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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/28/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WICKER STREET GROUP HOME

**809 WICKER STREET
BURLINGTON, NC 27217**

(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 survey was completed on January 28, 2020. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (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. This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain the facility water temperature between 100-116 degrees Fahrenheit. The findings are: Observation of the facility on 1/28/20 at 1: 15 PM revealed: -Kitchen sink water temperature was 120 degrees Fahrenheit. -Bathroom #1 water temperature was 120 degrees Fahrenheit. -Bathroom #2 water temperature was 120 degrees Fahrenheit. Interview on 1/28/20 with the Director/Owner revealed:	V 752		

DHSR-Mental Health

MAR 25 2020

Lic. & Cert. Section

Division of Health Service Regulation

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

TITLE

(X6) DATE

Deborah V. Rogers APD

3/5/2020

STATE FORM

6899

6SZT11

If continuation sheet 1 of 2

Division of Health Service Regulation

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V 752	Continued From page 1 -They had recently moved into the house a couple of months ago. -Residents were able to adjust water temperatures themselves, but one. -They adjusted the water temperature for one of the clients. -Hot water had been fluctuating daily. -They had been taking weekly water temperatures and they all had registered to be between 114-120 degrees Fahrenheit. -Plumber was scheduled to work on regulating water heater later in the afternoon. -She confirmed the facility failed to maintain the facility water temperature between 100-116 degrees Fahrenheit.	V 752		

WICKER STREET

North Carolina Department of Health and Human Services

Re: Annual Survey

Greeting: Edgar Garrido, Facility Compliance Consultant I

Thank you for allowing Wicker Street/Piedmont Way Facility the opportunity to submit a plan of correction for the areas cited within our facility, on January 28, 2020.

Thank you,

Enclosed: Plan of Correction

WICKER STREET

Plan of Correction

Reference to the out of compliance issues: Deficiencies Description-V752 27G.0304(b)(4) Hot Water Temperatures-10A NCAC 27G.0304 Facility Design and Equipment

Comment: This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain the facility water temperature between 100-116 degrees Fahrenheit.

The findings are: Observation of the facility on 1/28/20 at 1:15 pm revealed: Kitchen sink water temperature was 120 degrees Fahrenheit; Bathroom #1 water temperature was 120 degrees Fahrenheit; Bathroom #2 water temperature was 120 degrees Fahrenheit.

Systematic Change to Prevent the Out of Compliance Issues:

The director and the staff will continue to monitor the water temperatures within the facility weekly. Staff will report and document any temperature that averaged over the regulated temperature of 116 degrees. The director will contact a plumber immediately to come and adjust the temperature if and when any temperatures within the three areas are above 116 degrees Fahrenheit.

Timetable for Implementation of the Corrective Action:

Effective immediately, the director has contacted a plumber to come and adjust the temperature within the facility. The plumber came in and adjusted the temperature for all three areas on January 28, 2020. This will be an ongoing effectively immediately.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

February 4, 2020

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

Re: Annual Survey completed January 28, 2020
Wicker Street Group Home, 201 Piedmont Way, Burlington, NC 27217
MHL # 001-217
E-mail Address: greenvalleyhavenllc@yahoo.com

Dear Ms. Rogers:

Thank you for the cooperation and courtesy extended during the annual survey completed January 28, 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 3/28/20.

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 Mail Service Center, Raleigh, NC 27699-2701
www.ncdhhs.gov/dhsr • TEL: 919-855-3750 • FAX: 919-733-2757

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

February 4, 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
_DHSR_Letters@sandhillscenter.org
File