

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-180	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/11/2021
NAME OF PROVIDER OR SUPPLIER HAMILTON		STREET ADDRESS, CITY, STATE, ZIP CODE 3101 HENRY BOULEVARD KINSTON, NC 28504		
(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 A complaint and follow up survey was completed on March 11, 2021. The complaint was substantiated (Intake #NC00174972). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111	V111 Ambleside's policy did not reflect the requirement for an admission assessment to be completed when an individual relocates from one house to another home within the Ambleside, Inc. program. Ambleside's policy #2.1.10 - Admissions Assessment will be updated to reflect this requirement. Furthermore, to ensure all Service Coordinators/QPs are aware of this requirement, a memo will be published by the Director of Operations and signed by the Service Coordinators/QPs to reflect acknowledgment and understanding of this policy update. The signed memo will be placed in the SC/QPs personnel file, and will be verified by the Director of Operations	3/30/21

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

O3RC11

If continuation sheet 1 of 5

DHSR - Mental Health

APR 06 2021

Lic. & Cert. Section

Division of Health Service Regulation
STATE FORM

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V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations on 3/10/21 at approximately 10:00am revealed:</p> <ul style="list-style-type: none"> -The vacant bedroom had a broken bed frame and was laying on the floor of the room. -The two window blinds in the vacant bedroom had several broken slats in the blinds. -A large patched area in the wall behind the broken bed and a hole next to the window in the wall. -Client #1's bedroom had broken slats in the blinds and the closet doors were not attached to hinges and were laying against the wall. -The bottom two drawers of client #2's night stand were missing handles. -The drawer to the right of the kitchen sink was broken and not attached to a track. <p>During interview on 3/11/21 the Director of Operations revealed:</p> <ul style="list-style-type: none"> -The individual responsible for maintenance had already started repairs on facility concerns. -He would ensure maintenance concerns were 	V 736	<p>V736</p> <p>All maintenance and repair items will be completed by the Ambleside, Inc. Maintenance Supervisor. The Director of Operations will verify that all items have been repaired, and all deficiencies addressed.</p>	3/30/21

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V 736	Continued From page 3 completed.	V 736			
V 738	<p>27G .0303(d) Pest Control</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews the facility failed to keep the facility free of insects. The findings are:</p> <p>Observation on 3/10/21 at approximately 10:00am revealed: -A dead insect was observed in an insect trap in the dining room. -There was one empty insect trap located in the floor at the end of the hallway and one empty insect trap located in the floor at the end of the kitchen.</p> <p>Interview on 3/11/21 staff #2 stated: -He had only been employed with facility for a couple of days. -Although he was uncertain as to what they were, he had observed insects in the house.</p> <p>Interview on 3/11/21 Group Home Leader stated: -He had been with company for approximately 2 years. -He had observed insects in the facility periodically. -He had observed a mouse within the last 7 days.</p>	V 738	<p>V738</p> <p>Ambleside contracts Terminix for all pest control needs. Terminix will be contacted and informed of the reported pest issues taking place at this home, and will be asked to address the matter. All old traps that have dead insects will be replaced.</p> <p>The Director of Operations will contact Terminix for follow-up regarding bugs and potential rodents, and the Service Coordinator QP of Hamilton will contact the staff to have all traps replaced, and will ensure that they have been.</p>	3/30/21	

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V 738	<p>Continued From page 4</p> <p>Prior to the last seven days, he had not observed any mice for approximately 1 month.</p> <p>Interview on 3/10/21 client #1 stated: -He had observed insects in the facility. -He had observed mice in the facility.</p> <p>Interview on 3/10/21 client #2 stated: -He had observed cockroaches and would "smash them" when finding them in the bathroom. -He had seen "4 of them the other day."</p> <p>Interview on 3/11/21 the Director of Operations stated: -The facility had an exterminator that came out on a quarterly basis. -He was unaware of any sightings of mice but continued to have an exterminator come out to keep the facility free of water bugs. -He would continue to monitor to keep the facility free of insects and mice.</p>	V 738		