.</li> </ul>			



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

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

February 10, 2020

Dorothea Rogers, Director  
Green Valley Haven, LLC  
P.O. Box 981  
Haw River, NC 27258

Re: Annual Survey completed February 6, 2020  
Green Valley Haven, 2528 Anderson Road, Burlington, NC 27217  
MHL # 001-220  
E-mail Address: greenvallyhavenllc@yahoo.com

Dear Ms. Rogers:

Thank you for the cooperation and courtesy extended during the annual survey completed February 6, 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**

- All other tags cited are standard level deficiencies.

**Time Frames for Compliance**

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 4/6/20.

**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.
- 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.**

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

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603  
MAILING ADDRESS: 809 Ruggles Drive, 2701 Mall Service Center, Raleigh, NC 27699-2701  
www.ncdhhs.gov/dhser • TEL: 919-855-3750 • FAX: 919-733-2757

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

February 10, 2020  
Ms. Dorothea Rogers, Director  
Green Valley Haven, LLC

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 Bryson Brown, Team Leader at 919-855-3822.

Sincerely,



Edgar Garrido  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: [qmemail@cardinalinnovations.org](mailto:qmemail@cardinalinnovations.org)  
File

# GREEN VALLEY RESIDENTIAL

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North Carolina Department of Health and Human Services

Re: Annual Survey

Greeting: Edgar Garrido, Facility Compliance Consultant I

Thank you for allowing Green Valley Haven the opportunity to submit a plan of correction for the areas cited within our facility, on February 6, 2020.

Thank you,

Enclosed: Plan of Correction

# GREEN VALLEY RESIDENTIAL

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## Plan of Correction

Reference to the out of compliance issues: Deficiencies Description: V736 27G.0303(c) Facility and Grounds Maintenance; V736 10A NCAC 27G.0303 Location and Exterior Requirements

Comment: This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner.

The findings are: Observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner.

Observation on 2/6/20 at about 12:05 p.m. of the bedroom located next to the living area revealed: - Wood frame around entrance door was loose/off.

Observation on 2/6/20 at about 12:10 p.m. of the bedroom located in front of staff office revealed; - Wood frame around entrance door was loose/off.

Observation on 2/6/20 at about 12:15 p.m. of the hall bathroom revealed: -There was mold/mildew around the edges between the tub and the wall.

### **Systematic Change to Prevent the Out of Compliance Issues:**

The director and the staff will do a monthly walk through the facility to determine if there are any issues that need to be addressed in regard to maintenance and repairs within the home. The director will use chemicals (i.e. Clorox) to get rid of the mold/mildew in the bathroom and it will be used daily. The director/staff job is to monitor the facility grounds daily and maintained the appearance of the facility inside and out in decent order, free from debris and structural damage.

### **Timetable for Implementation of the Corrective Action:**

Effective immediately, the director will hire a carpenter to come in and fix the door frames within the facility. The director and staff will address the mold/mildew issues immediately and will use the appropriate cleaner daily to eliminate the spread of mold/mildew in the tub area. All carpentry work will be completed by March 15, 2020. Reducing mold/mildew will be ongoing.