

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-812	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/02/2021
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NAME OF PROVIDER OR SUPPLIER RAINBOW OF SUNSHINE 2	STREET ADDRESS, CITY, STATE, ZIP CODE 307 CEDARWOOD STREET SPRING LAKE, NC 28390
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(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	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on July 2, 2021. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 07/01/21 at approximately 10:00am revealed:</p> <ul style="list-style-type: none"> - The rear door in client #2 and client #4's bedroom was not able to be opened. - The glass window in client #2 and client #4's bedroom was broken and cracked. - The air return vent in the living room area was rusted. <p>Interview on 07/01/21 staff #1 stated:</p> <ul style="list-style-type: none"> - He was not able to get the rear door in client #2 and client #4's bedroom opened. - Client #2 had broken the bedroom window approximately 2 weeks ago when she got mad at 	V 736	<p>The rear doors of clients# 2 client # 4 was repaired on 07-07-21 and was able to open.</p> <p>The glass windows of client # 2, client # 4 was replaced with a new pane on the day.</p> <p>The rusted air vent was replaced with a new air vent in the living room on 07-07</p>	

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

Tara A. Ingram

21.
TITLE
President

(X6) DATE
7-26-21

Division of Health Service Regulation

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V 736	Continued From page 1 client #4. Interview on 07/01/21 the Licensee stated: - She understood the window in client #2 and client #4's bedroom needed to be repaired for safety. - She would ensure the bedroom window was repaired. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		
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 interviews, the facility water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are: Observation on 07/01/21 at approximately 10:00am of water temperatures in the facility revealed: - The hot water temperature in client #2 and client #4's bathroom was 96 degrees Fahrenheit. - The client bathroom in the hallway revealed a	V 752	The water temperature was readjust to between 100-116 by the QP on 7-02-21.	

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V 752	<p>Continued From page 2</p> <p>hot water temperature of 96 degrees Fahrenheit.</p> <p>Interview on 07/01/21 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - He had recently turned the water temperature down. - He would adjust the water temperature to the required range per rule. <p>Interview on 07/02/21 the Licensee stated she would ensure the water temperature is within the required range per rule.</p>	V 752		

Invoice #34590894

INVOICE

Jul 7, 2021 3:52:37 PM

DATE
7/7/2021

CUST #
0017602

INVOICE #
0000165521

Express Item x1	\$101.35
Subtotal	\$101.35
Tax	\$0.00
Total	\$101.35

4878

Dispatch

Department
09

SHIP TO:

RAINBOW OF SUNSHINE
POC: JUAN
910-494-0737
FAYETTEVILLE NC 28305

"Sold to "TRAVIS/JUAN D
Visa 5345 (Chip Read)
Auth Code: 065890

TER

8305

Application Label: VISA DEBIT
BRIC #: 076XQTE0JUDM072219H
Approved Online
AID: A0000000031010
AC: 6F969AA50811B689
Response Code: 00

AAA Glass Co
930 Robeson St
Fayetteville, NC 28305
(910) 485-8816

TERMS	SALES PERSON CLERK
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COD

0024

DESCRIPTION	PRICE EACH	AMOUNT
Qty.:1 Desc.:31-3/4 X 17-3/8 X 3/4" CLEAR IG	16.00	64.00
DCS-999A-1 CLEAR SILICONE/CAULK DOW 999A 10.3 OZ. TUBE	12.50	6.25
BASEMENT LABOR TO INSTALL IG IN FRAME	70.00	35.00
Customer Discount	-10.53	-10.53

CUSTOMER COPY

1.00

SUBTOTAL	
TAX	\$94.72
TOTAL	\$6.63
Visa 5345	\$101.35
Auth	\$101.35
BALANCE	\$0.00

Customers with established credit line have payment terms NET 30 from invoice date.

A finance charge of 1-1/2% per month will be accessed on outstanding balance on all invoices over 30 days

A \$30.00 charge will be assessed for returned checks plus bank charge.

AAA Glass Not Responsible for Venor Order Delays

Customer Signature:

Tara Lynn



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

July 7, 2021

Tara N. Ingram
Rainbow of Sunshine, Inc.
307 Cedarwood Street
Spring Lake, NC 28390

Re: Annual and Follow Up Survey completed July 2, 2021
Rainbow of Sunshine 2, 307 Cedarwood Street, Spring Lake, NC 28390
MHL # 026-812
E-mail Address: danny05dan@aol.com

Dear Mrs. Ingram:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed July 2, 2021.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

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

- A re-cited standard level deficiency.
- The other tag cited is a standard level deficiency.

Time Frames for Compliance

- A re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is August 1, 2021.
- A standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is August 31, 2021.

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.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

July 7, 2021
Tara Ingram
Rainbow of Sunshine. Inc.

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.

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 Gloria Locklear, Team Leader at (910)214-0350.

Sincerely,



Keith Hughes
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
DHSRreports@eastpointe.net
Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Assistant