| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-028 | | (X2) MULTIPLE CO | | (X3) DATE SURVEY COMPLETED | | |
|---|---|---|------------------------------|--|---------------------------------|-------------------------|
| | | BENTI IOATION NOMBER. | A. BUILDING: | | C 04/06/2021 | |
| | | B. WING | | | | |
| NAME OF PF | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE, | ZIP CODE | | |
| CLAY'S HO | DUSE | | NK STREET EFFERSON, NC 28 | 694 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE HE APPROPRIATE | (X5) COMPLET DATE |
| V 000 | INITIAL COMMENTS | 3 | V 000 | | | |
| | The complaint was ut #NC175866). A defic | vas completed on 4/6/2021. nsubstantiated (intake ciency was cited. ed for the following service | | | | |
| | category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. | | | | | |
| V 722 | 10A NCAC 27G .030 CONSTRUCTION/AL (a) When constructio additions are planned facility, work shall not consultation with the and with the local bui having jurisdiction. G encouraged to consu purchasing property in This Rule is not met Based on observation interviews, the facility of Health Service Rep Division of Facility Set Section and local bui | TERATIONS/ ADDITIONS n, use, alterations or d for a new or existing t begin until after DHSR Construction Section ilding and fire officials overning bodies are It with DHSR prior to intended for use as a facility. | V 722 | | | |
| | Review on 4/6/2021 or revealed: - Admission date: 3/2 - Diagnoses: Autistic Intellectual Disabilitie Review on 4/6/2021 or revealed: - Admission date: 9/2 | 24/2006 Disorder; Moderate s; and Urinary Incontinence. of client #2's record | | | | |

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL005-028 | | | (X2) MULTIPLE CO | | (X3) DATE SURVEY COMPLETED | |
|--|---|--|----------------------|---|-----------------------------------|-------------------------|
| | | IDENTIFICATION NOMBER. | A. BUILDING: | | | |
| | | MHL005-028 | B. WING | | C 04/06/2021 | |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET A | ADDRESS, CITY, STATE | , ZIP CODE | | |
| CLAY'S H | OUSE | | | | | |
| | | | EFFERSON, NC 28 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| V 722 | Continued From pag | e 1 | V 722 | | | |
| | | es; Essential Hypertension; Convulsions/Seizure | | | | |
| | Review on 4/5/2021 of a "Fire Exit" floor plan of the facility revealed: - The plan was dated "11-20" (November 2020); - The plan drawing was not to scale; - There were arrows draw indicating the fire exits; | | | | | |
| | | | | | | |
| | Client #1's bedroom door was located in a hallway near the back garage door exit; Client #2's bedroom was located closest to the | | | | | |
| | front of the house, and furthest from fire exit doors; | | | | | |
| | - The exit arrows from client #2's bedroom at the front of the house directed evacuation through the kitchen and sunroom to the outside; or though the | | | | | |
| | kitchen and hallway to the garage door to outside; - The 11-20 floor plan differed from the original | | | | | |
| | floor plan submitted of application dated 4/2 | /2015; | | | | |
| | - | n did not include the original om or storage room located ility. | | | | |
| | inspection report rev | | | | | |
| | - The facility was last | t inspected on 10/13/2020. | | | | |
| | Review on 4/5/2021 | • | | | | |
| | sanitation inspection report revealed: - The facility was last inspected on 10/28/2021. | | | | | |
| | Observation at appro | | | | | |
| | 4/5/2021 of the facilit | y revealed: h was located at the front | | | | |
| | corner of the house; | | | | | |
| | - Access to client #2' | s bedroom was from the | | | | |
| | kitchen, past a bathro | oom and at the end of a | | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-028 | | | | | (X3) DATE SURVEY COMPLETED | |
|--|---|--|----------------------|---|-------------------------------|-------------------------|
| | | MHL005-028 | B. WING | | 04 | C / 06/2021 |
| NAME OF PI | ROVIDER OR SUPPLIER | | ADDRESS, CITY, STATE | , ZIP CODE | · · · | |
| | | 500 FRA | NK STREET | | | |
| CLAY'S H | OUSE | WEST J | EFFERSON, NC 28 | 694 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | CTION SHOULD BE | (X5) COMPLET DATE |
| V 722 | Continued From page | e 2 | V 722 | | | |
| | short hallway; - There was a wall low which prevented acce foyer/hallway; - A door in the kitcher style room in which a sitting alone; - The front door was y room from the kitcher - The Surveyor did no further observation. Interview on 4/5/2021 - He was unable to puthe changes to the fa Interview on 4/5/2021 - He was unable to puthe changes to the fa Interviews on 4/5/2022 Building Owner revea - She was client #1's - Her mother/client #1 living in another state - The original dining a being used; - She had told the Pro October of 2020 that apartment into the un- her mother; - The PM had not tho problem to move her of the facility; - In December of 2020 | cated beside the bathroom ess to the original front door in opened to an apartment non-client female was visible diagonally across the in door; of enter the apartment for I with client #1 revealed: rovide information regarding cility. I with client #2 revealed: rovide information regarding cility. | | | | |
| | - | new apartment area wall in the front door hallway e area client #2's bedroom | | | | |

