

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G110	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 05/20/2021
NAME OF PROVIDER OR SUPPLIER MOSS II GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1615-B MOSS SPRINGS ROAD ALBEMARLE, NC 28001		
(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) COMPLETION DATE	
{W 189}	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in hygiene methods specific to ensuring paper supplies were accessible in bathrooms for 4 of 6 clients (#1, #3, #5, and #6). The finding is:</p> <p>Observation in the group home on 3/16/21 - 3/17/21 revealed two bathrooms utilized by clients #1, #3, #5 and #6. Continued observations of both bathrooms revealed no paper products to be located in either bathroom throughout observations on 3/16/21 or 3/17/21. Observations on 3/16/21 and 3/17/21 revealed clients #1, #3, #5 and #6 at various times to enter into the bathrooms with no paper products, close the door and to exit the bathroom. Subsequent observation in the group home on 3/17/21 revealed both bathrooms to remain with no paper supplies throughout observation periods.</p> <p>Interview with the Home Manager (HM) on 3/17/21 verified that there were no paper supplies in either bathroom of the group home and then retrieved paper products from the storage closets. Continued interview with the HM confirmed that all bathrooms should have an ample supply of paper products. Interview with the qualified intellectual disabilities professional (QIDP) on 3/17/21 verified all bathrooms should have an ample supply of paper products available</p>	{W 189}	<p>Intentionally Left Blank</p> <p>DHSR - Mental Health</p> <p>JUN 09 2021</p> <p>Lic. & Cert. Section</p>		

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

TITLE

(X6) DATE

Amie Kinstead, RN, Compliance Specialist *06/03/2021*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G110	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/20/2021
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MOSS II GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1615-B MOSS SPRINGS ROAD ALBEMARLE, NC 28001
---	--

(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) COMPLETION DATE
--------------------	--	---------------	---	----------------------

{W 189}	<p>Continued From page 1 to clients when occupying the bathrooms in the group home.</p> <p>A follow-up survey was conducted 5/20/21. Observation in the group home during the follow-up survey on 5/20/21 at 8:48 AM revealed both bathrooms of the back hallway of group home to each have 1 new, unused roll of toilet paper and 1 roll of paper towels with glue still held to the first sheet of all products.</p> <p>Continued observations in the group home at 10:57 AM revealed all clients to have left the group home. Subsequent observation of both bathrooms of the back hallway of the group home revealed all paper products to remain unused and 1 of 2 bathrooms to contain a package of new, unused wipes with the inner adhesive seal still applied. Additional observations revealed the toilet paper holders to be broken in both bathrooms with missing roll holders.</p> <p>Interview by phone with the facility QIDP on 5/20/21 confirmed all clients in the group home had been taken into the community for a doctors appointment for (1) client. Continued interview with the QIDP verified all clients should be toileted or prompted to use the bathroom before going on an outing. Further interview with the QIDP verified an in-service training had been conducted relative to ensuring paper supplies were properly stored in all bathrooms of the group home although the date of the in-service could not be recalled and evidence of the in-service was unavailable for review.</p> <p>Subsequent interview with QIDP verified evidence of group home monitoring as in the plan of correction from the 3/17/20 survey had not been</p>	{W 189}	<p>Residential Manager will continue to use the Residential Observation Checklist to ensure paper products are stocked in all bathrooms. Checklist will be completed weekly to monitor paper supplies and that everything is in working order.</p> <p>Staff will complete Hygiene checklist after each PWS and staff uses the bathroom to ensure proper hand hygiene and use of paper towels or hand dryer. QP will monitor daily. Staff will be trained on Hygiene Form on 6/4/21.</p> <p>An in-service was completed on 3/31/21 to address paper products in the bathrooms (see attached). Subsequent training was completed on 5/26/21 to address hand hygiene and having paper products in the restrooms for the PWS (see attached). This will be discussed monthly at each staff meeting to ensure compliance.</p>	<p>Ongoing</p> <p>6/4/21 and Ongoing</p> <p>Ongoing</p>
---------	---	---------	---	---

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/21/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G110	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/20/2021
--	---	--	--

NAME OF PROVIDER OR SUPPLIER MOSS II GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1615-B MOSS SPRINGS ROAD ALBEMARLE, NC 28001
---	--

