

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL009-024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CAROLINAS HOME CARE AGENCY, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1468 RICHARDSON ROAD</b> <b>BLADENBORO, NC 28320</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	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on August 27, 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 112	<p><b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL009-024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CAROLINAS HOME CARE AGENCY, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1468 RICHARDSON ROAD</b> <b>BLADENBORO, NC 28320</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 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement strategies based on assessment affecting 1 of 3 clients audited (#5). The findings are:</p> <p>Review on 8/26/21 of client #5's record revealed: - 33-year-old male. - Admission date of 6/01/20. - Diagnoses of Schizoaffective Disorder - Bipolar, and Intellectual Disability (mild).</p> <p>Review on 8/26/21 of Initial Admission Assessment for client #5 dated 6/01/20 revealed: - Client #5 had previously been charged with assault, property damage, communicating threats, disorderly conduct, and breaking and entering.</p> <p>Review on 8/26/21 of Client Referral Form for client #5 undated revealed: - "Presenting Problem: Aggressive behaviors, substance abuse, numerous hospitalization, medication noncompliance, legal system (assault charges) property damage, communicating threats, disorderly conduct and breaking and entering ..."</p> <p>Review on 8/26/21 of Psychological Evaluation for client #5 dated 5/08/18 revealed: - "[Client #5] has had involvement with the legal system previously and has received charges for assault, property damage, communicating threats, disorderly conduct, and breaking and entering..."</p> <p>Review on 8/26/21 of Therapy Note for client #5</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL009-024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CAROLINAS HOME CARE AGENCY, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1468 RICHARDSON ROAD</b> <b>BLADENBORO, NC 28320</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 112	<p>Continued From page 2</p> <p>dated 11/01/19 revealed:</p> <ul style="list-style-type: none"> <li>- Client #5 presented with a "history of property destruction, assault, history of communicating threats, B&amp;E (breaking and entering) charges and assault charge in the past, history of running away from group homes."</li> </ul> <p>Review on 8/26/21 of client #5's Individual Support Plan (ISP) dated 6/01/21 revealed:</p> <ul style="list-style-type: none"> <li>- "My Support Needs...[Client #5] will get in the face of others, fuss, yell, curse, and issue threats. However, physical violence towards another human being has not been reported to care coordinator."</li> <li>- No identified strategies to address history of physical assault.</li> </ul> <p>Interview on 8/26/21 client #4 stated:</p> <ul style="list-style-type: none"> <li>- He had lived at his current residence for about 4 months</li> <li>- He was happy with his placement.</li> <li>- He had been punched in the head by client #5 on an unknown date. He did not know why client #5 had hit him.</li> <li>- There had been no additional incidents of assault by client #5.</li> </ul> <p>Interview on 8/26/21 staff #2 stated:</p> <ul style="list-style-type: none"> <li>- She had been employed with the agency for approximately 3 years.</li> <li>- She had witnessed client #5 physically assault client #3 several weeks earlier. Client #5 reached around and hit client #3 in the head while she was outside with both individuals. Client #5 then walked away, and she secured the scene, made sure client #3 was safe, and then reported the incident to her management. She also contacted local authorities.</li> </ul> <p>Interview on 8/26/21 the President stated:</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL009-024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CAROLINAS HOME CARE AGENCY, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1468 RICHARDSON ROAD</b> <b>BLADENBORO, NC 28320</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 112	Continued From page 3  - Agency was evaluating more suitable placement options for client #5 upon his return to the agency. - Client #5 was presently incarcerated.  *Clients #3 and #5 were not available to be interviewed at time of survey.	V 112		
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.  This Rule is not met as evidenced by: Based on record review and interviews the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:  Review on 7/26/21 of facility records from 7/1/20 - 6/30/21 revealed: - 1st quarter (7/01/20 - 9/30/20): No fire drills documented on the 3rd and 4th shift. No disaster	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL009-024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CAROLINAS HOME CARE AGENCY, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1468 RICHARDSON ROAD</b> <b>BLADENBORO, NC 28320</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 114	Continued From page 4  drills documented on the 3rd shift. - 2nd quarter (10/01/20 - 12/31/20): No fire or disaster drills documented on the 3rd shift. - 3rd quarter (1/01/21 - 3/31/21): No disaster drill on the 2nd shift.  Interviews on 7/26/21 staff #1, #2, and #3 stated: - Fire and disaster drills were completed monthly. - There were 3 shifts during the week and 2 shifts on the weekends  Interview on 7/27/21 the President stated: - The facility operated 5 shifts. - There were 3 shifts during the week and 2 shifts on the weekends.	V 114		
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 safe, clean, attractive and orderly manner. The findings are:  Observation on 8/26/21 at approximately 10:00am revealed: - The kitchen table had 3 chairs with all legs to chairs loose. - The handle to the refrigerator door was missing.	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL009-024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CAROLINAS HOME CARE AGENCY, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1468 RICHARDSON ROAD</b> <b>BLADENBORO, NC 28320</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 5</p> <ul style="list-style-type: none"> <li>- The right side patio door in kitchen was missing window blind.</li> <li>- The left side patio door in kitchen had broken blinds and a shattered window.</li> <li>- There were numerous cigarette butts gathered on the ground to the right of the back patio steps.</li> <li>- Client #2's bedroom closet door (left) was off the tracks and missing a doorknob. There were dark colored stains on the front of the bedroom door.</li> <li>- Client #3's bedroom door was missing a section out of the bottom left hand corner, approximately 3-4" in length. There were knobs missing from the second dresser drawer.</li> <li>- Client #4's bedroom had a broken window to the far left of the room upon entry.</li> </ul> <p>Interview on 8/26/21 the President stated:</p> <ul style="list-style-type: none"> <li>- Client #5 had broken door window in the kitchen.</li> <li>- Kitchen doors were being replaced.</li> </ul> <p>[This deficiency has been cited 5 times since the original cite on 2/22/17 and must be corrected within 30 days.]</p>	V 736		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(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.</p>	V 752		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL009-024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CAROLINAS HOME CARE AGENCY, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1468 RICHARDSON ROAD</b> <b>BLADENBORO, NC 28320</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 752	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are:</p> <p>Observation on 7/26/21 at approximately 10:00am revealed:</p> <ul style="list-style-type: none"> <li>- The hot water temperature at the kitchen sink was 127 degrees Fahrenheit.</li> <li>- The hot water temperature at the bathtub faucet in client bathroom #1 (hall bathroom) was 127 degrees Fahrenheit.</li> </ul> <p>Interview on 7/26/21 the President stated:</p> <ul style="list-style-type: none"> <li>- She was not aware the water temperatures were running so hot.</li> </ul>	V 752		