Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING.		С	
		MHL041-781	B. WING			9/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
OUR HO	ME-AUNT ZOLA'S		REW STREET BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMEN	TS	V 000			
	A complaint survey was completed on November 19, 2020. The complaints were unsubstantiated (intake #NC00170992 and NC00171004). Deficiencies were cited. This facility is licensed for the following service category: - 10A NCAC 27G .1700: Residential Treatment Staff Secure for Children or Adolescents					
V 113	27G .0206 Client R	Records	V 113			
	(a) A client record sindividual admitted contain, but need in (1) an identification (A) name (last, first (B) client record nut (C) date of birth; (D) race, gender ar (E) admission date (F) discharge date; (2) documentation developmental disa diagnosis coded ac (3) documentation assessment; (4) treatment/habilit (5) emergency inform shall include the name of the personal sudden illness or a and telephone numphysician;	face sheet which includes: t, middle, maiden); imber; nd marital status; ;				

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

(X6) DATE TITLE

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	MHL041-781		B. WING		11/1) 9/2020	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY, S	STATE, ZIP CODE	•		
			REW STREET				
OUR HO	ME-AUNT ZOLA'S		BORO, NC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
V 113	Continued From pa		V 113				
	responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.						
	failed to ensure clie the facility for each least; an identificati screening and asse	and record review, the facility ent records were maintained in individual that contained at ion face sheet, diagnoses, essments and emergency ee (client #1, client #2 and					
	Review on 11-13-20 facility record revear - admitted 9-30 - 15 years old)-20					

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- Major Depressive Disorder -Recurrent,

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		MHL041-781	B. WING		11/1	9/2020
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
OUR HO	ME-AUNT ZOLA'S		REW STREE ^T BORO, NC 2			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG			COMPLETE DATE
V 113	Continued From pa	ge 2	V 113			
	- Unspecific - Unspecific Disorder - Cannabis	nographics cy contacts cy medical				
	facility record revea - admitted 7-20 - 13 years old - diagnosed wit - Conduct I - AttentionCombined Type - Other Stre Disorder - Specific L - Major Dep	h: Disorder -Severe Deficit, Hyperactivity Disorder ess and Trauma Related earning Disorder pressive Disorder -Recurrent, on or Face Sheet containing to: nographics cy contacts cy medical				
	Review on 11-13-20, 11-16-20 and 11-17-20 of client #3 's facility record revealed: - admitted 9-14-20 - 17 years old - diagnosed with:					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	MHL041-781		B. WING		C 11/19/2020	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
OUR HOME-AUNT ZOLA'S		REW STREET BORO, NC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 113	- AttentionCombined Type - Conduct I - Post Trau - No Identification related - client dem - emergence - admission	sorder, Unspecified Per Deficit, Hyperactivity Disorder Disorder, Childhood Onset matic Stress Disorder on or Face Sheet containing to: nographics by contacts by medical in date	V 113			
	Interview on 11-18-20 with staff #1 revealed: - client face sheets were not in the client 's facility records - she had not seen them in awhile - if she needed the information usually found on a client face sheet, she would reach out to the Director/Administrator (DA) by telephone - having guardian, allergy, diagnoses and other information readily accessible would be helpful					
	- client informat administrative office - there used to but not now - the Qualified I the client 's facility information - having guardia	20 with staff #2 revealed: cion sheets were located at the es located elsewhere be a copy in both locations, Professional (QP) is revising records to include more an, allergy, diagnoses and eadily accessible, "that would				

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Interview on 11-17-20 with the QP revealed:

