

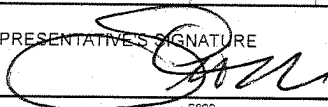
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  <i>7-2-21</i>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL059-096</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/17/2021</b>
---	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>NORTH MCDOWELL GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>24 NORTH MCDOWELL AVENUE MARION, NC 28752</b>
--	---

(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 survey was completed on June 17, 2021. The complaint was unsubstantiated (intake # NC00177089). A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.	V 000		
V 736	27G .0303(c) Facility and Grounds Maintenance  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 interviews the facility was not maintained in a clean, orderly manner. The findings are:  Observations of the facility on 6/16/21 between approximately 9:35 am and 10:00 am revealed: - A stained twin mattress with no sheets on the living room floor. - Fabric that appeared to be sheets piled on a tan sofa. - Thick dark matter on the edges of the ceiling fan blades. - A plate with scrambled eggs on the dining table. - Food crumbs and smears on the dining table. - Dirty dishes containing food in the kitchen sink. - An open blender with a thick, milky liquid inside sat on the kitchen counter.	V 736	All Areas have since been corrected as of the date shown.  After discussion with assigned staff it was discovered that the residents wanted to go to the YMCA and skiped morning clean-up. This is part of the daily routine. Assigned employee received disciplinary action for failure to follow Company Procedures.	6/18/2021

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



TITLE  
Administrator

(X6) DATE  
6-30-2021

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL059-096</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/17/2021</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>NORTH MCDOWELL GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>24 NORTH MCDOWELL AVENUE MARION, NC 28752</b>
--	---

(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 736	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>- A bowl containing cereal and milk on the kitchen counter.</li> <li>- White residue in the sink and on the sink fixtures in the hall bathroom.</li> <li>- A bed pillow, clothing and toys strewn about the room shared by clients #3 and #4.</li> <li>- No sheets on client #3's bed.</li> <li>- An approximately 2 foot by 2 foot unpainted repair to the ceiling above client #2's bed.</li> <li>- Clothing strewn about the floor in the bedroom shared by clients #1 and #2.</li> <li>- Particulate matter on the floors throughout the facility.</li> </ul> <p>During interview on 6/16/21 client #2 stated:</p> <ul style="list-style-type: none"> <li>- The facility being in disarray was "completely our fault."</li> <li>- "Our only defense was that we told [staff #2] we would clean it when we got home."</li> <li>- The mattress was on the living room floor because the clients watched a movie the night before and one of his peers brought the mattress out to sit on it.</li> </ul> <p>During interview on 6/16/21 client #3 stated:</p> <ul style="list-style-type: none"> <li>- A peer took his mattress into the living room to have a place to sit while watching a movie the night before.</li> </ul> <p>During interview on 6/16/21 client #4 stated:</p> <ul style="list-style-type: none"> <li>- This was the first time the facility was left messy, "It's usually a lot cleaner than that."</li> <li>- The clients did chores; if they used a dish, they washed a dish, or "put it in the sink."</li> <li>- Everyone did chores and worked together to keep the facility neat and clean.</li> <li>- The mattress was taken into the living room the night before the survey because the clients were watching a movie and they used the mattress as a foot rest.</li> </ul>	V 736	<p><i>com pay policy relat to living environm policy.</i></p> <p><i>Clear Sky Behavioral Management Center refresher training on Living Environment, House Rules, and basic expectations of maintaining a clean and neat living environment. This training has been filed in E-Records for staff train effective 7-2-2021.</i></p> <p><i>Positive Action for future future will result in employee disciplinary Action and</i></p>	
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL059-096</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/17/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTH MCDOWELL GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>24 NORTH MCDOWELL AVENUE MARION, NC 28752</b>		
(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 736	Continued From page 2  During interview on 6/16/21 Staff #2 stated: - One of the clients was doing situps on the mattress on the living room floor. - The facility was usually a lot neater and cleaner than observed on 6/16/21.  During interview on 6/16/21, the Operations Manager stated the facility was usually cleaner and neater than it appeared on 6/16/21.  During interview on 6/18/21 the Administrator stated it was the staff's responsibility to make sure the clients helped to keep the facility neat and clean.	V 736	<i>Suspension of any Activity funds for the facility, until conditions is met.</i>  <i>Clear Sky Behavioral will increase the number of Health and Comfort Inspections within the facility for the time being. They are typically randomly scheduled on a monthly basis.</i>	