(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) COMPLETION DATE
{W 189}	Continued From page 2 documented. Additional interview with the QIDP revealed she did not know why the toilet roll holders in 2 of 2 bathrooms were broken and there had been a staff shortage.	{W 189}	Toilet paper holders were replaced on 5/25/21 (see attached pictures and completed work order).	5/25/21

**MONARCH
Inservice Registration Form**

TOPICS: Trainers - list each topic that you discuss

PAPER PRODUCTS ARE TO BE KEPT IN ALL BATHROOMS AT ALL TIME

EX. TISSUE & PAPER TOWELS

SOAP AND HAND SANITIZERS ARE TO BE KEPT IN ALL BATHROOMS

AT ALL TIME

CLEANING PRODUCTS ARE TO BE KEPT IN THE STORAGE ROOM

ON THE SUNPORCH

MINUTES:

DATE: MARCH 31, 2021

LOCATION: MOSS2

TIME: 4 AM / PM

UNTIL: AM / PM

PRESENTER/TITLE: Althia Pratt & Jessica Lee

#	PRINT NAME	TITLE	DEPARTMENT	SIGNATURE
1	Stephanie Little	DSR	MOSS II	<i>Stephanie Little</i>
2	Robin Johnson	DSR	MOSS II	<i>Robin Johnson</i>
3	Cheronna Drake	DSR	MOSS II	<i>Cheronna Drake</i>
4	Danielle Anderson	DSR	MOSS II	<i>Danielle Anderson</i>
5	AKILA LITTLE	DSR	MOSS II	<i>Akila Little</i>
6	Charquanya	DSR	MOSS II	<i>Charquanya</i>
7	OSHI Sims	DSR	MOSS II	<i>Oshi Sims</i>
8	Tony Steels	DSR	MOSS II	<i>Tony Steels</i>
9	Kiara Smith	DSR	MOSS II	<i>Kiara Smith</i>
10	Althia Green	DSR	MOSS II	<i>Althia Green</i>
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

**MONARCH
Inservice Registration Form**

TOPICS: Trainers-list each topic that you discuss

MINUTES:

Hand hygiene,
paper products in the bathrooms

DATE: 5/26/21

LOCATION: Moss II

TIME: 2:00 AM/PM

UNTIL: 3:00 AM/PM

PRESENTER/TITLE: Jessica Lee, AP

#	PRINT NAME	TITLE	DEPARTMENT	SIGNATURE
1	<u>Cynthia Pratt</u>	<u>DS</u>	<u>Moss 2</u>	<u>Cynthia Pratt</u>
2	<u>Ami Whitson</u>	<u>DS</u>	<u>Moss 2</u>	<u>Ami Whitson</u>
3	<u>Janisha Owens</u>	<u>DS</u>	<u>Moss 2</u>	<u>Janisha Owens</u>
4	<u>Robin Johnson</u>	<u>PRS</u>	<u>Moss # 2</u>	<u>Robin Johnson</u>
5	<u>Martina Drake</u>	<u>DRS</u>	<u>Moss 2</u>	<u>Martina Drake</u>
6	<u>Dominica Pickens</u>	<u>DRS</u>	<u>Moss 2</u>	<u>Dominica Pickens</u>
7	<u>Sandra Stanback</u>	<u>DSR</u>	<u>Moss II</u>	<u>Sandra Stanback</u>
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				



Sadie Hill opened this request

May 24, 2021 @ 12:40 PM

Request type Inspection Repairs/Requests

Request TP holders ==DSHR Due 5/25==

Building Moss II Group Home--Stanly Co.

Location -

Due Tue, May 25, 2021

Followers Andy Basinger

JL Jessica Lee

KA Kristen Ayers

LW Louise Winstead

Short Description TP holders DSHR Due 5/25

Contact Phone Number 336-953-3693

Description Noted on a DSHR Inspection report. Toilet paper holders need to be repaired.