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		` ′	E CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
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NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
OUR HO	ME-AUNT ZOLA'S		REW STREE			
		GREENSE	BORO, NC 2	7406		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI		(X5)
PRÉFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
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	0 " 15		1/ 1/0			
V 113	Continued From pa	ge 4	V 113			
	- most of the cli	ent information at the				
		e is also at the facility				
		he will make sure all needed				
		ed in the client facility files				
	- "I see how it w	vould be good to have all that				
		roup home as well."				
	-					
V 736	27G .0303(c) Facilit	ty and Grounds Maintenance	V 736			
	_, _, _, _, _, _, _, _, _, _, _, _, _, _	· y				
	10A NCAC 27G .03	03 LOCATION AND				
	EXTERIOR REQUI					
	(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 me					
		on and interview, the facility				
		e the facility was maintained in				
		ctive and orderly manner.				
	The findings are:					
	.					
	Exterior Observatio	ns:				
	Observation on 11	13 20 at approximately 11:15				
	am revealed:	13-20 at approximately 11:15				
		t the front of the facility				
		alk and the entrance steps				
		ontainer and other loose trash				
		e front yard of the facility, close				
	to the sidewalk	, none yard or the facility, close				
		d winter coat lying on the				
	ground next to the					
		arded up with plywood; one in				
		and 2 in the living room				

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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	MHL041-781		B. WING		11/19/2020	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
OUR HO	ME-AUNT ZOLA'S		REW STREET BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
V 736	Continued From pa	ige 5	V 736			
	pm revealed: - the deodorant trash remained in the second the front yard - the 3 windows no glass in the fram Observation on 11-pm revealed: - 2 windows on been repaired - the bedro - one of the	at remained on the ground in seremained boarded up, with thes. 18-20 at approximately 4:30 the front of the facility had om window a living room windows pening in the living room.				
	Interior Observation	ns:				
	pm to 6:30 pm reverse - dining area: - excessive dining area - window by soiled	e paint peeling on walls in linds broken, excessively ds excessively scuffed and				
	oven range - Broken/lo	rely soiled cabinets above the ose tile on kitchen counter nes leading into and out of sive paint peeled				

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	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SU	urvey l	
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MHL041-781		B. WING		C 11/19/2020		
		DDESS CITY S	CTATE ZID CODE			
JVIDER OR SUPPLIER						
E-AUNT ZOLA'S		_				
(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETE DATE	
Continued From pa	ge 6	V 736				
- Laundry Room: - Sheetrock repairs needed around inside frame of door that leads to backyard - Inside of back door is excessively scratched, needs painting - Linoleum floor is torn with at least 5 patches of missing floor, with bare wood showing - Bedrooms - Rooms # 2 and # 3 need closet doors.						
or curtains covering closet door frames - Room 4 needs painting around recently installed new door and frame						
Professional reveals - maintenance a needed daily - the windows w prior (on or around - the Director/Ag esponsible for ensu - staff use a form DA something need - some windows pe special ordered, - some windows	ed: and repairs seem to be were broken about 2 weeks 11-3-20) dministrator (DA) is uring repairs are made m they fill out, to inform the ds to be fixed or repaired s are old, and the glass has to which takes longer s have been repaired with hey are less likely to be					
E COSCO TRACTOR OF THE	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS ontinued From page - Baseboard - Laundry Room - Sheetrock ame of door that le - Inside of be cratched, needs page - Linoleum atches of missing - Bedrooms - Rooms # 3 - Rooms 4 ne stalled new door a stalled new door a deterview on 11-17-2 rofessional reveale - maintenance a eeded daily - the windows we rior (on or around - the Director/Are esponsible for ensu - staff use a form A something need - some windows es special ordered, - some windows exiglass, so that the	AUNT ZOLA'S SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Ontinued From page 6 Baseboards excessively scuffed and biled, need cleaning and or painting Laundry Room: Sheetrock repairs needed around inside ame of door that leads to backyard Inside of back door is excessively cratched, needs painting Linoleum floor is torn with at least 5 atches of missing floor, with bare wood showing Bedrooms Rooms # 2 and # 3 need closet doors, curtains covering closet door frames Room 4 needs painting around recently stalled new door and frame Iterview on 11-17-20 with the Qualified rofessional revealed: maintenance and repairs seem to be beeded daily the windows were broken about 2 weeks circ (on or around 11-3-20) the Director/Administrator (DA) is esponsible for ensuring repairs are made staff use a form they fill out, to inform the A something needs to be fixed or repaired some windows are old, and the glass has to be special ordered, which takes longer some windows have been repaired with exiglass, so that they are less likely to be	ANDREW STREET ADDRESS, CITY, SEAUNT ZOLA'S SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Ontinued From page 6 - 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