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| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|---|------------------------------|--|-----------------------------------|-------------------------|
| MHL005-028 | | | A. BUILDING: | | | |
| | | B. WING | | C 04/06/2021 | | |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET | DDRESS, CITY, STATE | , ZIP CODE | | |
| CLAY'S H | DUSE | | NK STREET EFFERSON, NC 28 | 694 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| V 722 | Continued From page | e 3 | V 722 | | | |
| | was located, new plu creation of a kitchene - She was not aware new apartment by the local building and fire renovations were ma - Her mother had mo past 3 months; - After her mother mot the PM had told her t wait until inspections - Based on her earlie she thought that ther to her mother moving Interview on 4/5/2021 revealed: - The Building Owner 2020 that she would room renovated into mother/client #1's gra - The living room are clients; - He never even heat was so big; - He had told the Buil plans with the PM be actual renovations; - The Building Owner the last week of Janu that long to install a b - The Building Owner other part of the facili - There had not been and #2's care or serv | Imbing for a bathroom, and ette area; of any inspections of the e Construction section or a inspectors since the de to the facility; wed into the facility within the oved into the new apartment, that she was supposed to had been completed; er conversation with the PM, e were not any impediments g in. 1 with the AFL Provider r was client #1's mother; r had told him in October of be having the front living an apartment for her andmother; a was not used by facility ted the living room because it Iding Owner to discuss her fore she got started on r's mother moved in around uary 2021 because it took pathroom and new windows; r's mother did not use any ity; a any impact on clients' #1 rices since the Building | | | | |
| | | | | | | |

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| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C | (X3) DATE SURVEY COMPLETED | | |
|--------------------------|---|---|----------------------|---|-----------------|-------------------------|
| | | | A. BUILDING: | | | |
| | | MHL005-028 | B. WING | | C 04/06/2021 | |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET | ADDRESS, CITY, STATE | , ZIP CODE | | |
| CLAY'S H | OUSE | | NK STREET | | | |
| | | WEST J | EFFERSON, NC 28 | 694 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN | CTION SHOULD BE | (X5) COMPLET DATE |
| V 722 | Continued From page | e 4 | V 722 | | | |
| | sunroom door; | | | | | |
| | | l with coordinating building | | | | |
| | inspections or approv | | | | | |
| | | ssional (QP) and the PR | | | | |
| | | would have coordinated with | | | | |
| | the Building Owner about renovations. | | | | | |
| | Interview on 4/6/2021 with the QP revealed: | | | | | |
| | - The Building Owner was client #1's mother; | | | | | |
| | - The Building Owner had told her that she | | | | | |
| | wanted to renovate the unused living room area | | | | | |
| | into an apartment for her mother; | | | | | |
| | - She had told the Building Owner that an | | | | | |
| | inspection would have to be completed and a | | | | | |
| | separate entrance created before her mother | | | | | |
| | could move in; | | | | | |
| | - She did not think that any inspections had been | | | | | |
| | completed since the renovations occurred; | | | | | |
| | - She thought that the Building Owner had | | | | | |
| | planned to have a bathroom and kitchenette | | | | | |
| | installed; | | | | | |
| | - Due to visitation restrictions related to the | | | | | |
| | Covid-19 emergency | , she had not physically | | | | |
| | visited the facility for | several months until last | | | | |
| | month; | | | | | |
| | | he facility last month, she | | | | |
| | | ilding Owner's mother had | | | | |
| | already moved in; | | | | | |
| | - She notified the PM of the Building Owner's | | | | | |
| | mother being at the fa | | | | | |
| | | any negative impact on | | | | |
| | clients #1 and #2's ca | are. | | | | |
| | | 21 and 4/6/2021 with the PM | | | | |
| | revealed: | | | | | |
| | - The Building Owner had mentioned a few | | | | | |
| | - | was considering making | | | | |
| | changes to the facility | | | | | |
| | | that the Building Owner had | | | | |
| | actually made physic alth Service Regulation | al changes to the house and | | | | |

Division of Health Service Regulati STATE FORM

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If continuation sheet 5 of 6

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CO | | (X3) DATE SURVEY COMPLETED C | | |
|--|--|---|------------------------------|--|--------------------------------------|---------|
| | | | A. BUILDING: | | | |
| | | MHL005-028 | B. WING | | 04/06/2021 | |
| AME OF PF | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE | , ZIP CODE | | |
| LAY'S HO | DUSE | | NK STREET EFFERSON, NC 28 | 694 | | |
| (X4) ID | SUMMARY ST | | ID | PROVIDER'S PLAN C | | (X5) |
| PREFIX TAG | (EACH DEFICIENC | CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE | CTION SHOULD BE D THE APPROPRIATE | COMPLET |
| V 722 | Continued From pag | e 5 | V 722 | | | |
| | mover her mother in | until last month; | | | | |
| | | acility that the Building | | | | |
| | | upied was an area that was | | | | |
| | previously unused; | | | | | |
| | | ee bedrooms available for | | | | |
| | clients, although one of them was currently unoccupied; - The changes to the facility and the Building Owner's mother moving in had not negatively impacted client care; - She did not know of any inspections by local fire and sanitation departments since the facility renovations occurred; - She had contacted someone in the DHSR Construction Section in March 2021, but did not specifically discuss the changes made to the facility; | | | | | |
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| | | the Construction Section to | | | | |
| | - She would contact the Construction Section to discuss how to address the alterations made to | | | | | |
| | the facility. | | | | | |
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