Hold Status -

HUD



Sadie Hill assigned this request

May 24, 2021 @ 12:40 PM

Assigned to TH Tommy Honbarrier

Is outsourced



Tommy Honbarrier resolved this request

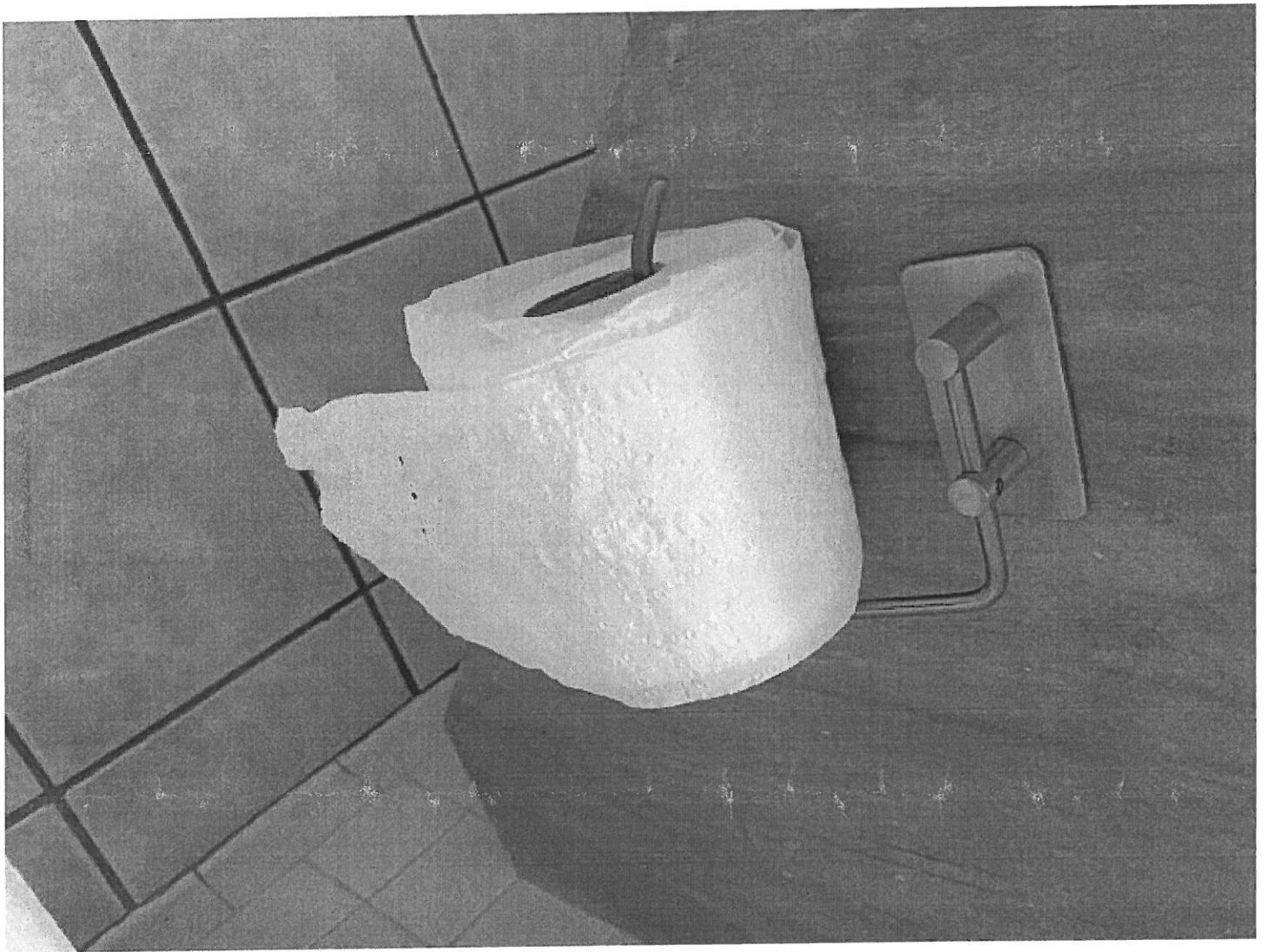
May 25, 2021 @ 5:41 PM

Invoice Attachments

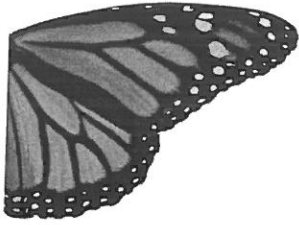
image.jpg
Download (1.81 MB)

image.jpg
Download (2.36 MB)

Resolution Replaced toilet paper holders in bathrooms







June 3, 2021

Lisa Jones, Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: Moss II - Follow-Up – 5/20/2021

Hello,

Please find enclosed the Plan of Correction for deficiencies cited during the survey referenced above.

If you need additional information or have any questions, please contact me directly at the number below.

Sincerely,

Louise Winstead, RN

Louise Winstead, RN
Compliance Specialist – Plan of Corrections
louise.winstead@monarchnc.org
252-289-6512

